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Original Communications.

A CASE OF ACUTE TUBERCULOSIS.

Read before the Medico-Chirurgical Society of Montreal, Dec 23rd, 1881.

BY

J. B. McCONNELL, M.D., C.M.,

Attending Physician to

the Montreal Dispensary, Women's Hospital,

&c., Professor of Botany, University of Bishop's College, Montreal.

I bring before you this evening the following history of one of three cases of acute tuberculosis which I met with during the last Autumn, occurring in children under the age of seven months, and all passing rapidly to a fatal termination. In the present instance only was I able to obtain an *autopsia cadavericum* which only could make a case of this kind either interesting or very instructive.

This child first showed symptoms of the disease at the age of three months; up to that time had been tolerably healthy and well-nourished. The mother had just recovered from an attack of bronchitis which had been severe and prolonged, but she had continued to nourish her infant.

There is no history of any tuberculosis affection on the mother's side, but the father had two sisters who died of consumption. There is but one other child in this family, which has also shown evidence

of a delicate constitution. I first saw the child in regard to this affection on the 13th August last. For a week or two previous it had a slight, dry, hacking cough, which had gradually got worse; there was difficulty in breathing and occasional vomiting, the bowels were regular, and child nursed well. The most prominent symptom at this time was the marked interference in the function of respiration, the air entered the lung as if there was some obstruction in the larger bronchi, and expiration was prolonged and accompanied with a wheezing sound which could be heard at a considerable distance from the patient. When the paroxysms of cough came on the dyspnoea was very marked, the head and neck became flushed and twisted, showing great distension of their vessels, the attacks resembled in fact those of asthma; the breathing was more free during sleep; there was no elevation of temperature, but the pulse was a little quickened. On examining the patient the lower part of the chest was observed to be retracted during inspiration; percussion gave a full note at all points on the surface corresponding to the upper and middle portions of the left lung, more marked at the apex above and between the scapula and skin behind; the note was clear on the right side. Auscultation discovered loud tubular breathing in the same regions, with a variety of loud whistling and wheezing noises, and a few rales; the normal puerile vesicular murmur was barely audible on the left side, being drowned by the sounds conveyed

from the affected lung. I suspected the existence of one or more enlarged bronchial glands pressing on the bronchi and mechanically interfering with respiration, and possibly some of them involving the recurrent laryngeal nerve in their enlargement and by spasm diminishing the calibre of the passages to the lungs, as the only plausible explanation of the obstruction to respiration. The treatment adopted was the administration of a cough mixture containing sedative antispasmodics and $\frac{1}{2}$ gr dose of potassi iodidum cod-liver oil with the hypophosphites of lime and soda, and the application of tr. iodine diluted, to the chest. The symptoms continued about the same up to the beginning of October, the child nursed well, and did not appear to lose any in flesh. The paroxysms of cough sometimes produced great distress, the countenance becoming suffused and livid, and on one or two occasions suffocation appeared imminent; the act of swallowing, as when taking food or medicine, would bring on the attacks of coughing.

About the middle of October the various symptoms referable to the trouble in the chest had gradually subsided until the cough disappeared, and wheezing ceased to be apparent.

The child, however, still seemed ill, was very pale and perceptible emaciation evidenced a failure in the nutritive functions: It would lie very quietly during the day, but was restless and peevish at night. The bowels were confined, and there was frequent vomiting. Towards the end of the month these symptoms became more marked, and there was slight fever at night, and child was very restless, would awaken from its troubled sleep with a shrill cry and roll its head about from side to side, and again fall asleep; would not sleep at all sometimes until the head was kept raised up in its mother's arms, and would waken when laid down; there was also occasional twitching of the muscle of the extremities.

On the 31st October there was still complete absence of all bronchial or pulmonary symptoms, excepting a little irregularity and inequality in the breathing, and those of tubercular meningitis were actively disappearing. The child cried continually when awake, and the short snatches of sleep were frequently disturbed with sufferings which were made apparent by the peculiar sharp *hydrocephalic* cry. There was continual twitching of the muscles of the extremities and neck, more marked on the left side, and continuing during sleep. Pupils were moderately dilated, and the

abdomen appeared somewhat extracted, vomiting frequently, and always after nursing or taking anything with the spoon. Tongue is clean and moist, and the bowels for a day or two have been regular, the passages having a greenish appearance. Child dislikes to be touched or moved and lies mostly on its side. Temperature was not raised, and pulse but slightly accelerated; scalp over the anterior fontanelle (the opening of which is nearly two inches in length) is tense and slightly bulging.

Nov. 2nd.—Child is in a drowsy, somnolent condition, lies on its back chiefly, and is exceedingly quiet, does not cry, and breathes imperceptibly with the mouth open, as if the muscles of the jaw were partially paralysed; the vomiting has ceased, and child does not nurse as much as usual; bowels moved twice, first time natural, second passage greenish, and apparently accompanied with pain. Head is thrown backwards most of the time, and the muscles of the back of the neck are contracted and rigid. Face is very pale, with occasional flushings, especially when child is disturbed in any way. The eyelids are only partially closed, and the eyeballs oscillate in various directions; there is also occasional squinting. The peculiar coloration left on the skin after pressure on the *trachea cerebral* is also evident. Mother states that there was a slight convulsion to-day, lasting only a couple of minutes; the child became stiffened, respiration ceased, and eyes were turned up. Temperature is normal, and pulse only 80.

Nov. 3rd, 3 a.m.—Has been in convulsions for about two hours; there is a continuous succession of clonic spasms; trunk is stiff. Marked carphalagia and strabismus; is perspiring profusely, face is flushed, eyelids do not close, eyes have a vacant stare, and are insensible to the touch, pupils are widely dilated, soft parts over the anterior fontanelles still elevated, tense and throbbing. T. 102°, P. 240, R. 102, the breathing is accompanied with a moaning cry, and is irregular and unequal, consisting of a succession of quick inspirations, growing in intensity, and ending in a deep, prolonged sigh or sometimes in short expiratory moans.

11 a.m.—The clonic spasms continued until about 5.30, since then has been more quiet; pulse is too rapid to count and scarcely perceptible at the wrist, eyes are drawn up and oscillating slowly from side to side, pupils widely but equally dilated; is perspiring freely, surface is clammy, respiration difficult and stertorous, head, neck and upper portion of body curved backwards in a condition of opisthotonus.

The region over the anterior fontanelles has become sunken and presents a deep elongated depression, tongue is dry, and the child is becoming rapidly exhausted.

Death took place in evening from a gradual failure of the powers, without any further convulsive attacks.

Post-mortem examination, conducted by Dr. T. Wesley Mills, 36 hours after death.—Rigor mortis indifferently marked, body not much emaciated. *Head*—Posterior fontanelle closed; anterior widely open and depressed. Brain and membranes intensely congested, a black tar like substance occupying a position on the surface corresponding to the sulci. A few miliary tubercles found on the dura mater, which was firmly adherent at some parts to the cranium.

Pia mater exceedingly thickly studded with miliary tubercles of varying size, especially abundant along the course of vessels. A moderate effusion of yellowish plastic lymph over structures lying along median line and base of brain, about one ounce of blood-stained serum escaped on removal of brain. Tubercles found over cerebellum in great numbers, as they are in every part of the brain.

Lungs—*Right* studded throughout with miliary tubercles; no solidification. *Left* has a middle lobe; the whole lung is crammed with miliary tubercles, upper and middle lobes abound in aggregations of caseous material representing, probably, the lobules and suggesting caseation from lobular pneumonia, the whole making a lobulated caseous mass. Nearly all the upper portion of the organ was solid; some parts in middle and lower lobes floated in water.

Two or three post bronchial glands were caseous and as large as an almond.

The *Spleen* was covered with miliary tubercles, and had the same in fewer numbers within. The liver and intestines were free from tubercles, two white patches existed on the liver, one to two lines in thickness, suggesting fatty degeneration. The mesenteric glands were enlarged but not distinctly caseous.

The chief features of interest in this case are :—The early age at which the disease developed; the fact of nearly every form of the disease having occurred in the same subject. The symptoms as well as the post-mortem appearances would indicate that the disease began in the left lung, which was the focus from which other parts of the economy were infected. The pulmonary symptoms were

speedily followed and overshadowed by the symptoms of a well-marked instance of bronchial phthisis, and these again were entirely replaced by all the phenomena observed in an ordinary case of tubercular meningitis, only that the different stages succeeded each other at shorter intervals than is usual.

The manner in which all the symptoms were explained by the anatomical lesions found is also noteworthy, as you have seen in the specimen exhibited. The left primary bronchus is surrounded by two coalescent enlarged caseous glands, which almost cut off the entrance of air into the left lung, thus explaining the labored breathing; the great abundance of the miliary tubercles discovered in the meningeal structures being found since on the pia mater is also a feature, as you will observe, in Dr. Mills' report. No gray-granulations were discovered associated with the crude tubercles—a condition which obtains much more frequently in the phthisis of children than that of adults. The absence of any cavities in the lungs, which is the most striking peculiarity in the phthisis of children as distinguished from that of grown-up people, was the condition also in this instance.

Correspondence

Editor CANADA MEDICAL JOURNAL.

DEAR SIR,—In my letter of the 16th ult. I spoke of the benefits to be derived from systematic exercise, as a means of attaining a high degree of health and strength. I will now with your permission speak of its applicability in cases of deformity, both actual and threatened, and also where there is loss of power in one or more limbs as a result of paralysis. As regards the first: lateral curvature of the spine is the form with which I am most frequently brought in contact; the greater number of cases being girls. This affection is of course entirely beyond the reach of medicine, which can only be given for the general health, but in no way affects the deformity; for which duly regulated exercise is the only available remedy. I have had a number of patients sent to me at various times by medical men; and where the deformity had not progressed too far, the results have been very satisfactory. Insidious as this complaint is in its approach and development, yet there are warnings thrown out which, if regarded as they should be, could afford

timely notice of danger ; and this brings me to the second point, viz : threatened deformity. I very frequently have girls brought to me by their mothers seeking some means of rectifying the "habit of stooping." On examination I invariably find that the so-called "habit" is nothing more than a very natural effort on the child's part to relieve the weak muscles of the back, the trouble being there and not in the shoulders. The worst instances of this stooping are overgrown girls, who are actually unable to support themselves in an erect position, and whose projecting shoulders and rounded backs are not the worst feature. For they necessarily involve a flattened chest, accompanied of course by imperfect inflation of the lungs, and also furnish a most inviting field for lateral curvature of the spine.

I had a young lady brought to me a few weeks ago by her father, who stated that "*her neck was too far forward.*" I smiled, and replied that I fancied that it was rather an unusual state of things, and then proceeded to examine the subject of this supposed abnormal arrangement. I found her very tall for her age, with the muscles of the back exceedingly weak, the shoulders of course projecting forward, the chest sunk, and a distinctly developed double curvature of the spine to the right. Her father was perfectly astonished when I stated the result of my investigation, and innocently inquired whether a six months course in my class would not rectify all this.

I need not say that I soon disabused his mind of the notion, that what had been creeping on for years could be summarily disposed of, as a blacksmith would straighten a piece of iron by a few blows of his hammer.

I consider that it would be better for all children were their bodies to be trained with the same regularity as their minds, but in cases where there is the slightest possibility of any deformity occurring, then it is undoubtedly the duty of parents to place their children under the care of a qualified physical educator. I have had numbers of delicate children under my care who after two or three seasons were so changed in appearance that it was difficult to believe they were the same who had at first commenced their exercises in such a feeble manner. It is to me a source of great delight to watch the gradual improvement of my little pupils. The chests expanding, the little backs straightening, the heads held erect, and the limbs increasing in bulk and power. But I have said

enough on this point, and will now proceed to another and very important part of my subject : and that is the case of persons affected with a loss of power and control in one or more of their limbs, as a result of paralysis. The exciting cause may have been removed, yet the nerves have not recovered their functional ability. In these cases exercises suited to the particular need of the patient can be employed with excellent results, and in the majority of instances a perfect cure can be attained.

