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# THE CANADA MEDICAL RECORD.

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### *Original Communications.*

#### VALEDICTORY ADDRESS TO GRADUATES.

Delivered at the Medical Convocation of Bishop's College, April 13, 1886.

By the Rev. Prof. SAUNDERS, M.D.

MR. CHANCELLOR, LADIES AND GENTLEMEN:—

On behalf of the Medical Faculty of Bishop's College I thank you for the kind interest in our work which you manifest by your presence here to-day.

It is cheering to us after the toils and often self-denying efforts of another session, to meet you under circumstances so pleasant.

It serves to stimulate us to increased zeal, and must also be inspiring to the students to see and feel that there are those outside who are not indifferent to their trials and triumphs, but who come here to crown the successful competitors with the laurels of their approval and applause.

And you, the members of the Graduating Class, I most heartily congratulate on the successes which have crowned the struggles of years and the golden portal to which you have now arrived, and which now stands open before you, inviting the trained athlete to still greater struggles and still greater honors. I am not at all sure that the Faculty has acted wisely in placing this duty on my shoulders to day. It is almost impossible for me to realize that I am speaking for them. Some of you have been my fellow-students. With you I have joined in the boisterousness of student life. With you I have stood amazed at the profound learning and wisdom of these "most

potent, grave and reverend signors." With you I have stood in blank despair as we have crept along the shores of the vast sea of Medical Science, and wondered how it could be possible to sound its depths and reach out to its mighty headlands.

However, you have been learning something about nature's wondrous laws of compensation, and perhaps they come into play just here, and after all even this fact may not be without its advantages; and while those whitening heads and study-furrowed brows stand before you as giants whose medical power and skill strike you with awe, I stand as a kind of connecting link between you and them, and having so lately emerged from the chrysalis state, and so lately donned professional wings I may perhaps be able to enter more fully into sympathy with you in your present feelings and aspirations. In my anxiety to discover some personal fitness in myself for the work now allotted to me I have thought that perhaps in my semi-professional position I may be able to offer some suggestions from that standpoint that may be of service to you. We are so apt, while engrossed with our particular duties to become narrow, and scarcely to heed what is going on outside of our own lines, and therefore, occupying as I do a position somewhat outside, I may be able to give you a hint or two as to what outsiders think and say about medical men.

And as I am in the habit of dealing with the most serious concerns of men I trust you will to-day pardon what may appear to you to be the undue seriousness of the remarks which I may make. I hardly need to tell you that if the accumulation of *wealth* is the goal which you have set before you

in life you have taken the wrong turn in the road. I believe the profession is fairly well paid perhaps ; but few medical men amass wealth to-day, a bare living is about all that comes to the lot of most, with perhaps a little to lay up for a rainy day. But grander rewards than gold lie before you, sublimer honors await you if you love your profession and are determined to excel. In no profession perhaps is it more true that there is plenty of room at the top, aye, and plenty of fadeless crowns to be had for the winning. Your calling is among the loftiest that a man can follow. In its ranks have stood some of the grandest men in earth's honor-roll, even the perfect Man himself. The mighty Teacher of men did not despise the office of physician, but went about healing those who were diseased. Keep ever before you the loftiness of your work ; do not descend to quackery or charlatanism.

We shall follow you with a jealous eye. Your successes will be ours, your triumphs will make us glad, while your failures and dishonors, if unhappily they should come, will smite us through with sadness. You belong to a college which is youthful and vigorous, but which perhaps can hardly be called strong as yet, or at least only strong in the unquenchable zeal of its Faculty and Alumni ; in its determination to excel in the quality of the work which it does, and in the profound conviction that it has a work to do in this land, and that whatever may betide, and at whatever cost, it will continue to make room for itself and advance to the utmost of its power the cause of medical training throughout this broad Dominion. We therefore look to you—by the eminence which you may obtain in your profession—by the successes which you may achieve—by the laurels which you may win—and by the interest which you may show in the welfare of your Alma Mater to help us in our toil of duty and love.

Let me urge you, first, all to be men—men of thought, men of science—don't drift.

The stream of human life is being blocked up with drift-wood. It is so easy to drift.

One of the first temptations that will meet you as you go out into your profession will be to drift into a mere rule-of-thumb practice—A mere routine manner of prescribing certain stereotyped blunderbuss formulæ, which are fired off simply because they happened to have appeared to do some one good some day, or because there are so many ingredients in it that it will be almost sure to hit something.

Make every case a special study—be specialists in that sense—these are the specialists the profession most needs. Remember that it is the duty of every physician to patiently, persistently and scientifically investigate every disease he is called upon to treat. In no other way can you become competent practitioners. It is your duty to yourself—it is your duty to your patient—it is your duty to your profession ; and investigate in more than one direction. The fear comes to me sometimes that we are drifting too much into the mere investigation of the etiology of disease. I admit that the bold investigations in this line have been very instructive and interesting. And we are all now ready to acknowledge that diphtheria, scarlatina, tuberculosis and other diseases are germ diseases and Koch's common bacillus seems to present very strong claims to be recognized as an important factor in the production of cholera.

The uniformity with which certain parasites are found in connection with certain pathological conditions clearly establishes the fact that these minute creatures are either the product of these diseases or the exciting causes of them. Thus much valuable light has been thrown into dark places. But I believe that larger therapeutical knowledge is needed. We need more facts and less theories. We need more exact observations of a clinical and therapeutical character. It has been truly said that the place to study disease intelligently is at the bedside.

Do not be dazzled by the brilliancy of those wonderful investigations of Koch and Pasteur and run off in these lines, but keep up your interest in clinical observation. There are other fields lying untraversed before you, and not least among them are Pathological Histology and Chemical Therapeutics—if you will permit the phrase.

We want to know not only what causes the disease but what can prevent and destroy it ; and not only what can destroy it, but how it does it, what is its modus operandi, and what is its action on the various tissues.

Again, I would say do not drift into disregard of human life. Human life is the most sacred earthly treasure. Don't take it upon yourself to decide in any case that death is better than life,—that a certain life is valueless. We cannot know of what value a life may be. We cannot know what may hang even upon a few hours of life. It is our business to heal and relieve disease and prolong human life to the very utmost.