I will mention one case out of many : A gentleman from England was staying in this city, and came to me, stating that he wished to go through a course of gymnastics, but was suffering from loss of power in the upper portion of the left arm, which had been paralysed. By my advice he took certain exercises, and after a few weeks began to improve very much, and at the end of twelve months his arm was completely restored ; but not to its original strength only, for both that and his whole body were brought into a far better condition than ever. In taking leave of me before sailing for England, he acknowledged the great benefit he had received, and told me he had spent a great deal of money in seeking relief, had tried electricians, etc., but received no benefit until he came to me ; and now he was returning home perfectly cured of his trouble, and a stronger man than he ever was before.

I have briefly endeavored to shew that the gymnasium can be more than a place of exercise for those in a normal condition, and can meet the needs of a large class, who as a rule would never think such a thing possible. I have long combated the idea that a gymnasium is a mere anteroom to the circus, but it is very hard to wage war against long established notions and prejudice. I must express my sense of the enlightened view of the subject taken by many eminent medical men in this city, who have strengthened my hands wonderfully, and without whose aid and countenance I should have found the work far harder. To the profession generally I would say that any cases they may send me shall receive every attention.

I do not pretend to usurp the functions of a physician, but having for many years devoted my attention earnestly to physical education, I may say, without laying myself open to the charge of vanity, that I know something about it.

I believe firmly that exercise possesses resources which can be made available in a great

many more instances than the majority of persons are aware of. Perseverance and patience are, however, requisite; and I always honestly tell people so. I do not pretend to effect cures by "a hop, step, and a jump," but by simply co-operating with nature, and proceeding in accordance with her laws.

Yours very truly,

FRED. T. BARNJUM.

Gymnasium and Academy of
Physical Education, 19 University street,
29th December, 1881.

Progress of Medical Science.

TREATMENT OF DIABETES MELLITUS.

By PROFESSOR FLINT.

The treatment is emphatically dietetic. There have been a great many remedies proposed from time to time, recommended as having control over this disease. Now I am not prepared to say there are no remedies which do exercise more or less control over it, but we should commit a grave error, and act very much at the expense of the prospects of our patients, if we gave any remedy which rendered them less careful in attending to the dietetic treatment. In other words, the dietetic treatment is to hold the first place. This treatment consists in withholding from the food almost entirely (for entirely we cannot) sugar in any form, and all the starchy constituents of diet capable of being transformed into sugar. That is the principle. Well, if we merely state that to patients, and tell them they must not eat sugar, they must not eat starch, they will not be likely to carry it out. In the first place, it is not likely they will know enough of the subject to be able to carry it out, even if they were so disposed; and unless we go further, and are very careful as regard details, we shall find that the elimination of these constituents of the food will not be done; they will not tolerate it. If we are to succeed we should give appropriate attention to the preparation of the food, the number of the articles which the patient should be allowed to take, and the variation of the food from day to day, to make this anti-diabetic diet satisfactory to the patients; that is, satisfy their appetites and the purposes of nutrition. This can be done, and if it is done the patient carries out the treatment, because it is no hardship to carry it out; and the treatment is to be carried out not for a few days, or a few weeks, or a few months, but for an indefinite period—for years and perhaps during the whole of life.

How is this second object to be effected? We must place before the patient a list of all articles of food which are to be avoided, specifying them; not contenting ourselves with the statement in

general terms, but specifying on the one hand all the articles of food which he must not take and on the other hand all the articles of food, animal and vegetable, and so on, which he may be allowed to take. He should have such a list before him, and such articles should be selected from the allowable ones as to make a variety from day to day, and so prepared by the artifices of cookery as to render them satisfactory. It can be done, but it requires patience and it requires care on the part of the patient or somebody else, and it requires some means. A very poor man, who has no one to look after these matters for him, and who has not sufficient means to obtain all the articles of food which are desirable, will find it very difficult to conquer this disease; and in certain public institutions—this hospital, for instance—it is very difficult to carry out the proper dietetic treatment. It requires so many things and so much attention to details that the dietetic treatment is very unsatisfactory in public hospitals.

The article of food which will cause most trouble is bread, and diabetics realize the force of the statement that bread is the staff of life. Frequently they say at first that they care little for bread, and can get along without it with no trouble; but they do not find it so after a while. They find that there is a craving for bread, and they feel that they cannot do without it. So there have been various substitutes for it. There is what is called the diabetic flour, which is bran very finely ground, so as to divest it of all rough particles; but it has no nutritive quality whatever. It is really no better than saw dust, so far as nutritive value is concerned, and the patient adheres to it only a short time. For the past two years the patients that I have seen have been in the habit of using a bread which so far seems to be very satisfactory, but it is not entirely divested of starch. It is what is called gluten bread, prepared by the Health Food Company, corner of Tenth Street and Fourth Avenue, of this city. Analysis shows that it is not entirely divested of starch, but it is so prepared that it is not deprived of the agreeable qualities of ordinary bread. Last winter I brought a loaf of that bread before the class and distributed it. I like it to eat myself, finding it by no means disagreeable; and patients take this bread and it meets their wants, thus removing a great obstacle to the successful dietetic treatment of this disease.

I do not deem it necessary to go over the entire list of these dietetic articles. You will find them by reference to different works. But the thing to do is to go into minute details with the patients. Explain to them fully just what is to be done.

Well now, after they enter upon this course of treatment in a very considerable proportion of cases the sugar diminishes at once, and sometimes it speedily disappears. Of course we should examine the urine from time to time to determine its condition as regards the presence of sugar and the amount of sugar. This treatment does not cause a disappearance of the sugar in all cases. I have a patient

under observation now whom I saw for the first time about three weeks ago—a young, thin, intelligent man, who, I have reason to believe, adopted the anti-diabetic treatment and has carried it out fully. I prescribed no medicine at first, and that has been my custom, in order to see what the dietetic treatment will do of itself. In this case it has accomplished very little so far; and this case I am led to fear therefore will be one in which we cannot expect much success from treatment of any kind. If the dietetic treatment does not succeed we have no other resources; that is, no medicinal remedy yet known will succeed. It may have a certain influence over the disease, but it will not effect a cure. Then I could mention other cases. A gentleman whom I have seen now for two years, who until lately has taken scarcely any remedies, but has carried out the dietetic treatment very faithfully, presents urine which gives no evidence of sugar whatever. He retains his strength mentally and physically; he is a man of great activity, being engaged in business involving large responsibility, able to go on with it, and finding the dietetic treatment perfectly satisfactory—finding no hardship.

Now, as to medicines, as I have said, a great number have been proposed from time to time, have been tried a short time, and then have passed out of use, others taking their place. This patient is not under my own care here. He is under treatment with the sulphide of calcium, a fifth of a grain three times a day, together with the dietetic treatment, so far as it can be carried out. With regard to this sulphide of calcium, one patient—a medical man in this vicinity who suffered from this disease—consulted me about three years ago, at which time he found that he had diabetes, adopted the dietetic treatment, relinquished his duties in town, which were exceedingly laborious, and went into the country, and his urine after a time showed no evidence of sugar. When I saw him last, which was a few months ago, I never saw him look better, and he said to me that he had never felt better in his life. And by the way, as an evidence that this disease may have existed some time before the patient's attention has been directed to any disease, this has been said to me over and over again by patients, even when the urine still contained sugar. They were not aware that they had any disease, as they felt much better than they had for months, perhaps for years before. They would not be aware that they had any disease were it not for a chemical examination of the urine. If they could put that out of view they would not have the consciousness of having any disease at all. This gentleman, who was a very able practitioner, was led to use the remedy that I have just mentioned from finding it recommended, as he told me, in some medical journal. He has the impression that the sulphide of calcium had considerable to do with his apparent cure. Well, I am free to say that when I talked with him about it my own belief was that he was apparently cured by the dietetic treatment, and by

a change of habits of life, the avoidance perhaps of some excesses.

To one patient who came to see me I stated these facts with regard to that remedy, and I said, "If you feel no objection I will prescribe it for you." This was a case in which the dietetic treatment had been extremely successful, and most of the time there was very little, if any, sugar in the urine. I told the patient that the remedy in question would do no harm; that I thought I could say that. He said, "Well, let us try it." I put him upon the remedy, beginning with small doses, and increasing them. I began in his case with an eighth of a grain, but I think we might begin with a quarter of a grain; in other cases I have begun with a quarter of a grain three times a day, after a fortnight doubling it, going up to two grains, and continuing it indefinitely. Well this patient went on in that way, and he is very much impressed with the idea that it has been of use to him. Now we must make some degree of allowance with regard to the opinion of the patient as to the effect of the remedy. I do not mean to say that the remedy has not been of value, but I do not feel as certain as the patient does with respect to its value. I am also prescribing the same remedy in three or four other cases, but the period during which it has been used is too short, I think, to enable one to form a correct judgment with regard to it. I shall certainly continue the use of the remedy, for it can do no harm; and, moreover, it is a gratifying thing to the patient to be taking a remedy which he supposes may be of use. The moral effect of remedies, as people's views are now, is by no means inconsiderable, it is a factor which we cannot altogether ignore in the treatment of disease. This disease I believe may be kept in abeyance indefinitely by appropriate dietetic treatment, and yet I am extremely doubtful whether a patient can ever properly consider that there is a permanent recovery.—*American Practitioner.*

COMFORT FOR THE SLEEPLESS.

Very many of those whose attention is called to the title of this paper will exclaim, "How can there be any *comfort* for the worn, jaded, hopeless invalid who is suffering from persistent insomnia?" It is the design of this article to show what methods of treatment and mental discipline have been found most effective in ameliorating the evil, and, consequently, in affording comfort to the suffering ones. The number of those of both sexes and all ages and all pursuits in life who are troubled with insomnia is very great, and the number is supposed to be increasing rather than diminishing. It has been regarded by some writers as comparatively a new affection, and due in a great measure to effeminacy in habits of life and modes of living. We do not attach much importance to this view for the very good reason that there is no substantial

basis of facts for it to rest upon. So long ago as we can remember,—and the space of time over which our memory extends is more than half a century,—the number of the nervous and the sleepless, compared with that of people then existing, was as great as now, and the increase is the result of increased population. The truth is the make-up of people who stood to us in the relationship of grandfathers and grandmothers, or great-grandfathers and great-grandmothers, was about the same as now, and the same idiosyncrasies of organization existed among them as exist among us. They dosed for nervous pains and restlessness as we do; but the nature of their remedies was very different. Instead of morphine, the bromides, chloral, etc., they took to onion syrup, lettuce juice, assafoetida and a decoction of valerian roots, and in the list we must not forget to place that famous "leathean head-support," the hop pillow. Instances of weak or disordered nerves were observed among the Indian tribes in the early settlement of the country; and among all nations, civilized and savage, there are physical organizations not favorable for quiet and repose under abnormal conditions, or change of circumstances.

Nature for the best of reasons, doubtless, has given to some good digestion, a sound muscular system, and an arrangement of nerves which is insensible to outward or inward influences. The men and women who can say in truth that they never have known they had a stomach or a nervous system from any physical pains, are looked upon with envy by the dyspeptic and nervous. This feeling is unavoidable, a natural result of contrast between persistent misery and a supposed exemption on the part of those whom they see around them. But we must remember that the law of compensation holds good in every movement in nature, in every phase of life. The unemotional do not, in many instances, rise much higher in the scale of being than the animals,—not, in fact, as high as in the case of some animals. The animals, both savage and domestic, eat, drink, and die; and what more can be said of men and women who all their lives eat, sleep, and lounge about, like pigs or oxen in the fattening stalls of the farmers? If rich, they enjoy a good dinner, a nap afterwards, a ride in an easy carriage, a few friends without culture like themselves; but the beautiful things in nature and art, like flowers, landscapes, mountains, cascades, paintings, statuary, music, oratory, books,—these are not according to their tastes, and are ignored. The sufferers from sensitive nerves, intense emotion, insomnia, etc., are usually of an organization susceptible to the influence of the beautiful, lovers of everything that is refined, and they enter into keen enjoyment of whatever is wonderful or elevating in nature and art. Shut out as they are from the animal pleasures of the world, the higher joys of a purer sense afford keen delights when pain and suffering are absent from the body. Is there not comfort in these

considerations? Everything that is good and holy in this world comes through suffering, and where there is much of this there are open to sufferers sources of bliss of which the healthful, stolid, animal human world can know nothing whatever. But let us turn to sources of comfort of another kind, namely, hygienic and remedial measures, adapted to remove in a degree the intensity of suffering, and thus confer seasons of happiness upon the sleepless. Insomnia arises from a variety of causes; largely, however, from inherited weakness of organization, from habit, from bad practices in both sexes, from too much worry or attention to study, from too much business and business care, from local physical troubles, and from many other less prominent causes.

Having been a sufferer from insomnia for more than thirty years, we have naturally had our attention turned to its study, and have given it much thought and observation. In our case it arises from inheritance in a large degree; or rather from the effects of incessant mental labor upon an inherited feeble constitution. We have sounded to the bottom all the depths of misery attendant upon sleeplessness, and our sympathy for this class of sufferers is very great. Notwithstanding the suffering life has not been devoid of comforts and pleasures; and to know how to extract good out of evil, or how to rise superior to physical pain, is knowledge of a desirable kind.

Insomnia is not troublesome alone to the weak and nervous. Some of the worst instances that have come under our notice have been the case of men of strong, wiry constitutions,—men who have done their full share of the world's work and reached to good old age. Habit has much to do in originating the evil in such instances. Any man who goes to bed with his business on his mind, or with some kind of worry, great or small as it may be, is in the way of acquiring habits of wakefulness. The habit once established, like the appetite for drink, or tobacco, or rich foods, clings tenaciously to one, and it is recognized with alarm that the evil has come to stay. Men and women not of excitable temperaments become sleepless from over labor, mental or physical, or from both combined. Such cases yield readily to proper diet and rest. Often, persons who all their lives have uniformly slept well are suddenly, and without known cause, attacked with insomnia. One night goes by without sleep, still another, and perhaps another, and then comes a state of mental fear and unrest which is deplorable. The patient is frightened; it is a new experience; there is fear that sleep will never come again; and, to the disordered imagination, insanity is imminent, the asylum looms in the distance, every sense is abnormal; wild fright usurps the place of reason. We have had such cases brought to us for advice, and satisfaction experienced in the being able to dispel fear and remove the abnormal conditions has been very great. In one instance a gentleman came from a long distance in a deplorable condition of mind.

He was soothed and quieted with the assurance that his case was by no means unusual, that he would sleep again, that he need have no apprehensions, etc. This man took his carriage for his return, and slept soundly the whole distance. In such cases there is much alarm among the attendants or family, and this adds to the excitement of the patient. Prompt advice is necessary here before a habit of wakefulness is established. Lawyers, after an excited week in court; clergy men, from the excessive labors of Sunday; literary men, at the close of work upon a book or essay, are apt to pass sleepless nights, and this abnormal condition must receive immediate attention: a temporary change of thought and labor is demanded, so that the distended blood-vessels of the brain may retract to their normal state. Inattention may result in laying the foundation of a miserable life; and this is true in the case of the strongest physical constitutions.

In instances of sleeplessness, fear and distrust are usually the most prominent and distressing symptoms. The ever-present feeling is that sleep has departed, never to return; and this is the disturbing emotion even in those who have had repeated attacks of the evil. Nothing is gained from experience: loss of sleep for two or three consecutive nights renders everything within and without abnormal; past deliverances are forgotten; hope departs, and gloom usurps its place. At this juncture the kind assurances of friends, the little attentions and soothing words of a sensible husband, wife, sister or brother, fall like the holy ministrations of angels upon the disturbed spirit of the sufferer, and afford comfort which is unattainable from other sources. As a remedial agent nothing seems to be more appropriate and effective in such cases than the bromide of sodium combined with bromide of ammonium. We have found twenty-five grains of the former mixed with ten of the latter, dissolved in a large wineglass of water, to which has been added ten drops of fluid extract of ginger, a most excellent remedy. It should be made ready early in the afternoon, and taken in three or four doses at regular intervals until bed-time. We much prefer the sodium bromide to the potassium; and the ammonium is to jaded dyspeptic stomachs a tonic as well as a soporific.

In all cases of sleeplessness from worry or where this tendency is constitutional, hydrate of chloral is the royal remedy. We regard this agent as the most wonderful in its specific influence and adaptations of any known to medical science. Its discovery is among the most important ever made in chemistry, and the name of Liebreich, the discoverer, cannot fail to be remembered through all the ages. Look at some of its remarkable characteristics: (1) it rarely fails to produce quiet, refreshing sleep; (2) it seldom disturbs the stomach; (3) it increases the appetite; (4) it does not disturb the bowels; (5) it does not lose its power by continued use, and the dose does not need to be increased. The prejudice against its proper

employment is not based on knowledge of its remedial or chemical nature. Like all good things it is liable in ignorant hands to cause some degree of mischief, but less than most other powerful agents. It is not a remedy to be placed in the hands of patients for indiscriminate employment, and the same may be said of all medicines. To the sleepless, chloral is a boon of the greatest magnitude, but the habit of taking it must be guarded against. If one is troubled with persistent insomnia, it is important to secure a good night's rest as often as once each week, and the chloral may be taken once or twice a week without the slightest danger, unless there are some very unusual complications. Of course it should be taken only under the supervision of an intelligent physician.

Sleeplessness is not often a fatal affection. Hundreds and thousands are tossing upon their beds sleepless, discouraged, weary, in all parts of the world, every night, and most of the sufferers live through the usual number of years allotted to man. We have counted the shingles upon the roofs of imaginary dwellings, and numerous flocks of sheep as they jumped, one by one, over an imaginary wall in a pasture, through hundreds of weary nights, but sleep has not yet taken its final departure, and probably will not until the physical house we live in is entirely vacated. Let no sleepless person be discouraged. Maintain hope under all circumstances. Remember that there are many worse cases of suffering than your own in the world, although to you it seems impossible. Keep up your general health by all sanitary means possible; walk much in the open air, if you can walk; ride, if you cannot walk. Above all measures, keep the functions of the skin in prime condition; cleanliness is antagonistic to sleeplessness. Dry friction over the body by the use of the hand, or, better, by the use of the French hair mitten, twice a day, we have found of great service. The air bath should not be neglected. A few minutes after the employment of friction over the body, walk about without clothing in a cool room, and if possible let the sun strike upon the body. Do not remain uncovered too long, so as to become chilled. Keep the digestion good; eat only such forms of food as suit the digestive organs. Surround yourself with cheerful company if possible, read such books as do not tax or weary the mind, and life will cease to be burden, even if you do not sleep as others do. Avoid above all things constant dosing; throw into the ditch, or into the sea, all nostrums that may fall into your hands. A little of the bromides or chloral may be needful at times, but use them only as directed by physicians.—*Boston Journal of Chemistry.*

EXAMINATION OF CHILDREN.

By W. T. PLANT, M.D., Prof. Diseases of Children, etc.,
Syracuse University, N. Y.

For the proper examination of sick children both time and tact are necessary. The work cannot be forwarded by haste and impatience. It is important, at the onset, to win the confidence and good-will of the little one. This is easy to those who love children; difficult often to those who dislike them. But love grows by the using, and he who will cultivate their society and interest himself in their affairs, will come to have a genuine interest in them. If the patient is a stranger and old enough to be observing, be careful how you approach it. "First impressions are lasting." Avoid brusqueness. Better at first talk about the child than to it. Get the history of the sickness from the mother, and while receiving that, you may notice the child without seeming to. A trained observer can see a good deal in a short time. The glance will show whether the child is very ill, and may even indicate the probable character of the ailment. Notice the physiognomy first. The features of a child under three or four months have little expression, but beyond this period they may be taken as an honest declaration of its feelings. It has not yet learned the art of hiding trouble under a tranquil mien. In acute diseases attended with fever the cheeks, and perhaps other parts of the face, are flushed from congestion. If the redness is circumscribed and transient, appearing on one or both cheeks, the forehead or the ears soon fading into paleness, to reappear after an uncertain time, we have in this a reliable sign of serious brain trouble. Drooping of the upper lids, squinting, rolling of the eye-balls, fluctuating or unequal pupils, or a steady gaze on vacancy, associated with fever, are symptoms that point in the same direction. A small, pinched face, overtopped by an enormously enlarged head, characterizes hydrocephalus. Rapid out and in movements of the *alæ nasi*, with flushed and anxious countenance, attend severe inflammations of the respiratory organs. I know of no disease that will change the physiognomy of a little child so quickly as a diarrhoea, with copious watery dejections. I suppose that full three-fourths of the weight of a child's body is water; and its rapid abstraction by an intestinal flux may, in a few hours, work such changes in a plump and ruddy face that it is scarcely recognizable.

Notice also the voice. You know the clear, ringing, exuberant tones of healthy childhood. In sickness they are changed. Diseases that produce great debility render the voice weak and plaintive. In pneumonitis and peritonitis it is restrained, because its exercise causes pain. Fits of loud crying are evidence of the absence of these diseases. In croup, and other affections of the larynx, the voice is apt to be hoarse and brassy. Hoarseness is also an early sign of congenital syphilis. Some cases of cerebral inflammation are attended by an occasional solitary, piercing cry—a cry so peculiarly

expressive of agony that it is not easily forgotten. This is the "hydrocephalic cry" of the old authors. Sighing is a symptom frequently seen in like cases.

Cough is very frequent in children, and its character varies with the cause. After taking cold, the most frequent cause, the cough is dry at first from diminution, but becomes moist at length, from an increase of bronchial secretion. The cough of pneumonitis and pleuritis is apt to be restrained. That of whooping-cough is always paroxysmal after the first stage, though the whoop is not always present. The cough that accompanies some forms of heart disease is dry, stuffy, and frequent. A laryngeal cough is peculiarly loud and resonant—clarion like. Stomach and intestinal irritations, as from worms or undigested food, also cerebral and spinal irritations, often give rise to a persistent, dry cough, from reflex nervous influence. Lastly, continued fevers in children are often attended throughout their course by a hacking cough, difficult to subdue, and more annoying than dangerous.

Notice, again, the position and movements of the patient. If very weak, it lies upon its back without much movement of its limbs. If the head is retracted and cannot be brought forward without pain, if the body is rigid, and there are muscular spasms and twitchings, this condition points strongly towards cerebro-spinal irritation or inflammation. If any of the abdominal viscera are inflamed, the child prefers to lie on its back with the limbs drawn up. In colic the prone position is chosen because pressure gives relief. Children often carry the hand to the seat of pain—to the forehead in headache, to the ear in earache, to the gums when teeth are coming. Rubbing the nose and upper lip is popularly regarded as a sign of worms. It may be due to these, or to any other irritant in alimentary track, to a cold, or a dose of Dover's powders or other opiate. In spinal and hip diseases, children instinctively assume positions so characteristic that they are of great diagnostic value. In all conditions of the respiratory organs, in which the need of air is urgently felt, there is apt to be extreme restlessness.

Inspection of the surface of the body will frequently lead to a correct diagnosis without other examination. All the exanthemata may be known in this way. Congenital syphilis is wont to betray itself by coppery discolorations of the surface and eruptions around the anus. In infants the first stage of intermittent fever is seldom attended with shaking, as in older people, but by lividity and paleness of the skin and a characteristic goose-flesh appearance. Jaundice, a frequent ailment in the newly born, imparts a yellowish tinge to the surface.