Scientific knowledge is of immense value, but we buy it too dearly when we buy it at the expense of

a brother's life, even at the expense of a few fleeting hours of a painful existence. His life is not ours, it does not belong to us, and we have no right to sacrifice it, even though we may flatter ourselves that it is for the good of the many.

May I say, too, do not drift into harshness and want of feeling for the poor patient. Many an eminent physician has owed his success in life to the lessons he has learned in the lonely garret of his poorest patient.

Look above the paltry fee, and remember that you are dealing with a brother, and a kindly word and a kindly deed will leave sunshine behind you that will help marvelously to effect the cure which your prescriptions aim at.

And, if you will bear with me, I will go a step further and say, do not drift into materialism. It is very popular now, especially perhaps among Médical men. Your studies, which for years you have been prosecuting, have necessitated the investigation of matter and its properties, and one is liable in this pursuit to fall into the error of thinking that matter is all that there is in man. And this, too, in the face of the fact that every practitioner admits that in numerous instances he recognizes the necessity for the treatment of mind (whatever he means by it) more than the treatment of the body. Schiller said "I abandoned surgery for philosophy and poetry, because I found the wounds of the spirit were so much more grave and numerous than those of the flesh."

You will soon stand in sick rooms where you will seem to stand to the sick man and his friend next to the eternal God, and your opinion will come with a weight second to none on many matters. It is a grave and responsible position to occupy, and I intreat you not to let fall crude conjectures on the ears of the dying.

There is such a thing as Theological and Psychological quackery as well as quackery in other lines. Remember that the phenomenon of cerebration is one of the most subtle and profound that we have to deal with. Localized cerebration has been advanced by materialists as an unanswerable argument in favor of their theories. The seat of intelligence, being in the convolutions of the cerebrum and memory has been located in the Fissure of Sylvius near the Island of Reil.

But as it is yet a disputed point whether the bacteria of tuberculosis is the cause or the effect of the disease, so it is certainly not yet proven that the Fissure of Sylvius is not merely that portion of

the brain where the mind receives, communicates and expresses the recollections of subjects and objects. If memory is merely the substance of the brain, how comes it that in old age when, since youth the grey and white matter have frequently been renewed, we retain most vividly the memory of childhood's years. Can the substance of the brain store up a life-time's experience and produce it at will?

If so, at the *will of what*. Surely the will of something superior to itself or it could not control it. Surely a force above itself is needed to throw this mind-cell shuttle back and forth to the Fissure of Sylvius in its proper time and place. I take it that it certainly is not yet proven that the brain is not like the hand—a mere instrument to do the will of the superior intelligence which acts upon it and through it. Don't let us be afraid of truth in whatever way it comes, and whatever hoary or modern notions it may overthrow,—but let us be sure it is truth; let us be sure it is not mere prejudice and imagination.

If I show a man my watch (to use that old illustration of Paley's) and he should say, "who made it?" and I answered, "no one—it made itself," he would reply, even if he were the most pronounced materialist: "Why, that is folly or madness." So if I point to Orion with his eighty-one stars, and show that they move with a regularity and precision that puts the finest watch to shame; if I point to the human body with its marvelous mechanism, to the human brain with its lofty and transcendent powers (the greatest of all creative achievements) and ask who made them, and he answers "they had no maker—they made themselves,"—though the popular voice to-day may applaud and say: "Behold an advanced scientist and mighty thinker,"—have I not just as good ground as he had before to say, why, that is folly or madness. Ignorance certainly has its dangers, and so I believe every study has its peculiar dangers, and this is one that will meet you every day. I therefore plead with you to be on your guard, and not drift into the utterance of unproven and ill-founded materialistic phrases. You may say perhaps: "these are trifles of which you speak." It is related of Michael Angelo that in explaining to a visitor at his studio what he had been doing at a statue since his previous visit he said: I have retouched this part—polished that—softened this feature—brought out this muscle—given expression to this lip—and thrown more energy into that limb." "But these are trifles," said the visitor.

"It may be so," replied the great artist, "but trifles make perfection, and perfection is not a trifle."

So we trust that these trifles will not be unheeded, and that you will all climb to the highest seats among men and among physicians, and that truth and fame will entwine their garlands around your brows, and prosperity and success scatter their roses in your path.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 5th, 1886.*

*Unusual Ovarian Tumor.*—Dr. WM. GARDNER exhibited an ovarian tumor, and briefly narrated the case. The woman, aged 48, long married, sterile, consulted him six years previous for a moderately large cystic tumor, with solid nodules in the pelvis. Menstruation was increased. She was advised against operation, but saw another surgeon, who explored through abdominal incision, but apparently did not otherwise interfere, as she appeared some time afterwards unchanged in her condition, except for the scar, with a ventral hernia. Dr. Gardner then lost sight of her till two months ago, when she was admitted to the Montreal General Hospital and he was asked to take charge of her. She then related that a few months after the exploration she began to enlarge rapidly, and pressure symptoms became so distressing as to induce another surgeon to tap. This was necessary many times, but four months previous to admission the tumor ceased to enlarge. The lower part of the abdominal walls and lower limbs were œdematous. The whole abdomen, except the upper part, was elastic, indistinctly fluctuating, and dull on percussion. The hypochondriac and epigastric regions were tympanitic, but gave distinct wave-fluctuation. Menstruation had ceased eight months previous. Patient was eager for operation, although made fully to realize its serious character, and it was decided to give her the chance, though small. There was universal very firm adhesions to parietes, intestines, bladder and everything in the pelvis. The bladder was adherent and drawn up at least six inches over the tumor. It was separated without difficulty. Intestine was wounded twice during the operation, but promptly sutured. Above the tumor was an encysted collection of peritoneal fluid, with the intestine floating on it. Under this lay a large, very thin, translucent cyst attached to the tumor,

Hemorrhage, although not excessive, was free enough, when aided by the long severe operation, to so exhaust that it soon became apparent that the patient's chances were almost nil. The base of the tumor contained uterus and a large mass of calcareous matter and myomatous nodules. It was included in a Tait's wire clamp, constricted, and then amputated. Bleeding being nearly arrested, the abdomen was closed, with a drainage-tube inserted. The woman died half an hour after being put to bed. The tumor was a multilocular cystoma, the large cysts containing large masses of papilloma, nodules of which were also found on the parietes of the abdomen. The mass of calcareous matter measured  $3\frac{1}{2} \times 2 \times 1$  inches.