In grown people we make much of the pulse; not so with children. It is usually absent at the wrist for a week or ten days after birth, and throughout infancy it is feeble and very rapid. Its average during the first year is about one hundred and thirty (130). It is considerably slower during sleep, and much faster during active movement. Gradually it becomes less rapid, and at the fifth year it

is about ninety. During the whole of child life it remains somewhat faster than in the mature. At puberty it is about eighty. The infant pulse is liable to great acceleration from slight causes. A cold, the coming of a tooth, or any transient emotion of joy or grief, may affect its rate as much as a serious illness. You will naturally infer that a rapid pulse is of little significance in very early life. A preternaturally slow pulse is of more importance, being one of the ordinary accompaniments of serious brain disease. The difficulty of counting the pulse, owing to the incessant movement of children, still farther detracts from its value.

The thermometer, an instrument of the greatest value in our work among grown people, is comparatively of little worth when we are dealing with young children. Often the child is refractory and must be held down in order to keep the instrument in the axilla long enough to take the temperature. This is of the less consequence, since its revelations are of much less value than in adults. For, in children, the temperature, like the pulse, is liable to sudden increase from slight and transient causes. A fit of indigestion, or even an outburst of anger with hard crying, will cause the temperature to mount to 103° or 104°, and the case might seem to wear a serious aspect; but an emetic or a dose of oil for the indigestion, and such wholesome correction in the other case as shall restore the calmness of an obedient spirit, will soon bring the body heat down to the normal standard. When the thermometer is used, it should be remembered that the temperature of the young child is a little higher than that of mature age, though the difference is but the fraction of a degree.

The respiration in young children differs in some particulars from that of mature age. In the very young infant, the breathing is frequently intermittent and irregular. There may even be pauses of such considerable length between the inspirations that the mother fears the cessation of the function. From an average of about forty respirations per minute, during infancy, the rate decreases as the child grows older. At the tenth year the average is about twenty-two. Like the pulse, the breathing is liable to great disturbance from slightest cause. Exercise, emotional excitement, or a transient fever, may increase it as much as more serious ailments. In capillary bronchitis and pneumonitis, the respiration is quickened. In acute pleurisy, and in peritonitis, it is short and difficult from the increase of pain to which the movement gives rise. In all acute febrile affections in the young child respiration is apt to be rapid and panting. This, with the cough to which I have before alluded, often renders parents apprehensive of lung disease. In acute encephalic inflammations the respiration as well as the pulse may be abnormally slow and intermittent. In obstructive disease of the larynx and trachea, as croup, inspiration is prolonged, and, if the obstruction is considerable, is accompanied by a peculiar wheezing sound.

In affections of the chest in infants, you will have

frequent occasion to resort to auscultation and percussion; and you will be more fortunate than I have been, if, owing to the uneasiness of the child, to the small size of the chest, and to the faintness of the respiratory murmur, you do not fail of that diagnostic precision which is so easy of attainment in the adult. Some things, however, may be learned by these means from the youngest and most refractory patient. We may always know by auscultation whether the lungs are freely and equally pervious to air, and by percussion whether there is any considerable dullness in any part of the chest. If a stethoscope can be used without frightening the child, it is preferable to immediate auscultation, because with it the sounds are collected from a restricted area, while adventitious noises from the nares, the larynx and the stomach are excluded. It is my habit to begin this examination at the back to avoid frightening the child. The young auscultator should have a care not to mistake the naturally harsh breathing of youth for a condition of disease.

While you have been bringing the examination to this point, some chance opportunity of inspecting the tongue and inner side of the mouth has probably presented itself. If not, this part of the investigation had better be made last, since it is pretty likely to provoke crying and a lusty resistance, which, occurring earlier, would interfere with and retard your work. To examine these organs the patient should be brought in front of a good light. While the nurse holds it and controls its hands, the mouth may be opened by pressing the chin downward. The tongue being in view, notice the condition of its upper surface. If coated, observe the color and depth of the fur, and whether there is any undue prominence of the lingual papillæ. In infants, examine the inner side of the mouth for aphthous sores; also if at an age when teeth may be coming, pass the index finger backwards over the gums and ascertain their state as to heat and turgescence. If there is ground for the least suspicion of throat trouble, do not neglect to make an examination. This is easily accomplished by steadying the head and passing the handle of a teaspoon over the dorsum of the tongue nearly as far backwards as the circumvallate papillæ, and making downward pressure.—*Obstetric Gazette.*

ELIXIR OF SALICYLIC ACID.

Dr. Wolff furnishes the following formula: Dissolve salicylic acid, 3 i, in alcohol, f 5 vi, and add simple elixir (or elixir curacoa), q. s. f 3 vi. The dose is a tablespoonful, containing 5 grains of salicylic acid, the taste of which is well masked. The elixir should not be given with water. The additional amount of alcohol in this preparation is not contraindicated, but seems to overcome the tendency of the salicylic acid to act as a cardiac depressor. In variola this elixir has been used with good results.

CARBUNCLE—ITS TREATMENT.

By J. B. RICHARDSON, M.D.

"Early impressions are the most lasting" applies as forcibly to instructions in surgery as to any department of acquired knowledge. The treatment (local) of anthrax in my student-days was that of free (crucial) incisions as early as the correct diagnosis could be made, "the knife being passed freely through the tissues to the base of the inflammatory effusion, the object of which is to give room for the slough to separate and come away;" then poultice, and at the earliest moment dissect away all the slough as it formed. With such emphasis was this "crucial-incision treatment" dwelt upon by all teachers of this department of our art that it required a degree of temerity on the part of any one to deviate from this injunction.

Free incisions at times of necessity implied the useless infringement upon or passage through by your knife of tissues which were never to become involved in the destructive or breaking-down process; whose circulation and nerve-supply, as well as that of contiguous parts, were seriously jeopardized by this practice; also a loss of blood, which could not well be spared by some of the "run-down" patients.

This treatment, I have reason to believe, still generally prevails. The "caustic" treatment has some adherents, among the number an excellent and late writer, Mr. Bryant.

For several years past I have greatly departed from my early instructions upon this point; and, as I believe, not only thereby rendering the treatment less painful, but shortening the duration of the existence of the affection, and in addition saving tissues which under the old method would inevitably be destroyed.

Sidney Ringer (Handbook of Therapeutics) asserts, "Belladonna applied over abscesses and carbuncles reduces inflammation and allays pain." He advises its employment in any stage of inflammation, as "it will often arrest the progress of an abscess otherwise almost certain to mature." Even when it fails to prevent suppuration "it will reduce inflammation, subdue much of the pain, and greatly limit the inevitable abscess."

As regards the use of poultices in these cases, my experience will not allow me to endorse their employment; for I am convinced they not only cause the formation of boils around the seat of the carbuncle, but produce an extension of the destruction of both integument and underlying tissues. I therefore never employ them.

When first seen, and recognized to be a carbuncle in its formative stage, make a small opening with a sharp-pointed bistoury in the center of the swollen and inflamed structures just large enough to allow the easy introduction of the nozzle of a hypodermic syringe, which has been previously charged with a fifty-per-cent. solution of carbolic acid in oil or water, and after passing it a short distance into the central-forming slough, press the piston suffi-

ciently to expel a drop or two of the contents of the syringe; retract and deflect the point of the syringe as you reintroduce, and repeat this until you have insinuated the solution into a considerable area of the interior of the commencing carbuncle. This done, with gentleness and patience rub into the overlying skin, upon and for a considerable distance around the forming anthrax, equal parts of extract belladonna and glycerin (Price's), finally applying a piece of lint well smeared with the same solution to the parts, strapping it in its proper place with gum-plaster, and over all this dressing a well-worn, soft silk handkerchief (folded). This external dressing should be repeated twice or oftener daily, with the double object of cleanliness and to get the supplying vessels impressed physiologically by the belladonna externally applied. As soon as the point of destruction of the integument is sufficiently large—or you are able to enlarge it by use of scissors or forceps and not cause great pain or hemorrhage—a piece of lint saturated in a fifty-per-cent. carbolized-oil solution should be gently but firmly introduced into the opening, and, by spreading it out, be made to come in contact with the bottom of the inner surface of the carbuncle. This application causes at first some pain, but it will be short-lived, the patient soon appreciating the anesthetic effect of the carbolic acid. Upon the first piece of lint place a second piece (dry), and cover all with a third larger piece (three inches square), the inner surface of which has had a good coating of the belladonna-and-glycerin solution applied to it, securing the last with strips of plaster as before mentioned. At each succeeding dressing, as slough forms or breaks down into pus, remove carefully with forceps and scissors as much as you can, causing no bleeding, and as you approach the healthier parts beneath lessen the strength of carbolized oil or watery solution of acid you employ until you dilute to five grains to the ounce; finally discarding altogether the acid solution, substitute for it either lukewarm water as a dressing, or, if indicated, a weak astringent solution. The carbolic acid has the effect of stimulating the circulation of the parts involved in the diseased action with which it is brought in contact, thus enabling them to repel this tendency to slough. It acts as a local anesthetic, together with the external application of the belladonna, removes to a great extent the usual necessity for the internal administration of sedatives to obtain sleep, and lessen pain. The glycerin and oil exclude the atmospherical air, thereby partly removing one necessary factor to the production of decomposition. The antiseptic and antiputrefactive quality of the acid reduces the danger of pyemic symptoms as a resulting complication to a minimum.

I would have no trouble in citing several cases which started out to all appearances for a six or eight weeks tour. Under the above mode of treatment, patiently carried out, sloughing and suppuration ceased, and healthy granulation began in from eight to twelve days.

As regards systemic treatment, if any of the functions are slothful, re-establish them. From the beginning give from one-twentieth to one-tenth-grain doses of calcium-sulphide, as advised by Ringer, continuing its use until healthy action takes place in the local trouble, and follow this when the symptoms of fever disappear, with full doses of unct. ferri. chlorid, *ter die*. I can from experience indorse the assertion of Ringer, "In carbuncles the sulphides will generally be found serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow separating tissue." They also break up the tendency to formation of boils or abscesses (cervical and others) in children of a scrofulous habit.—*Louisville Med. Journal.*

CASE OF CROUP TREATED BY PASSING CATHETERS INTO THE TRACHEA BY THE MOUTH.

By J. WILSON PATON, M.D., M.R.C.S. (*British Medical Journal*).

In the *British Med. Journal* for July 24 and 31, 1880, are two papers by Dr. Macewen, on the Value of Tracheal Tubes introduced by the Mouth in Edema Glottidis, etc. The cases he records are all in adults. I am not aware that this treatment has been used in children, but its simplicity and advantages are so great that a few notes of a case of croup in which catheters were used may be interesting.

H. J., aged three years and ten months, had measles, the rash appearing on February 15, 1881. On the disappearance of the rash a hard cough supervened, which gradually increased in severity until March 1st. On that date I found him, at 1.30 a.m., suffering from intense dyspnea, quite unable to speak, and his lips of a dark livid color. His cough was constant, brassy, and without expectoration. The respirations were 35 per minute, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak. Having a No. 11 prostatic catheter with me, I determined to pass it into the trachea, instead of performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea during an attempted inspiration and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute, or two, the face becoming purple and the eyes staring with fully dilated pupils. The paroxysmal efforts to expel the tube being unsuccessful, a pretty full inspiration, partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody and purulent mucus were ejected by the tube and the mouth, the livid color disappeared, and he lay down, breathing easily through the tube. The presence of the tube did not prevent his

swallowing milk, though sometimes a little of this was ejected from it during a cough. The tube was retained *in situ* by a strip of plaster, and the teeth were prevented from closing on it by means of a pear-shaped piece of hard wood.