*Small fragments of transparent rock-crystal removed from the Cornea.*—Dr. BULLER exhibited the crystals and related the case. They consisted of three small fragments of rock-crystal. The largest of the three is of a triangular or conical shape, about  $1\frac{1}{2}$  millimetres in length; the others are of smaller size. He removed them from the cornea of a marble worker, where they had been lodged for several days. They had been projected into the eye from the chisel of another workman as the young man who received the injury was passing by. He came to him about an hour later, and he found two small incised wounds of the cornea lying parallel to each other, about one millimetre apart, and nearly opposite the lower margin of the pupil. After a careful scrutiny with focal illumination, he failed to find any foreign body, but prescribed a solution of atropine and cold water compresses. The patient returned for inspection from day to day, but despite the treatment the eye became more and more inflamed. The other one he had lost by a penetrating wound of the eyeball some months previously, so that he was led to explore the little wounds with a fine cataract needle. By this means the steel point, coming in contact with the gritty particles instantly gave unmistakable evidence of their presence, though wholly invisible to ocular inspection. On moving one of the particles some aqueous humor escaped, showing conclusively that it had penetrated partly into the anterior chamber, and, from being invisible, would be extremely liable to be pushed into the anterior chamber during any attempt at extraction. The eye was then put under the influence of cocaine, and the blade of a broad needle was passed through the cornea (of course penetrating the anterior chamber) in such a way

that the part containing the foreign bodies rested upon the flat surface of the transferring blade. It was an easy matter then to remove the particles with a fine cutting needle, and without the slightest chance of their being pushed into the anterior chamber, a mishap which would have led to disastrous consequences if it had been permitted to occur. The eye, once freed from the source of irritation, made a rapid and satisfactory recovery.

Dr. JOHNSON exhibited the following specimens:—

*Sacculated Kidney from Renal Calculus*, removed from a patient who died of heart disease, with thrombosis of right middle cerebral artery. Symptoms of blood and pus in urine observed before death. Right kidney enlarged to double usual size, distended by fluid, renal tissue destroyed, and organ converted into series of cysts containing foetid ammoniacal fluid, tissue debris and uric acid granules. At inferior, extremely small parts of renal substance remaining; in calices, several small uric acid calculi. This portion of kidney alone communicated with ureter.

*Fatty Degeneration of Heart—Aneurism of left ventricle perforating into Pericardium—Aneurism of Abdominal Aorta.*—Patient was 75 years old. At autopsy, pericardium contained eight ounces of fluid. A small amount of firm clot adherent to anterior surface of heart on dissection. Valves healthy; substance showed extensive fatty degeneration. In left ventricle, a pouched sac size of walnut found in wall of septum, bulging towards left ventricle. This communicated directly through a small opening 2 mm. in diameter, with lacerated external opening of large size in septum, the orifice situated to right side of anterior coronary artery. Sinus about orifice infiltrated with extravasated blood; and in same patient, extensive atheroma of aorta, and in abdominal aorta, just above bifurcation, a fusiform sacculated aneurism rising from right side of vessel; extensive fatty change of intima at this point, with formation of cholesterine. The sac contains a soft dark-clot, non-adherent.

Dr. GEO. ROSS said this patient had been suffering from cellulitis of the arm, and alarming symptoms coming on, he was asked to see her. She had become suddenly pallid. On examination, he found her almost pulseless and extremely feeble. A systolic murmur was to be heard over the lower sternal region, also over the tricuspid area. The

murmur could be heard over the apex, but not at the base. The House Physician said she had had no murmurs before. Dr. ROSS said that it was remarkable the time she lived after the grave symptoms set in—from 2 a.m. till 9 p.m. It was no doubt due to the small amount being poured into the pericardium. He believed the bruit to be caused by the current in the aneurismal sac containing clot.

Dr. WILKINS said it might be due to the blood poured out with each systole through the rent.

Dr. ROWELL exhibited the *Lumbar Vertebrae* of a patient, the immediate cause of whose death was *Miliary Tuberculosis*.—The following is the history of the case: Mrs. A., aged 46, married, admitted to the Western Hospital under the care of Dr. Armstrong, complaining of intense pelvic and lumbar pain. The patient was comparatively easy if quiet, but the pain was much exaggerated on walking. On examination, found fixation of the lumbar vertebrae, which would remain curved strongly forwards (lordosis) in any position in which she was placed. A plaster-of-paris jacket was applied, which gave her perfect relief for some weeks, when she began to complain of chilly sensations, accompanied by a high temperature, going up to 104° and 105°, without, however, any distinct rigors or profuse sweating. Moist sounds were heard over both lungs, back and front. She now became hectic, suffering from anorexia, with rapid emaciation, and finally died about three months after admission into hospital. At the post-mortem, found both lungs completely filled with miliary tubercles throughout their entire extent. The spleen and kidneys also contained a large number of miliary tubercles, especially the spleen, which was completely studded with them. The heart and liver were fatty. The 2nd, 3rd and 4th lumbar vertebrae were removed, and found softened by an inflammatory process in their cancellous tissue, where there were small pus cavities. The cancellous tissue of the 3rd lumbar vertebra was broken down to a considerable extent, and there was pus found between the dura mater of the cord and the bone in the spinal canal of that vertebra. It was noted that the intervertebral substances were healthy, the disease being confined to the cancellous tissue of the bodies of the vertebrae.

Drs. PERRIGO and TRENHOLME, under whose care this patient had been at different times, also made some remarks.

Dr. ROWELL also showed—

*Ovarian Tumors from a case of Double Ovariotomy*—Mrs. G., aged 27; family history negative; married three years ago, never pregnant. For the last two and a half years has suffered a great deal from abdominal pain, not particularly exaggerated at the menstrual periods, which occurred regularly once in 24 days. She was not herself aware that she had any localized enlargements. The operation was performed in the month of February last by Dr. Armstrong, in the Western Hospital. The cyst on the right side was found to be unilocular, about the size of a foetal head, and containing serum. Its walls were strongly adherent to the brim of the true pelvis by their under and posterior surfaces, which made its removal very difficult, and it was followed by a considerable oozing of blood which, however, was controlled by hot sponges. The cyst on the left side was about the same size, also unilocular, and contained serum. It was slightly adherent to the omentum, but was removed with much less difficulty than its fellow. The patient recovered without a bad symptom.

## Progress of Science.

### CLINICAL LECTURE.

BY DR. ROBERTS BARTHOLOW, of Philadelphia.

#### INDIGESTION.

I bring before you, gentlemen, a case that affords some very interesting points, and that gives me the opportunity of urging upon you the importance of attention to dietetics in the treatment of disease. In the first edition of my text book on *materia medica*, I devoted considerable space to the discussion of this subject, and my subsequent experience has convinced me that its importance was not over-estimated. I believe that we can do a great deal, not only in dyspeptic disorders, but in various chronic diseases, by noting and using this important weapon. It is a well-known fact that by a rigid adherence to a dry diet we can accomplish oftentimes wonderful results in cases of chronic exudations, especially of a fluid character.

Now, this woman before you, had been for some time accustomed to use largely a starchy diet, she consumed very little meat; in time digestive disorders were developed, she was unable to properly digest this excess of starch, and acid dyspepsia was the result. She, in consequence, suffered from anæmia, all mucous membranes were pallid and her nutrition was much impaired. In this form of indigestion there is a fermentative process established as the result of which we have the formation of acetic acid and carbonic acid gas. The indigestible article may be fat, when we will have the liberation of fat acids, when, in the eructations, we will have the characteristic disagreeable odor and taste of

butyric acid. If the eructations are simply of carbonic acid gas, they will be inodorous, hence we have an easy means of diagnosis between saccharine and fatty indigestion. Now, in such cases, all remedies will be absolutely useless without a rigid regulation of the diet; we must make a careful study of the diet from the point of view of the various disorders. In this case, as soon as the diet was modified so as to exclude the offending articles, the patient commenced to improve, but as sure as she forgot her caution and used that food, which she preferred, her bad condition became aggravated. In addition to regulating the diet, I ordered a mixture of carbolic acid, creasote and bismuth, suspended by glycerine. The glycerine here serves a double purpose, first by arresting the fermentation (for it is, in itself, a good remedy for flatulency), and, secondly, it serves to hold the other drugs in suspension. This is an excellent combination for stomachal and intestinal fermentation.

#### CHOREA.

This boy, as you see, has choreic movements of all the voluntary muscles of the body; the heart is not involved in the choreic movements, nor is there any disease of that organ. This is an important point to note, since there has recently been much discussion in reference to the cardiac origin of chorea. Jackson, of London, advances the theory that chorea is due to minute emboli in the corpus striatum, but I think the majority of cases are against his view. This boy belongs to a neurotic family, and while he has never had rheumatism himself his family presents a well marked history of this disease. Now, I do not think that the importance of a neurotic temperament can be over-estimated as an etiological factor. I will not dilate further on the symptoms of the case, as they are apparent to you, but will proceed to the treatment. The experience of Guy's Hospital, London, seems to indicate that rest, seclusion and nutritious diet are the sheet-anchors in treatment, in nearly all cases these measures did good and in some cases they arrested the disease. Such children should be removed from school, where they are annoyed by the attention which their disease attracts from their companions. All sources of excitement must be avoided, and while giving them plenty of exercise, they must be screened as much as possible from the public observation. As for drugs, if they are anæmic, the ferruginous preparations are called for; this boy is not anæmic, and I think iron would do him very little good. Since Harley, of London, has recommended *succus conii* so highly, Squibb, of Brooklyn, has kept on hand a large supply, and this drug seems to do good in many cases. Gelsemium is also good, but I think no single drug has so much in its favor as arsenic. In this case we will give Fowler's solution, three minims thrice daily, in combination with the fluid extract of gelsemium.

Here we have another case of chorea in a little girl, who has been so afflicted for three or four years; she also comes from a family where the neu-

rotic temperament is strongly marked. At times she gets much better, almost well, then the disease recurs with all its former vigor. There is more anæmia here than in the latter case and the appetite is capricious. We will carefully regulate the diet and give the girl tincture of calumba, one drachm thrice daily, and Fowler's solution three minims thrice daily, this she will take before meals and after each meal she will take one of the officinal pilulæ ferri iodidi.

#### LABARYNTHINE VERTIGO.

This is a curious case of vertigo that came on suddenly some days ago, associated with impairment of hearing. Let us remember that the semi-circular canals have something to do with our position, they play an important part in the preservation of the position of the head in space. In Meniere's disease, we have hemorrhage or a sudden effusion into these canals, and the patient may even fall unconscious. When consciousness returns there may exist an inability to perform voluntary movements. From this grave form there may be all grades of severity down to the simple form that we have before us. When we have presented to us a case of vertigo, with impairment of hearing, that continues, we must always look to the condition of the auditory canal, and we will do well to enlist the services of an aurist. Charcot first called our attention to the great benefits to be derived from the use of quinine in these cases, and before that time we were able to do but little to relieve them. Now we have several remedies, all of which have somewhat the same action as quinine. We thus can use quinine, salicylic acid or salicin. All of these drugs, when used in large doses, produce more or less buzzing and vertigo. This fact was well illustrated sometime ago, in the case of a clergyman, who was undergoing trial on a charge of drunkenness; his defence was that he had just taken a large dose of quinine before the occurrence of the actions for which he was being tried. I was called as an expert witness, and was asked whether quinine could produce such phenomena as he presented, which were closely allied to those produced by alcohol. I answered in the affirmative and it was chiefly on my evidence that he was acquitted. He had taken a large dose of quinine, but he had also taken a large dose of whiskey, for his physician had ordered him quinine and whiskey, which, to avoid publicity was put into a black bottle, labelled *poison*. In these cases quinine seems to antagonize the local morbid process, especially if it be of the nature of effusion and congestion of the mucous membrane. Quinine causes this buzzing because it occasions a condition of anæmia of the parts, it lessens congestion and so favors absorption. We will order it here, but it must be given in large doses, not less than five grains thrice daily, and, if the patient will bear it, more good will be derived from ten grain doses continued for three days, then five grain doses for the balance of a week, when its use should be sus-

ended, to be resumed if necessary. I would repeat to impress upon you the importance of carefully inspecting the ear. Remember that this is not truly Meniere's disease, though the name is sometimes applied to it. These cases are much milder, and the term should be strictly confined to those cases where there is hemorrhage, unconsciousness and extreme vertigo.