Six hours afterward he was much easier, and could say "Yes" and "No" distinctly. The cough continued at intervals of ten minutes, and did not seem altered in character by the presence of the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion passing both by the tube and the mouth. Hitherto he had been kept in a warm room, but now a bronchitis-kettle maintained a moist temperature of 70 F. The tube was removed without any inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after its removal symptoms of obstruction gradually reappeared. During the same evening another ordinary gum-elastic catheter No. 12 was introduced, a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours the respirations and pulse became lower, and crepitation and dyspnea ceased. When the tube had been in for forty-eight hours and a half it was removed and not again introduced. On March 8th the voice and chest sounds were normal, and he was not seen after the 10th.

This case was a severe one, and would have soon ended fatally had no operation been performed. Tracheotomy seemed inadmissible, neither the case nor the surroundings being favorable for it. *Primâ facie*, it would be expected that the introduction of a tube into the trachea of a child against its will would not be so easy as in a consenting adult. That may be so; but it is certain that the operation is extremely easy and simple, and does not take more than two or three seconds from touching the tongue with the spoon till the tube is in the trachea. Had tracheotomy been performed successfully, when would the child have been out of danger? Certainly not so soon as here recorded; for at the end of the third day the child was so well as to be able to breathe freely without the tube, and was quite well before the tenth day after the operation.

USE OF PESSARIES.

The Section on Obstetrics and Diseases of Women (A.M.A.) received some very practical and useful directions relative to the use of pessaries, by Dr. Paul F. Mundé, of New York. (Condensed from *Virginia Med. Monthly*):

Be sure to diagnose the nature and degree of displacement before using a pessary.

Replace the uterus. It is well to do this repeatedly, every day or twice daily, for several days before using the pessary. The objects for so doing are two: To distend and toughen the vaginal pouch (which may be done by means of a cotton

tampon), and to relax the over-stretched uterine ligaments.

Never insert a pessary if there be acute or recent inflammation of the uterus or adnexa; or when pressure on the part where the pessary is to rest gives decided pain.

When the uterus is not replaceable because of adhesions which bind the fundus down, use great caution and discrimination in deciding whether the fundus is to be elevated by manual and instrumental means or gradually by use of a pessary (this applies only to retro- and latero-versions). If neither is advisable, try to induce resolution of the adhesions by local, alterative, and absorbent measures before using the pessary.

Choose an indestructible instrument. This does not apply to prolapsus uteri.

No two vaginæ are exactly alike. Choose a pessary for, and adjust it to, each particular case.

If the vaginal pouch is too shallow to receive a pessary, deepen it by daily tamponing with cotton or by the upward pressure of a Cutter or Thomas vagino-abdominal supporter previous to using the pessary.

Never leave a pessary in the vagina which puts the walls to a stretch, and which does not permit the finger to pass between it and the wall of vagina (does not apply to prolapsus uteri).

A pessary which projects from the vulva is displaced.

A well-fitting pessary is a source of comfort and gives no pain. Giving pain, it should be at once removed.

Always examine a patient on her feet after introducing a pessary to ascertain if it be competent to sustain the uterus during walking, etc.

Always tell a patient that she has a pessary in her vagina when you have put one there, or she may, unconscious of its presence, allow it to remain for years to her ultimate discomfort and danger. Always tell the patient to return within a week after the first introduction that the position and working of the pessary may be looked after. After this let her return every four to eight weeks, or the instrument, if not looked to, may cause ulceration. The patient will have to wear the pessary for months or perhaps years before recovery can be expected. Never introduce a pessary which the patient cannot herself remove, and tell her to remove it whenever it causes pain and present herself at once for examination.

Vaginal injections daily should be used for cleansing purposes; if the discharge be profuse, add astringents; if sanious or purulent, let her come to you at once, as the instrument has probably caused ulceration.

On removing the instrument let the patient test the result of its use. It will take several days, or weeks, to determine the benefit obtained.

Relieve downward pressure by a proper support of the skirts; and in anterior displacements aid the internal supporter by a supra-pubic pad.

All pessaries may be introduced in the knee-

chest position when it is desirable or possible to replace the uterus only in that position.

A Simms speculum elevates the perineum, air enters and expands the vagina, the pessary is introduced by touch and sight, and the patient laid over on her left side.

For aggravated retroversion and prolapsus of ovaries or uterus this has many advantages over the left semiprone decubitus. It must be remembered, however, that here the position of the patient is reversed, and that the pessary must be introduced accordingly.

NERVE-STRETCHING FOR LOCOMOTOR ATAXY.

Dr. Charlton Bastian has recently delivered a clinical lecture, at University College, on a marked case of locomotor ataxy, the symptoms of which he described very minutely. The patient was about forty years old, there was wasting of the muscles of the extremities, especially in the left leg and thigh; at length the movements of his legs became slow and jerky, after walking a few yards he would become exhausted and his legs would double up under him. Mr. Marshall cut down on the great sciatic nerve on the middle third of the right thigh and stretched it with his finger, pulling it twice upwards from below, thence twice downwards from above; antiseptic precautions were employed. About five weeks later, the right lower limb having markedly improved, whilst the left remained as it was before the right sciatic nerve had been stretched, Mr. Marshall operated on the left sciatic in the same manner. Troublesome diarrhœa followed, but seven weeks later, when the patient tried to walk, his gait was found to be much better, and tactile sensibility, previously impaired in the lower extremities, had become perfect. The first operation was followed, in seven days, by the disappearance of a constant aching pain in the hypogastrium, which did not return, though slight pain was felt in the lower part of the chest. In a less advanced case treated in the same manner the improvement was but slight. The wounds, in these cases, were slow to heal. Dr. Bastian does not attempt to explain the mode in which nerve-stretching acts, but if it is found to do good, it should be practised. The manner by which many drugs act specifically on many morbid processes is quite unknown, yet that is no reason for not continuing their use when they are known to be beneficial in disease, and the same principle now applies to nerve-stretching.—*British Medical Journal*.

ABSTRACT OF A CLINICAL LECTURE ON SORE THROAT.

Delivered in University College Hospital, by CHRISTOPHER HEATH, F.R.C.S., Holme Professor of Clinical Surgery.

Tonsillitis, or acute inflammation of the tonsils, commonly results from exposure to cold, in the case of delicate young people who have susceptible throats. Towards evening the throat feels swollen and painful, and both speech and deglutition becomes difficult, the voice having a peculiar thick tone, which is very characteristic. On inspection, the fauces will be seen deeply injected, and the tonsils swollen and bulged, both towards the median line and between the anterior pillars of the fauces. There is great tenderness in the submaxillary region and behind the jaw; and occasionally acute pain in the ear from extension of inflammation along the Eustachian tube. There is considerable general fever, the temperature rising two or three degrees, and the tongue being coated with a white fur; but the pulse, though rapid, has little force, and is very compressible. In from twelve to twenty-four hours, and either with or without a rigor, matter forms in one or, seldom, both tonsils; and, if not relieved, gives rise to great distress from the embarrassment caused to the breathing, the patient sitting up in bed, and constantly hawking up viscid mucus, until at last, in some straining effort, the abscess bursts, and immediate relief with rapid convalescence follows.

In the premonitory or early stages, a mustard emetic often acts as a charm, and produces immediate resolution; but, failing this, recourse may be had to warm inhalations, the application of hot poultices below the ears, and the administration of belladonna internally in small and frequent doses, coupled with plenty of liquid food. An early puncture of an inflamed tonsil is much to be recommended, if the surgeon will use a bistoury, covered, except for a quarter of an inch from the point, and thrust it boldly through the soft palate, where it is made prominent by the tonsil. The hæmorrhage should be encouraged by gargling with hot milk and water, and will give much greater relief than the application of leeches externally. The same method should be adopted in opening an abscess in the tonsil, and thus all risk of doing damage to important structures will be avoided.

A more chronic form of tonsillitis is familiar to residents in hospitals under the name of "hospital sore throat," and is met with among persons exposed to bad air, particularly if tainted with sewer-gas. It consists in a subacute inflammation of the tonsils with injection of the fauces, sometimes going on to abscess, but more frequently subsiding, if the patient be put upon a stimulant and tonic plan of treatment, and removed from the depressing influences to which he has been exposed. The occurrence of frequent sore-throats in a household should direct immediate attention

to the condition of the drainage, and the probable escape of sewer-gases into the house.

Acute inflammation of the pharynx may occur in conjunction with tonsillitis or alone, and the great symptom is the difficulty in swallowing. The disease ends ordinarily in resolution, but may occasionally lead to suppuration in the cellular tissue behind the gullet, thus causing a post-pharyngeal abscess. The bulging forward of the posterior wall of the pharynx by an elastic swelling, which impedes deglutition and may interfere with respiration, clearly marks the case, and a puncture in the median line will readily evacuate the pus. It should not be forgotten that post-pharyngeal abscess is often connected with caries of the cervical vertebrae.

Erysipelas occasionally attacks the fauces and pharynx, and appears to lead to complete temporary paralysis of the muscles, so that not only is deglutition impossible, but it is equally impossible to excite reflex action in them by irritating the throat mechanically. The affection is a very serious one, and likely to prove rapidly fatal from depression of the vital powers, both by the poison and the want of food, unless ample nourishment be administered by the rectum until the power of swallowing is restored.

A much more chronic form of paralysis of the throat is that following diphtheria, but here it is the palate which is principally affected, the voice being thick for weeks.

Hypertrophy of the tonsils is common in children and young persons of a strumous diathesis, and, in rachitic patients, is apt to lead to the deformity known as "pigeon-breast," from interference with the full expansion of the lungs. The thick speech, open mouth, and stertorous breathing, which in sleep developes into sonorous snoring, are sufficiently marked in extreme cases; whilst, in milder cases, the constant tendency to sore-throat, and the general failure of health and strength without obvious cause, should direct attention to the tonsils. On inspection, the tonsils will be seen as large, white, glistening masses, often meeting in the middle line, and presenting yellow spots due to inspissated mucous secretion. Hypertrophied tonsils may project into and down the pharynx, but can never reach up to and obstruct the Eustachian tubes; the deafness so commonly found in these cases being due to the generally congested condition of the mucous membrane, which is relieved by the removal of the glands.

The application of local styptics in the form of a solution of nitrate of silver, (gr. 10 to $\frac{3}{4}$ j), or the glycerine of tannin; the use of catechu or krameria lozenges, or the employment of a spray of sulphate of zinc (gr. 10 to $\frac{3}{4}$ j), are all useful in slight cases, by keeping the disease in check while the patient's health is improved by sea air and tonics. In severe cases, removal is the best remedy, and is much less painful and infinitely more satisfactory than drilling the tonsil with a sharp stick.

of nitrate of silver or caustic potash, as has been recommended.

The simplest form of guillotine, used with a pair of vulsellum-forceps, by which the tonsils can be drawn thoroughly into the ring with the opposite hand, is preferable to the complicated guillotines fitted with a fork, which are apt to get out of order, and require considerable practice for their successful employment. The patient being seated in a good light, with the head thrown back, and the hands held by assistants, the guillotine can be slipped into the mouth, which it immediately gags; the forceps then grasping the tonsil through the ring of the guillotine, draws it well forward, and a sharp movement of the thumb drives home the blade of the guillotine, and cuts it off. Without withdrawing the guillotine, it is turned round, and the other tonsil similarly treated by changing hands, before the little patient has really time to cry. It is quite sufficient to remove a large portion of a tonsil, and any attempt to remove the whole is likely to be followed by sharp bleeding. Ordinarily, the sucking of ice for a few moments staunches all bleeding; but if not, the bleeding surface, and that only, should be painted with liquor ferri pernitratiss.

After removal of the tonsils, ice may be sucked for a few hours, and a warm poultice under the jaw gives great comfort. Care should be taken to give food cool enough to be easily swallowed, and for a few days anything hard, such as crust, should be avoided.