#### BRIGHT'S DISEASE.

I have frequently called your attention to the pre-albuminuric stage in chronic kidney disease, which I deem to be a matter of great importance. In such a state the patient will pass large quantities of pale, limpid, watery urine, of low specific gravity: she will be compelled to rise at night to urinate, will complain of rather persistent headache, thirst, dyspeptic troubles and tumultuous and irregular action of the heart. In fact, all the usual signs of fibroid kidney will be present, yet, upon examination you will fail to find the slightest trace of albumen. The vast majority of cases will present albumen, yet you will occasionally meet cases without it, and it is of importance that you should remember this fact, else you may be misled in your diagnosis. This woman, before us, has had fibroid disease of the kidneys for three or four years, yet even now there is not more than five per cent. of albumen in the urine. She has had some œdema, but never much; the arteries are hard and rigid, and we can detect evidence of high tension in the vessels. We have reason to believe that changes in the vascular system precede the albuminuria. Her heart acts rapidly and this rapidity is increased by slight exertion: she gets out of breath, but has not true renal asthma. She suffers with headache and dizziness, which I believe to be due not to true œdema of the brain, but rather to a greater or lesser increase of fluid in the peri-vascular lymph spaces, which may occur without œdema of the brain. She has also digestive disorders.

Now, I have a very strong conviction that two classes of remedies are indicated in this case. The first to relax, vascular tension, which can be best accomplished by the use of nitro-glycerine, not, as is usual, in pill form, but in solution. To secure the beneficial effects of this drug it must be carried to the point of its physiological manifestations. We will here order the centesimal solution that is one drop of nitro-glycerine to one hundred drops of alcohol, and of this solution we will commence with one minim thrice daily and add one minim to each dose until it produces headache, frontal or general, coming on about fifteen minutes after the dose and lasting for a few minutes. The physiological effects are evidenced by this headache, flushing of the face and increased action of the heart, and until such effects are noted the drug is doing no good. The dose required will vary much in different cases. Three minims will suffice in many, in a few five will be required, and I have now a young lady under my care who is taking



eighteen minims at a dose. There is a very great variation in the susceptibility of different individuals to the drug. The second indication is to check the overgrowth of fibroid tissue, and this I believe can be accomplished by the use of chloride of gold and sodium. For many years I have recommended this drug, and my faith in its efficacy is stronger now than ever. I am quite sure that I have seen cases cured by its use. The dose to commence with is 1-20 of a grain, increased to 1-10. I prefer to give it in pill form, though it may be prescribed in solution, if preferable to the patient. In chronic fibroid kidney, the question of diet is of paramount importance: large solid meals are injurious. The diet should consist of milk, animal broths, but few vegetables, and those of a succulent nature, and some fruit. The patient should dress warmly, avoiding, especially, exposure of the feet and ankles, avoiding vicissitudes of temperature, preferring a uniformly high to a low one. Remember that in many cases there is a syphilitic history, I believe in at least ten per cent, and in such cases with the remedies already indicated, I would combine the corrosive chloride of mercury in doses of one-fortieth of a grain.

#### PECULIAR CASE OF LEAD POISONING.

When I looked at this man's swollen hand, outside, a few minutes ago, I was struck with the resemblance it presented to a case of plumbic rheumatism. For several weeks his hands have been swollen as you see them, commencing in the right and extending to the left. The joints very much resemble the condition seen in lead-poisoning, but when we inquire about his trade, we learn that he is a shoemaker; now how could a shoemaker become poisoned by lead? When we inquire critically about the tools of his trade, we learn that the tacks which he uses are coated with lead, and that he is in the habit of keeping them in his mouth. When I look at the gums, I cannot say that I see a positive blue line, but they possess a bluish grey tint. These two facts and the absence of signs of any other diseased condition, incline me to the view that he is suffering from plumbism. In these doubtful cases, the correctness of the diagnosis can be determined by the results of treatment. The iodide and the bromide of sodium both form soluble combinations with lead, while the bromide will also afford some relief to the uneasiness occasioned by the swelling. He will also take sulphuric acid lemonade, and the contents of his bowels will be kept soluble by sulphate of magnesia. The joints will be kept at rest, and if he can afford it, he will take sulphur baths.

If our diagnosis be correct, he will feel worse for a day or two, when he will commence to improve. In these doubtful cases we can often

settle the question by urinary analysis, when, if it be lead-poisoning, we will find the salts of lead.

#### COUGH.

The following article, by J. Milner Fothergill, M.D., Edin., appears in *The New York Medical Record*.

In this day of careful physical examination of the thorax some other matters have almost dropped out of sight. The old physician who recently declined the loan of a stethoscope by a young clinical assistant for the diagnosis of pneumonia, saying, "Thank you, young man; but I think I can detect pneumonia without a stethoscope! could no doubt have taught that youth much that would be useful to him. A stethoscope is a capital instrument in the hands of a man who knows its use; but it has undoubtedly drawn attention away from what may be termed rational consideration of the chest, and a judicial handling of what the patient has to tell, which often furnishes a clew to the treatment; a matter on which sometimes the stethoscope is silent. It is not that physical examination is not a most valuable means of acquiring certain information; but that this other information is apt to be overlooked or under-estimated; and thus a good proportion betwixt the two means of examination is lacking.

A cough is a forced expiration to eject some offending materials from the air-tubes just as a sneeze clears the nares. But suppose the offending or irritant matter cannot be ejected, what, then, is the value of the cough? Nothing whatever. There is then much useless cough, as well as useful cough. Other matters than something in the air-tubes may set up a cough. Thus we find cough equally present when there is some phlegm in the air-tubes; when there is a mass of tubercle undergoing softening; and in the pulmonary congestion of mitral lesion. A crumb in the larynx will provoke violent cough; and so will other laryngeal irritation. All know the brazen, trumpet-like cough of aneurism of the aortic arch pressing upon the recurrent laryngeal nerve, a cough closely simulated in character at times by a neurosal cough. This last was so marked in two girls that their cough told when they were on the hospital premises. It is needless to say their departure was always expedited. Then, cough in the form of "hawking" is exceedingly common in pharyngeal disturbance.

There is, too, cough unconnected with the air-passages and the respiratory organs. There is the well-known cough of pregnancy, the "nine-months" cough." There is ear-cough said to be connected with the tympanic branch of the glosso-pharyngeal nerves, set up by irritation in the ear. There is the cough of gastric irritation, common with alcoholic indulgence. In one case, at least, known to me, diarrhoea always set up cough. Cough of the "hemming" character, often misinterpreted as the short cough of early phthisis, is found com-

monly in girls at or after puberty, linked with ovarian or spinal irritation. It is clear, then, that cough has various causal associations.

The importance of reflex cough need not be considered here; nor yet the means by which it may be relieved. In all reflex actions the bromides suggest themselves at once. If the exciting cause can be dealt with, then the resultant cough is relieved.

It is rather the intention here to consider cough from its clinical and therapeutic point of view, and to see what indications it furnishes us for treatment. For instance, in "heart cough," *i. e.*, where the cough—a hard dry cough—is set up by congestion of the pulmonic or lesser circulation by some dam or block at the mitral ostium, sedatives are most undesirable.

Such cough is most commonly found in a young girl with a mitral lesion. One such case I well remember when the resident medical officer of the Leeds Public Dispensary. The girl, a child of twelve, had a mitral regurgitation—an injury inflicted upon previous to her coming under my notice. Digitalis and iron improved the general condition, and with it the amount of cough; but still the child, a bright neural creature, coughed considerably. She ceased to attend, but some weeks later her mother came and made a frank confession to this effect: "Doctor, I thought the girl ought to have some cough medicine and when I asked you for it, you always refused to give her any. One day I came when I knew you would be out, and got one of your assistants to grant me some cough stuff. It acted like a charm; but she soon fell off and lost her appetite, and could not get about; and now there is dropsy in her ankles. She is so bad I want you to do what you can for her." Appropriate treatment soon restored the child to her ordinary condition; but her mother did not hanker after cough medicine after this experience. This case illustrates vividly the disastrous effects of allaying the cough when due to pulmonary congestion. For a little time it gave relief, but the after condition was worse than the first. So much for the indication afforded by the cough under one set of circumstances, the case just mentioned by no means standing alone.

The consideration of "useful" and "useless" cough may now engage our attention. It is a matter involving the greatest thought, and well deserves our best consideration. We will take cough in bronchial cases first. There is in the early stages of acute bronchitis much useless cough, set up by the dry mucous membrane, and the means for its relief have been set forth in a preceding article ("Bronchitis, Acute and Chronic"). Then it was said there existed no particular objection to opium, which gives great relief. But in such cases the sedative is combined with other agents of a relaxant character, as tartar emetic or aconite. As soon as free secretion comes the cough changes its character. It is no longer the dry harsh, shaking cough of ineffectual effort, raising nothing, but be-

comes the less painful, truly expulsive cough of successful effort. Now, what we are required to do is to give stimulating expectorants, and so help and improve the character of the expulsive cough. There is usually at this point no indication for opium, and none is required unless it be a little at bedtime in certain cases.

It is rather in bronchitis with little expectoration and much bronchial irritation that the question of decision taxes our best mental energies. In some cases the rest at night is broken by irritant cough, and then the question arises of the lesser of two evils. If the opium arrest the secretion, and so render it tougher and more difficult to get up; if the opium brings lethargy to the liver, impairing the appetite, and locking up the bowels, still it gives the patient rest. Consequently it may become necessary to administer it. But it should be given with benzoic acid in compound squill pill and a little podophyllin or watery extract of aloes to counteract its undesirable effects in the alimentary canal. And by such combination no doubt the maximum of good with the minimum of bad effect can be secured. Number of chronic bronchitics under my father's professional care took such a pill every night for years without apparent injury, while it added greatly to their comfort. (I refer to my father's experience in these cases because I served under him and saw his practice, my own experience of general practice being but short). But granting all this, the less opium in diseases of the respiratory organs the better—as a broad rule. Sometimes some chloral, or bromide of ammonium with tincture of hyoscyamus, may seem indicated rather than opium, or even camphor may be the best agent to employ in certain cases. But, in a general way, opium (in such pill-combination as has just been suggested), with some alcohol at bed time as a "night cap," *i. e.*, whiskey or brandy and hot water, taken on getting into bed, is the best practice with chronic bronchitis. One great matter there is in such cases, never to be lost sight of by the patient, and that is to avoid passing from a warm sitting-room to a cold bed-room; the bed-room should also be warm. Another is to have the bed warmed by the old-fashioned warming pan, or perhaps better still, by a hot water bottle, which can be pushed down to the foot of the bed (so as to keep the feet warm) when the patient gets into bed. This matter of an equable temperature is very important, and many bronchitics toast themselves well before going upstairs to cold, unwarmed bedrooms, where they cast off their day clothes, don a cold night shirt or gown, as the case may be, then kneel down and say their prayers, and get into a cold bed. It is needless to say that no medicinal course can be successful in a case where this goes on.

Important as is the matter of cough and its indications for treatment are in chronic pulmonary phthisis is even still more important. There is the cough in the night breaking the sleep, there is the cough in the day shaking the sufferer; both ob-

jectionable and undesirable, and requiring to be dealt with. The circumstances under which cough is developed in pulmonary phthisis vary. Sometimes mere apex consolidation is accompanied by cough. Where there is bronchial implication and localized bronchitis in the affected area this can readily be understood; but at times there is cough without the moist rales indicative of this condition. We are compelled here to suppose some irritation of the pulmonary fibres of the vagus, which is transmitted to the respiratory centre, leading to discharge producing the modified inspiration and expiration familiar to us as "cough." Belladonna is said to exercise a decided influence over these fibres, and so is indicated in such condition. (By this property belladonna, or atropine, is a desirable addition to an opiate for a night-pill.)