Hypertrophy of the uvula may be met with in the same class of patients as the hypertrophied tonsil, the whole uvula being swollen from over-development of the adenoid tissue contained in it. This must not be confounded with the œdematous uvula, due to inflammation, and commonly found in any acute inflammation of the throat. A more common form is the elongated uvula found in persons of relaxed habit, who suffer from irritable throat and constant cough, the result of the irritation of the fauces by the uvula. Astringent gargles may be usefully employed in such cases, but, if obstinate, they should be treated like the chronic hypertrophy—by abscission. This little operation may be performed with the tonsil-guillotine, or, more simply, with scissors, which must be very sharp at the edge, but blunt at the points. The uvula should be caught with a pair of hooked forceps, to prevent its being swallowed, and will be found thicker on section than might have been anticipated.

Ulceration of the tonsils of a superficial character is common in inflammatory affections of the throat, and the ulcers are often covered with aphthous patches in patients whose vitality is low. The deep excavated ulcer of the tonsils, nearly circular in shape, and covered with a thin grey slough, is symptomatic of secondary syphilis, and will only yield to constitutional treatment.

Irregular excavated ulcers presenting a yellow slough, seen upon the uvula and soft palate, or on

the posterior wall of the pharynx, are almost always due to tertiary or inherited syphilis, and will heal rapidly under the administration of iodide of potassium in full doses.

As the result of this form of ulceration, adhesions of the soft palate to the pharynx, with narrowing of the pharynx and nasal intonation, owing to the shutting off of the nose, are occasionally met with. Any interference with the cicatrices is to be avoided, as no good result is likely to follow the division of the adhesions between the palate and pharynx; but, when the cicatrization leads to narrowing of the pharynx, division and subsequent dilatation with bougies may be advantageously undertaken.

Follicular disease of the pharynx is commonly met with as an accompaniment of chronic glandular laryngitis, or *dysphonia clericorum*. The pharynx and fauces are seen to be injected and roughened, owing to the hypertrophy of the glandular structures of the mucous membrane. The patient complains of dryness of the throat, and is constantly clearing it, and hawking up small quantities of viscid mucus. The hoarseness of the voice after use for a short time is a marked feature of the disease, and depends upon a similarly congested condition of the laryngeal mucous membrane. In slight cases, much good may be done by proper elocutional instruction, and particularly by teaching the patient to use his lips and tongue rather than his throat in vocalising. The use of soft astringent lozenges (catechu or rhatany), which are to be slowly sucked at intervals, and the use of a spray with a solution of sulphate of zinc (gr. 10 to $\bar{5}$ j), night and morning, will effect much good. In more confirmed cases, the application of a strong solution of nitrate of silver (gr. 30 to $\bar{5}$ j) with a brush, or painting with the tincture of iodine or liquor ferri perchloridi, will be necessary, combined with attention to the general health; but the improvement is always slow, and the remedies must be varied to suit individual cases.—*Gaillard's Medical Journal*.

EARACHE.

In the course of practice, you will often be called upon to attend a case of earache. This means, pathologically speaking, acute inflammation of the membrana tympani. Now, in such a case, you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a desirable result may be obtained is similar to that which you will find so beneficial in analogous cases of eye disease, viz., leeches behind the ear, hydrag. c. creta and belladonna powders, with warm fomentations.—*Prof. Wharton Jones, in London Lancet*.

A DRUGGIST'S MISTAKE CURES A PATIENT.

Dr. Jno. Herbert Claiborne, of Petersburg, Va., writes to *Gaillard's Medical Journal*, in regard to a case of eczema cured by an accidental prescription. He says:

"It was one of those persistent and perverse cases of eczema infantilis, which occasionally falls to the lot of the practitioner, perhaps for the purpose of testing his patience and taking down his conceit. It had been under observation for about one year, half the lifetime of the child, and afforded the most beautiful clinical illustration of eczema in all of its forms, stages, and varieties, from the freshly dripping, or rather in this instance raining vesicle, through the pus secreting impetiginous sore to the dried crusty cap, sometimes covering the whole head, shading off in numberless places, on the back or limbs, into thickened and fissured patches, involving the true skin; all at the same time, 'everything at once and nothing long,' and accompanied with an itching and burning which seemed at times almost to craze the little patient. He was a healthy, bright, well developed little blonde of good inheritance, one of quite a family of children, none of whom ever had any cutaneous disease. I had treated him for nearly twelve months, had run through all of the local and constitutional remedies that I had ever seen used, or heard of being used; when finally, one morning, my little patient was brought in decidedly worse than even he had ever been before. I hurriedly directed two prescriptions, not so much in hopes that they would do any good, as I was that the father of the boy would seek a more skillful physician.

"I did not see or hear from the little fellow for two weeks, when his father came in on this occasion without the patient and informed me, his face all over with smiles, that the little boy was *nearly well*, and that he thought that a repetition of the last prescription would entirely cure him. I could not even recall what this was, but I begged of him to get it renewed without any delay, and to use it thoroughly and persistently. 'But,' he replied, 'I cannot get it renewed. The druggist says that he put up the prescription *wrong*, and that I have been using it *wrong* all the time, and that he can't put it up any more till he sees you.' 'Has it not relieved your child?' I asked. 'Yes,' he replied, 'more than anything else that ever was done for him! I then gave him a note to the druggist to put up the same prescription which he had put up, right or wrong, and directed its use as before. In a few days the little patient was well, and his skin as smooth and as soft as velvet.

"The prescriptions which I ordered were the following: First—Ol. of cade, four drachms; sapo viridis, four drachms; alcohol, one ounce. To be applied once a day. Secondly—Unguent oxid. zinc, two ounces; ol. of cade, two drachms; to be kept on the eruption regardless of the stage or character of it, all the time. The mistake which the compounder of the prescription made was to sub-

stitute the oil of *cajeput* for the *oil of cade*. I have seen the oil of cajeput recommended for parasitic eruptive diseases, but had never known it used before in eczema. I have repeatedly used it since with the happiest results. Dr. Buckley, in a late brochure upon the subject of eczema, while endorsing highly the invaluable zinc ointment in the treatment of that disease, condoles with the doctor who has only that resource. I beg to add this accidental contribution, and by so much to enlarge such resource."

TREATMENT OF INDIGESTION AND HEARTBURN.

For the purpose of whetting the appetite, and thus acting reflexly upon the gastric secretions, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of the well-known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i.e.*, when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth and calumba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such a case a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed, which cause the bitter hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric or phosphoric, which breaks up the feebler organic acid. By

such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the casual relations of the dyspepsia are of little use. By the administration of potash in bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—Dr. J. MILNER FOTHERGILL, in *Practitioner*.

THE USE OF BROMINE IN CONTRACTION OF THE LIVER.

By J. S. JEWELL, M.D., Professor of Nervous and Mental Diseases, Chicago Medical College.

For a number of years I have met with certain cases which have been, as a rule, of long duration, and in which there is chronic diarrhoea, or decided tendency towards looseness of the bowels, more or less gastric catarrh, variable dyspeptic symptoms, emaciation, at times a sallow skin, but no yellowness of the conjunctiva, gastric uneasiness, habitual scarcity or even absence of bile in the discharges from the bowels, and, finally, evident contraction of the liver as determined by careful palpation and percussion. If in these cases there is actual contraction, and it may be atrophy of the liver, it is not difficult to account for the probable portal congestion, diarrhoea, etc., observed on the very natural supposition of embarrassment in the circulation of blood from the portal system of veins. Whatever the pathological conditions may be, it is not my purpose to enquire into them at present. The clinical picture, drawn above in outline, is at times met with and easily recognized, and my present purpose is to call attention to a point in its treatment.

In quite a number of such cases I have found the persistent use of bromine, internally, to lead to marked good results. Its action is slow, and its use must be continued for months if it is to do good. My usual plan has been to give the bromine in solution and distilled water, ten drops of the liquid bromine to one ounce of water. The dose of this mixture should be five drops in water three times a day to begin with. The dose may be increased one drop a day until it is plain the stomach will not easily tolerate a larger dose. If the stomach should become irritable, as a result of the use of the remedy, it may be necessary to reduce the dose to one or two drops, or even cease its use altogether for a time, to resume when the stomach will tolerate it again. It should be given in a considerable quantity of water, as it is likely otherwise to irritate the stomach. Of course the use of the bromine does not prevent the employment of most other remedies, such as the case may require from time to time.

Under the use of bromine I have usually seen,

after a time, less disturbance in the gastric zone, less diarrhoea, a reappearance of bile in the discharges from the bowels, and a slow but general improvement in the condition of the patient. I do not think it necessary to cite cases, and am not prepared to speculate as to the modus operandi of the drug. This note is written, as already intimated, with the design of calling the attention of the profession to what seems to me to be a practical observation of value in the treatment of a certain class of refractory cases.—*Chicago Med. Review*.

CARBOLIC ACID IN FACIAL ERYSIPELAS.

Dr. Rothe observes (*Betz. Memorabilien*, 1880, No. 9) that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery. For some years past he has been in the habit of using the following application:—Acid. carbolic., sp. vini., aa, one part, ob. terbinth two parts, tinct. iod., one part, glycerin five parts; pencilling the inflamed skin and its vicinity with it every two hours. No pain or sense of burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The pencilled places should be covered by a very thin layer of wadding. When febrile action is present the ordinary internal measures must also be resorted to.—*Med. Times and Gaz., London, Dec., 1880*.

TREATMENT OF PYROSIS.

M. Ory (*La France Méd.*, 1880, p. 700) prescribes, in connection with milk and vegetable diet, alkaline drinks. In addition, the following medicinal formula may be employed with advantage:

℞ Pulv. rhei, gr. clx;
Sodii bicarb., gr. xxx;
Syrupi simp., fʒ iss;
Aq. menth. pip. ad fʒ viij.—M.

Sig.—Tablespoonful twice to four times daily.

M. Ory finds the following powder very useful:

℞ Magnesii calcinat.,
Pulv. sacch. alb., āā ʒj;
Bismuthi subnitrat., ʒj;
Sodii bicarbonat., ʒss.—M.

Fiat in chart. no. xl.

Sig.—One at the beginning of each meal.

Bouchardat regards the following powder as useful in pyrosis;

℞ Pulv. rhei, ʒ iss;
Pulv. opii, gr. ij;
Pulv. magnesii calcinat., ʒ iss.—M.

Fiat in chart. no. xv

Sig.—One before dinner.

CARBONATE OF AMMONIA IN LARGE DOSES IN THE SUFFOCATING STAGES OF PULMONARY DISEASES.

By BENJ. H. RIGGS, M.D., of Selma, Ala.

I wish to call attention to a remedy capable of rendering valuable service in a time of dire extremity—an old remedy, but one among many in this class whose merits are not fully appreciated. In this day of energetic search after new remedies, it is to be feared that the well-attested merits of the old ones may sink temporarily into undeserved obscurity. While by no means opposing any effort to improve our *materia medica*, still I may question the soundness of the policy which would desert a reliable remedy for one which may *perhaps* be better.

It has been known all the time that carbonate of ammonia had a decided stimulant and supporting action to the heart; that it enabled this organ, in asthenic conditions, to propel the blood, with increased force, through the lungs and the extremities. Still, its merits were so little known that it was generally given as a forlorn hope late in diseases, and so timed that it failed of good, and warranted the remark of an intelligent druggist, that "when the carbonate of ammonia prescription came in, he next expected to be informed of the death of the patient." This censure was more due to the misappreciation of the powers of the drug than to an inherent want of power.

Let me assure you that in the suffocative stages of bronchitis of the smaller bronchial tubes (capillary bronchitis, or suffocative catarrh of some authors), and of pneumonia, we possess no more efficient or reliable remedial agent than carbonate of ammonia, given in large doses and at short intervals. It is especially useful in these pulmonary complications of the exanthemata.

My attention was first called to the use of this agent in these disorders by Dr. J. P. Thomas, of Pembroke, Ky. His valuable suggestion has stood me well in hand on some trying occasions. Once, I remember, a fond father came to my office, barely able to articulate from distress, and asked me to go to his house immediately, as he believed his little son was dying. I had seen the infant, of six months of age, late the preceding afternoon, and had prescribed a purgative dose of castor oil to be followed by a muriate of ammonia expectorant mixture, the hot foot-bath and derivatives to the chest. Early next morning this hasty summons came, and I repaired to the house to find the child suffocating, drowning from pulmonary engorgement; his head thrown back and spinal column bent backwards like a bow to take pressure off the chest; the face pallid, with a purplish tinge to the cheeks; lips white; nostrils distended; eyes of pearly whiteness; finger-nails purple; respiration rapid and panting, and pulse quick, frequent, and feeble; temperature in the axilla, 105°. Here was a case of pulmonary congestion, resulting from

acute bronchial catarrh of the smaller bronchial tubes. The treatment adopted to relieve this child was attended with marked success; he is now hearty and well, over fourteen months after his attack. I gave him, a child six months old, two grains of ammonia carbonate, dissolved in water, every two hours, in doses of two grains every thirty minutes interval, the hot mustard foot-bath every two hours, and repeated mustard plasters to the chest. In order to give an infant of this tender age two grains of carbonate of ammonia every two hours, I have found it best to give it in this way: Send to the drug store your prescription for a solution of two grains to the drachm, and direct the attendants to put one teaspoonful of the solution in a wineglass, and add three spoonfuls of pure water thereto, and give the child one teaspoonful of this weakened solution every thirty minutes, by the watch, thus, you get the two grains every two hours.

In these distressing cases there is much satisfaction to be obtained by giving the remedy in this way. It is hardly ever necessary to give it longer than twenty-four or thirty-six hours in this way, as this stage of the disease rarely lasts longer than twenty-four hours.

In the congestive stages of acute bronchitis and pneumonia of adults the remedy acts equally well. The average dose for the adult is twenty grains dissolved in water and taken every two hours. Twenty grains to the tablespoonful of water, added to a wineglassful of water, is not an unpleasant dose. Carbonate of ammonia, in these large doses, acts as a heart stimulant, increasing the *vis a tergo*, it acts on the bowels and kidneys, and produces a flow of perspiration.

It will be observed that I do not claim that this drug will cure bronchitis or pneumonia, but that it has a well defined place in the treatment of these and allied pulmonary affections, and that the help it then gives us is effective, permanent and brilliant.

Give it in twenty-grain doses every two hours to the adult, and to the child in proportion, according to the usual rule.

There are some objections to the use of the medicine in these large doses. In many infants, even diluted as above, it produces stomatitis—the inside of the lips and cheeks become inflamed. This does not, however, supervene in less than twelve or fourteen hours, nor does it occur at all in some infants, and it soon passes away on discontinuing the remedy, which you may now safely do, and the use of some mild astringent mouth wash or powder. Again, in giving it, it will be necessary to use a silver spoon, as the common cheap spoons we meet with seem to contain an alloy of copper, which, on coming in contact with the ammonia, changes the solution to a blue color, and becomes very irritating to the stomach from the resulting raw compound of ammoniated copper (cuprum ammoniatum). Again, thirty grains is laid down as the emetic dose of carbonate of ammonia; twenty grains act thus in some adults, and in some very irritable stomachs. It produces vomiting and

persistent hiccough, in these cases, and we have to give it in smaller doses, or discontinue it altogether. In some cases it purges too freely in these large doses; the patient weakens from the constant purgation. When it has either of these disturbing effects it is best to discontinue it, and use such other medicine as your judgment dictates. It much more rarely disagrees with infants and children than with adults, and it is in this class of sufferers that it is used most satisfactorily.

Carbonate of ammonia is a very cheap drug, which is quite an item for the country practitioner who furnishes medicines to his patients and waits until fall, or waits forever, for his fee. I carry a bottle of carbonate of ammonia with me in my satchel whenever I go to the country, and when I find a case of pneumonia, I make him a solution in a goblet of the strength mentioned, tell him to take it as directed, put a turpentine plaster to his chest, and perhaps give quinine after midnight—say five grains every three hours until twenty grains are taken, and I have satisfactory success in the treatment of pulmonary diseases of an acute character.

The best way to give the drug is dissolved in water, without any syrup or other addition. It is quite common to give it combined with syrup of squills. This is an unfortunate and unscientific combination. The syrup of squills is made by the addition of sugar to the acetum scillæ, or vinegar of squills, and the free acid of this mixture makes an acetate of ammonia, or, practically, spirits of Mindererus, which is mild and efficient in the emergency, as compared with the carbonate.

I am pleased with the results of the use of this medicine in this class of cases and in this dose in my hands.

It is not only valuable in the suffocative stage of bronchitis and pneumonia, but also in asthma and pulmonary œdema, from any cause, where there are evidences of a failure of heart power where it is necessary to render this organ prompt and efficient support.

I delivered a woman in the lower walks of life of an infant. She was large, flabby and lymphatic. She was up and about the room on the third day. On the seventh day I was sent for early in the morning to see her. I did not get there, however, until about nine o'clock, A. M. I found her sitting up in bed, pallid and perspiring, coughing at every breath and attempting to speak. A vessel by the bedside contained much bloody, frothy mucus. she labored for breath. Auscultation revealed bronchial constriction and deficient vesicular murmur. Her constant cough prevented any reply to questions, and, in order to allay this at once, I gave her about one-fourth of a grain of morphine, hypodermically. I learned she had been coughing constantly for about five hours previously, or since 4 o'clock, A. M. She was asthmatic and her heart was feeble. I gave 20 grains of ammonia carbonate every two hours during that day and the first part of the night, and then followed with quinine

in full doses. Next day she was fairly convalescent, but continued the ammonia mixture for a day or two, at longer intervals, from choice. The ammonia, in her case, acted several times on the bowels, and produced a warm perspiration, both of which relieved the pulmonary distress and gave much comfort.

It will be observed that I do not advise the use of carbonate of ammonia in all stages of pneumonia and bronchitis. There are very few cases in which, in my opinion, it will not soon become necessary to resort to the turpentine emulsion, chloride of ammonia, calomel, and the usual supply of remedies in these diseases. The ammonia saves life by tiding the patient safely over the congestive stages, and then you must exert your skill according to indications. I have no faith in being able to cure pneumonia in less than eight days, and some times, especially in children, in less than twelve or four days.—*Monthly Review of Medicine and Pharmacy.*

RULES FOR INTRODUCING THE UTERINE SOUND.

Cameron gives these judicious directions in the *Glasgow Medical Journal*:—

It may seem unnecessary that he should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the too frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases; but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backward. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward and forward.

If there be any difficulty in making the instru-

ment enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound. To measure the distance it has passed, place the finger point firmly upon the portion of the os, and, keeping it there, withdraw the instrument, when you can at a glance observe by the engraved figures how far the sound has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backward, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician proposes to have a uterine sound made, having for its handle a small representation of a foetus, which may be the means of causing the operator to pause before using the instrument.

THE "TRAINED NURSE."

That is, the woman trained to nursing as a specialty, is an anomaly (*London Lancet*). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other "cases" attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The "doctor" occupies a subordinate place, and

is changeful. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference, which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their cases, they must at least understand that, by intrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.

TREATMENT OF INFANTILE DIARRHOEA BY CHARCOAL IN THE MILK.

For children belonging to families in easy circumstances M. J. Guerin mixes a certain quantity of Belloc's powder of charcoal with each milk meal—half a teaspoonful only at each meal. For the children of the working classes, Belloc's powder, which is a little dear, is replaced by very finely powdered, farina-like, ground bakers' charcoal. This powder mixes readily with milk, and children drink the mixture as though the milk were pure. In a very short time, sometimes on the first day, the stools change in consistence and odour, and instead of being green, become blackish-yellow. At the same time that this addition is made, M. J. Guerin dilutes the milk with one-third or one-half of sweetened water, and the children take it without repugnance or vomiting. M. Guerin has frequently seen children, exhausted by seven or eight days uncontrollable diarrhoea, regain in two or three days the expression of health.—*Lond. Med. Jour.*

A TRIUMPH OF MODERN SURGERY.

At a recent meeting of the Royal Society in London Dr. MacEwen gave a detailed account of a very remarkable case of the transplantation of bone in the human subject. It is of special interest as being the first instance in which this osseous transfer has been successfully effected. We take the following abstract of Dr. MacEwen's paper from one of our English Exchanges:—

In 1878 a child of three years was admitted

into the Glasgow Infirmary for necrosis of the right humerus, the shaft of which was already separated from its head at the epiphyseal junction. Fifteen months after the necrosed portion had been removed there had been no bone formation of any account, and over two thirds of the shaft was wanting. A first transplant of bone was then performed. In making the sulcus for the reception of the graft, reliance had to be placed on anatomical relations as to correct position, as there was no trace of periosteum or fibrous structure to indicate the former location of the bone. Portions of human bone were transplanted on three different occasions, the grafts being obtained from patients affected with anterior tibial curves, from whom wedges of bone had to be removed for the purpose of straightening their limbs. These osseous wedges were each divided into many small pieces, which were immediately placed in the sulcus in the boy's arm. The fragments united together, as well as adhered to the head of the humerus above and to the condyles below; ultimately forming a solid rod only half an inch shorter than the humerus on the opposite or left side. This transplantation of bone converted a useless arm into a thoroughly useful one. Great stress was laid by the operator upon the subdivision of the transplanted bone into fragments, as thereby greater nourishment is able to be conveyed from the surrounding flesh to the osseous formation. The conclusions arrived at are that transplanted bone is capable of living and growing, and that such transplants are capable of being put to practical uses beneficial to mankind, but that to insure success the transplantation must be conducted antiseptically.—*Boston Journal of Chemistry*, July, 1881.

"INWARD FITS" IN CHILDREN.

Dr. Charles Bell writes on this subject, in the *Edinburgh Medical Journal*, December, 1880:—

This is a common disease in infants within a few months after their birth. The child lies as if asleep, but the eyelids are partially open and have a twinkling motion, the eyes are turned up so as to show the white, the muscles of the face and lips have a tremulous movement, producing the effect as if the child were smiling—a circumstance which has given rise to the beautiful idea that angels are whispering to it, which has been finely illustrated by Moore in his *Irish Melodies*, under the name of "The Angel's Whisper." As the disease increases the breathing is occasionally interrupted, the features become pinched, and a livid circle forms around the mouth and eyes. There is restlessness and starting during sleep, and the child is disturbed by the slightest noise, and sighs and brings up wind, after which it relapses into a drowsy state. In simple and mild cases the attacks generally disappear as the child's strength improves; but if it is improperly treated, the drowsy state increases, and a sort of thrush appears, ac-

companied by feverishness, sour vomiting, watery stools, gripes, which may terminate in regular convulsions.

Dr. Armstrong has divided this disease into four stages, viz.: 1st, inward fits; 2d, fever and thrush; 3d, sour vomiting; 4th, convulsions. Underwood did not consider it worthy of being called a disease, and that he knew no complaint which ought to be called "*inward fits*;" the symptoms described above were worthy of attention only from the risk that they might pass insidiously into regular convulsions—an amply sufficient reason for their being carefully attended to and means taken for their being removed.

The incipient stage which occasioned the name may occur at very early periods, and the earlier it does so, there is the greater danger to be apprehended. Nurses often use the terms on insufficient grounds, and in consequence the mother is apt to become needlessly alarmed, and to have recourse to very improper medicines, such as Dalby's carminative, Godfrey's drops, Soot drops, etc., which are liable to produce serious results.