It has also been claimed for gelsemium semper-virens that it is useful in such cough by its action upon the nervous mechanism of the respiration. Bromide of ammonium suggests itself at once for the relief of such cough, from the known utility of the bromides in the reflex trouble.

One curious point there is about cough in its relations to static pulmonary consolidation, and that is this. Whenever a person possessed of a patch of consolidated lung has also the liver upset then the irritation in the said patch with resultant cough is marked. No cough medicines nor anti-spasmodics do any good; but agents which act upon the liver, as a blue pill at bed time (or other mercurial), and a dose of sulphate of soda next morning produce a distinct and unmistakable effect in lessening the cough. Consequently, when a patient complains of troublesome cough and an area of consolidated lung is found, it is often well to inspect the tongue and inquire into those subjective sensations experienced when a person is bilious or "liverish." From its known effect upon the liver, opium not only gives no relief, but positively aggravates the condition.

When a tubercular mass, or a proportion of the consolidated area commences to soften—probably by the proliferating cells being so crowded on each other that they die; possibly by the appearance of bacilli on the scene—then we can readily understand the oncome of cough, and often severe cough. The dead mass is an irritant—like the thorn of Van Helmont—as a process of ulceration cuts it off from the surrounding lung-tissue; and during the time the process is going on there is distinct local irritation setting up cough. There is, too, hectic fever, with nocturnal pyrexia and night-sweats. In this condition it may become necessary to add some opium or morphia to the mixture of quinine and phosphoric acid so much in vogue for its relief; and whether any sedative must be added or not, and, if so, what quantity, is a matter to be decided by the merits of each particular case. That some morphia is unavoidable to procure sleep in such condition goes without question; but it must be guarded by the additions suggested in the article on "Pulmonary Phthisis." Such a con-

dition is like a specific fever, or a storm at sea, in that it comes to an end sooner or later, and if the organism can be kept going, or the ship afloat till the end comes, all is well. Of course if there be but one softening patch the irritation set up is smaller than when there are several such morbid areas. In the latter case, opium in the day may be unavoidable; and its drawbacks must be met and got rid of, or neutralized, by such wit and skill as the medical attendant can command, either in himself or some consultant of more experience or deeper thought. Above all things, keep up the powers by such food as the patient can take. The fever usually brings with it thirst. Then let the patient have cold beef-tea, with baked flour in it; malt extract, with effervescing water; milk, with mineral water or whey; or milk diluted with water and some Mellin's food added; and good home made lemonade, with a fair amount of acid and sugar or malt extract in it. Rice water, or barley-water or tamarind-water may be relished. Grapes and the juice of fruit are excellent. Alcohol may, too, be indicated. Sometimes it is neck or nothing. The patient must be heavily dosed with opium to allay the paroxysms of cough, aye, and there is something more than cough, viz.: the danger of hemorrhage from the ruptured bloodvessel in the softening area, brought about by violent effort at cough. The poor patient is like a soldier with bullets flying over his head; if he escapes one, the other hits him. The patient is passing through a period of acute perils; perhaps rather he is like a canoe shooting rapids studded with rocks; much, very much, depends upon the boat-man's skill and experience; something upon luck—and the patient's luck is the luck of a good constitution! If the softening areas be numerous and extensive, then the prospect of escape is small, and the skill of the steerer will be gravely taxed. In spite of everything that skill and assiduous attention can do or accomplish, the case may go on from bad to worse unto the inevitable end.

But, in my own experience of phthisis, cough has not been so very prominent a matter as to require treatment in the day except in a few instances. It is not common for the consumptive to be shaken by racking cough requiring opium in the day. And on enquiring of an experienced sister at the hospital, who has watched the practice of many physicians, including the late Dr. Peacock, she informs me that my personal experience is in harmony with that of other physicians at Victoria Park Hospital. It is at night that cough is prevalent, and the use of opium in combination with other agents, to procure a good night for the phthisical patient, is a matter upon which there is a general agreement.

When there is one or more cavities present the use of opium is not effected by the fact. Indeed a cavity is a matter of little moment one way or the other, therapeutically. Of course the patient is no better for having a cavity, but the question is, is he any worse? Patients with cavities die,

certainly, and patients with cavities leave the hospital very greatly benefited by their stay. As to question of cough and its treatment, a cavity counts for nothing; the cough certainly may be connected with its contents, or perhaps the condition of its wall. But the fact of the patient being in the third stage of phthisis (following the classification of Pollock in his "Elements of Diagnosis in Phthisis") does not effect the treatment.

Finally in dealing with cough the physician must observe and reason upon the cause of the cough, what it accomplishes, and how it affects the patient before proceeding to deal with it. Some cough is useless because ineffective, and needs some stimulating expectorant to render it efficacious—a very common affair; some cough is useless from every point of view, and so requires a sedative; and here the physician must decide in each case which is the lesser of two evils—the cough or the sedative.—*London Med. Record.*

### FEEDING BY RECTUM.

By W. Julius Mickle, M.D., M.R.C.P. Lond., in *The Practitioner*.

There are many cases in which rectal feeding is beneficial; there are others in which it may become necessary for the saving or the lengthening of the patient's life. But I have no wish to unduly extol the rectal method of feeding, or to suggest its use when the more natural methods are feasible and effective.

The cases with which this paper is concerned may be spoken of as in several groups, loosely associated, for the moment, with reference to their suitability for the use of nutritive enemata.

Thus we may bring together cases, such as cut throat, inflammation of throat from the swallowing of caustic substances, diphtheria, diphtheritic paralysis of the throat, severe stomatitis or quincy, post-pharyngeal abscess. Or, again, where the œsophagus is compressed, or cancerous or stricture; or in spasm, made worse by attempts to swallow or to pass a tube, such as spasm of œsophagus in cerebritis, and some aggravated cases of hysterical spasm. Laryngeal phthisis, or syphilitic (and other) laryngeal stenosis, with extreme dysphagia, may indicate and justify rectal feeding.