It has been connected with spasm of glottis, with acute asthma, the peculiar species of convulsions, cerebral croup, laryngitis stridulus, thymus, asthma, or spasmodic croup by different authors.

Treatment.—It is clear that the symptoms which have just been described are the result of something irritating the bowels, and that a dose of magnesia will in general be sufficient to remove it. Should this not be the case, it may be necessary to attend to the state of health of the nurse, and to give the child the benefit of change of air.

BERBERIS AQUIFOLIUM IN LEUCORRHEA.

Dr. A. J. Roe writes, in the *Therapeutic Gazette*

When there is simply a leucorrhœal discharge, the patient being otherwise in good health, I usually order one ounce of the fluid extract of berberis aquifolium to be added to three ounces of the syrup of tolu, and let the patient take a teaspoonful three times a day before meals. No local application of any kind need be used. The following combination has given me excellent results in all cases of leucorrhœa, amenorrhœa, dysmenorrhœa, and as a general uterine tonic and "female-regulator":—

℞ Ext. berberis aquifolii fluidi,	℥ j;	32.00 fl. Gm.;
Ext. viburni prunifolii fluidi,	℥ ss;	16.00 "
Tinct. pulsatillæ.....	℥ j;	4.00 "
Syr. tolu, q. s. ad.....	℥ iv;	128.00 "

M. S. One teaspoonful three times a day, before meals, in water.

This combination will be found to give good results not only in the troubles above mentioned, but in all cases where there has been much trouble from irregularities of any kind.

THE TREATMENT OF GONORRHEA.

Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital has carried out a series of experiments in the treatment of gonorrhoea which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrhoeal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is five grains of iodoform, ten minims of oil of eucalyptus, and thirty-five grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.—*British Medical Journal*.

THE CANADA MEDICAL RECORD,

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TO OUR SUBSCRIBERS.

We again earnestly desire to ask our subscribers to look at the date on their address label. Those who find that they are in arrears will oblige by remitting at once. We have cut off a number who have most willingly received the *Record* for a number of years, but who have never made any contribution to its support.

PERSONAL.

Dr. George W. Campbell, the venerable and esteemed dean of the Medical Faculty of McGill University, has, by the death of his brother, Mr. Campbell of Peatoun, Argylshire, Scotland, become heir to an old baronetcy.

Dr. Wilkins, Professor of Physiology, University of Bishop's College, Montreal, has been appointed Examiner in Physiology and Pathology in University of Toronto for 1882.

Dr. George W. Nelson (C.M., M.D., Bishop's College, 1880) has settled in St. Bonaventure, near Santa Barbara, California.

Dr. Rodolphe E. Leprohon (C.M., M.D., Bishop's College, 1879) of Lanesborough, Minnesota, has been appointed Surgeon to the Southern and Minnesota Division of the Chicago, Milwaukee & St. Paul Railroad. Dr. Leprohon has been in Montreal for a visit during the past month.

Dr. Costigan (C.M., M.D., Bishop's College, 1874) of Los Lunos, California, is at present on a visit to his relations in Montreal.

Dr. J. Leslie Foley, L.R.C.P. Lond (C.M., M.D., Bishop's College, 1880) has returned to Montreal and commenced practice.

Dr. George Baynes (M.D., McGill College, 1869) of Montreal has removed to the North-West, where he intends to settle.

Dr. Tetreault (C.M., M.D., Bishop's College, 1881) reports having performed a successful ovariectomy.

Dr. Seymour (M.D., C.M., McGill, 1879) has settled in Winnipeg, Manitoba.

Dr. Stephens (M.D., C.M., McGill, 1881) has commenced practice in Montreal.

HOSPITAL NOTES.

Montreal General Hospital.—Typhoid fever is somewhat on the decrease, only fourteen cases having been admitted during November, none of them of a severe type. Diphtheria still lingers on; four cases were admitted, two of which died from extension of the membrane downwards. Dr. Roddick performed an *excision of the knee joint* on a child six years of age, for chronic synovitis of about two years standing. The joint was exposed by a transverse incision across the patella, and the diseased cartilage pared off, the greater portion of the epiphysis being saved. The limb was kept in

position by means of a posterior splint and bandages charged with parafin. Strict antiseptic precautions were used; the case is doing very well, no unfavorable symptoms having appeared. An interesting case of *gunshot wound of the foot* is under treatment in Dr. Roddick's wards. The patient is a lad of fifteen; a charge of duck shot entered the right foot on the outer side, one inch in front of the outer malleolus, producing a large circular gaping wound $1\frac{1}{2}$ inches in diameter; it passed straight across the foot to a point on the inner side exactly opposite, the point of exit being smaller than the point of entrance. The cuboid and possibly all three cuneiform bones were found to be shattered; the particles of bone were removed along with a quantity of shot, dirt, paper, shreds of wool and linen. The ankle joint was unaffected, and both flexor and extensor tendons were free from injury. There was little or no swelling of the parts, and although there had been considerable oozing of blood, there was no evidence of injury to any of the important vessels. The wound was dressed antiseptically, and so far the boy's condition has been excellent.

Hotel Dieu.—Among the numerous operations performed during the past month, the following possess features of special interest.

Lithotripsy.—A young man was admitted suffering from gonorrhœa of six weeks' duration. Previous to that time he had been in perfect health, having no trouble whatever with his water. He had been seen by Dr. Lap'horn Smith, who suspected the presence of a vesical calculus in addition to the gonorrhœa. Dr. Hingston confirmed the diagnosis, and on measurement, the calculus was found to be $1\frac{1}{2}$ inches in its longest diameter. It was lithotritized at two sittings, and the bladder washed out by means of Bigelow's improved instrument. The questions of interest in this case are: had the calculus formed in the period of six weeks since the gonorrhœa was contracted? or had it existed anterior to the gonorrhœa, without giving any evidence of its presence.

Excision of Hip was performed by Dr. Hingston upon a girl of fifteen, who had suffered from hip-joint disease from the age of five years. She had in the interim recovered sufficiently to go about with tolerable comfort, but a renewed inflammatory attack three months ago had confined her to bed and caused her great suffering. Spasms of the muscles took place which defied the power of nar-

cotics and anti-spasmodics, weights and pulleys. The long splint was tried without success; the muscles chiefly at fault were divided subcutaneously, without giving permanent relief. The fever ran very high—temp. 103° , pulse 140, tongue red and furred, appetite gone. Her condition was so serious that life could not have lasted long; excision was therefore decided upon. The knife was made to take a crescentic sweep around above the large trochanter down to the neck. The periosteum was cut through, and with one of Langenbeck's instruments, it and the attached muscles were peeled off down to the small trochanter, where Butcher's saw divided the bone. The head and greater part of the neck had been already absorbed. The wound was carefully washed out, and a drainage tube laid along the track by which pus had hitherto escaped on the outer aspect of the thigh. So far the patient is doing well.

Notre Dame Hospital.—In the medical wards, there is under treatment an interesting case of chronic rheumatic arthritis. The patient is twenty-three years of age, and has been suffering from arthritis for two years. The metacarpophalangeal articulations of both hands were first affected, then the corresponding joints of both feet, then the wrist and ankle joints: it has now reached the elbows, and there is partial ankylosis of both elbow joints. There was no history of acute articular rheumatism. The peculiar feature of the case is the age of the patient. The treatment consists chiefly of potas. iodid. and tonics.

A case of inflammation of the glands and prepuce with partial gangrene of the glans penis in an old man of 64 was operated on, but erysipelas set in ten days after the operation, and the patient died. The erysipelas did not attack the penis, but began at the nose and spread over the face and scalp, and in spite of tonics and stimulants, carried him off in eight days. There was no erysipelas in the hospital at the time. The case of traumatic peritonitis and hepatitis mentioned in the November number did well on opium alone without local applications, and is now quite well.

In cases of simulated neuralgia Dr. Laramée is in the habit of using hypodermic injections of water. The result is invariably good, the pains being relieved at once. Dr. Laramée does not believe that genuine neuralgia can be relieved by cold water hypodermics.

A number of cases of chancroid are treated in this hospital. Iodoform in the form of powder or oint-

ment seems to be the favorite application. Sometimes chancroids are excised by means of the knife or scissors, occasionally Ricord's paste is employed.

REVIEW.

A Manual of Histology. Edited and prepared by THOMAS E. SATTERTHWAITE, M.D., of New York, in association with fifteen other known authorities, with one hundred and ninety-eight illustrations. 8vo. pp. 478. New York: W. Wood & Co., 1881. Montreal: Dawson Bros.

This volume represents the work of American histologists, and may fairly claim in more than one respect to be purely American in its character, proving that there are many thoughtful minds in this country eminently fitted to make original and independent histological investigations. Taking the form of a text book it will be found to contain all the essential facts usually described in works of a like nature. The editors treat their subjects in a thorough practical manner, avoiding unnecessary details so as to keep their work within reasonable bounds, and, therefore, they have developed a book which will be valuable to the student of histology. That the authors have been successful in their efforts causes no surprise, as the majority of them are practical teachers, and, therefore, conversant with the subject in all its details. The chief editor has wisely omitted the subject of optical principles and details of microscopes, etc., which usually in kindred works occupy too much space; inserting only such information and methods of working as are absolutely required, and with which the student must be familiar if he expects to be successful in his examination of the various tissues. Of the illustrations more than one hundred are original, the balance being copied from other works; they are for the most part clear and well defined. Each chapter is accompanied by a Biographical Index which forms a very useful guide to the literature of the various subjects. Dr. Satterthwaite is responsible for the first nine chapters. The apparatus required, use of the microscope and the methods of preparing objects are explained, so that no one should fail to successfully perform the mechanical portion of his investigations. The blood is very thoroughly treated in chapter III., and in the next epithelium. Chapters V., VI. and VII. include the connective substance group, comprising the Mucous, Fibrous, Adenoid, Bone and other tissues.

Chapter VIII. gives a clear description of the teeth from an histological standpoint, and chapter IX. an extended description of the general histology of the nervous system.

Chapter X., On Muscular Fibres, by Dr. Wright of Harvard University, contains much interesting original matter. Dr. Wenets, New York, in chapter XI. deals with blood vessels and their structure, the endothelial layer being specially described; his views in regard to the latter are that from this layer desquamation takes place as a normal process; that these detached portions on separation resemble ordinary leucocytes, and the nuclei of these cells appearing as free granules in the blood are identical with the bodies known as microcytes or hæmetoblasts.

Chapter XII., The Lymphatic System, by Dr. Birdsall, New York. All the latest information on this most important subject is here presented, and we fully agree with the writer that this system has not as yet received that attention from histologists which its importance should demand.

Dr. Mayer of New York follows in chapters XIII. and XIV. on the liver and biliary apparatus and the kidney. They contain the evidence of the author's ability, the views expressed being the results of personal investigation into the minute anatomy of these organs. Dr. Simes, University of Pennsylvania, devotes the next two to the male and female organs of generation, and Dr. Westbrooke of Brooklyn, one on the respiratory tract. Chapter XVIII. gives much that is original on the skin by Dr. Robinson of Bellevue Hospital. The remaining chapters treat of the following subjects: the central nervous system, the eye, the ear, the nasal fossæ, the mouth and tongue, the alimentary canal, the spleen, pancreas, etc. The thick cutis vera, by Dr. Warren, is now for the first time described as a distinctive portion of the skin; the author's discovery of the fat columns explains certain pathological changes hitherto not much understood—the urinary excretory passages and supra renal capsules. The last chapter is on the mammary gland, and is one of the best descriptions on this subject to be found anywhere.

In conclusion, we consider this volume to be an exceedingly valuable text book; it is practical throughout, and therefore for the purposes of the student well adapted to aid him in his studies. We have no hesitation in recommending our readers to give it a place in their libraries.