Another group consists of gastric and abdominal affections often associated with vomiting and severe pain on eating—affections such as cancer, ulcer, atrophy or severe catarrh of stomach; or dilatation of stomach, with severe pain and vomiting; or extreme dyspepsia and irritability of stomach; or obstinate vomiting with ovarian disease, or with hysteria, or of uncertain origin; some cases of obstinate obstruction of intestine and vomiting, or of ulceration or hæmorrhage of small intestine; tabes mesenterica; peritonitis; renal calculus with reflex gastralgia and emesis.

Still another group consists of cases in which nutritive rectal injections may be given in affections such as the anæmias, neuralgia, phthisis, or

to supplement the work of the stomach where there is either general or digestive weakness.

There is another group of cases in which the use of rectal feeding is highly advantageous. It consists chiefly of cases of apoplexy, or of excessively frequent and severe epileptic convulsions; or, again, epileptiform seizures, or of severe apopleptiform attacks, with stupor and coma. Seizure of these kinds are to be frequently found in general paralysis, and in various local, in "focal" softening or hæmorrhage; in thrombosis, embolism, or the various local pathological sequelæ of these or of brain injury. In many of these cases the attempt to feed the patient by mouth ends in the food, whether liquid or solid, being inhaled into the lungs. Even the attempt to feed by stomach-pump, by œsophageal tube, by nasal tube, or by funnel—or, in fact, to in any way get the food into the stomach—is sometimes followed by severe dyspnoea and threatened asphyxia. But the danger to which I would now particularly draw attention is that the introducing of food by this route sometimes occasions vomiting; or vomiting may be present independently of the passing of any tube. Here, then, is a patient who is helpless, or in stupor or coma, or paralysed, or convulsed, or anæsthetic locally, according to the circumstances in each case. If food is now successfully placed in the stomach—and this in many cases is difficult, in some impossible—it may not be retained there, but being only ineffectually and partially vomited or eructated, may be at once inhaled into the air-passages, be drawn into the bronchioles and alveoli, increase the already existing pulmonary congestion, and, the patient being in a state of depressed vitality, and there being difficulty in the throwing off of secretions and foreign substances by the lungs owing to this, to the local engorgement of the parts, and to the feeble expiratory power at the command of the automatic mechanism—the inhaled and not expelled food may set up a rapid destructive form of lobular pneumonia, or even of lobular gangrene. Under these circumstances even the salivary and other secretions, if inhaled, appear to be harmful, and the lungs and kidneys are congested for the time, albumen and even blood-cells and casts being often shed by the latter: It is unnecessary to insist upon the importance of rectal feeding in many of these cases.

Tetanus in another form of nervous disease in which rectal feeding is highly serviceable.

As I do not wish to deal with the present subject from the point of view which particularly offers itself to me as a specialist, I shall merely mention—and this only in order that I may not ignore it—the enormous usefulness of rectal feeding in some cases of insanity with refusal of food, if and when the passing of an œsophageal tube causes vomiting or severe dyspnoea, or with such insane persons as refuse food and resist being fed, when, by reason of their diseased state of brain, heart, or lungs, efforts and straining against the stomach-tube endanger life.

In all these cases rectal feeding is useful when food is refused, or if swallowed tends to get into the bronchi; or when the passing of a tube brings on vomiting or suffocative spasm; or when the food regurgitates or is vomited with likelihood of getting into the air passages; or when the resistance made by the patient endangers life, owing to the effects of effort upon frail but vitally important organs.

If, then, one *has* decided to feed by the rectum, the next questions are: What are the best forms of nutriment to employ, and what are the best special modes of manipulation in introducing the food into the bowel?

As to the former, the question of the best form of nutriment for use for injection, the older plan, and the one still most in vogue, is merely to inject fluid food and stimulants, not specially prepared, but in the form in which they are taken by the mouth. Beef tea, milk and brandy have been largely used for this purpose, and I have heard of arrowroot being so used in considerable quantities.

Some amount of stimulation can be attained by the use of the substances just named, and from them can be absorbed constituents which enable the nutritive powers better to utilize the stores of nutriment already within the system. But for true food purposes their value is apparently slight. As Dr. Sansom stated (*Lancet*, February 19, 1881) only a fractional proportion of the albuminous contents of nutritive enemata, as commonly employed, is taken up into the blood current to subserve any useful purpose of nutrition. This fact has led to many attempts to improve upon the ordinary nutritive enemata.

The use of various digestive substances with the food injected has been tried, and many experiments, as well as observations which have practically the bearing of experiments, have been made.

Thus M. Catillon fed two dogs for two months by rectal injections of eggs only. One, which received eggs only, lived with difficulty and lost weight; the other, which had eggs, glycerine and pepsine, kept well and kept up weight, but when the pepsine was omitted, he too lost weight and his temperature fell.

In further observations, firstly, meat, bread and potatoes were taken, then no meat for three days, and the amount of urea excreted and the bodily weight both fell; then for one week peptones of meat were taken and the urea and weight went up again; next, for four days enemata of peptones only, and the weight was constant and the urea proportioned to it; next, low diet, no meat or peptones, and urea and weight fell. For a sustaining ration he suggests about five oz. of saturated solution of peptone, and for nutritive enemata, peptone of meat (saturated solution at 19° C.), 40 grammes; water, 125 grammes; laudanum drops iii.; sodii bicarb., '3 gramme (about 5 grains).

Czerney and Latschenberger, whose experiments were conducted on a man's colon, through fistula following gangrene of an irreducible scrotal hernia,

found that while little benefit comes from raw material in the bowel, much improvement in health and strength results if substances are previously partly digested, as, for instance, if fat is emulsified, albumen reduced to a soluble state and starch converted into glucose.

Marchwald is rather a pessimist in this matter. From his observations on a case in which the anterior wall of a caecal hernia had sloughed, he concluded that the colon does not convert starch into sugar, nor digest fibrin or coagulated albumen, though putrefaction occurred and peptones formed; nor absorb ready-made peptones or fluid albumen; while it absorbs water slowly, and a little peptone, especially that formed in the bowel itself.

On the whole, I conclude that the rectum and colon digest but little, and that, even when inverse peristalsis is set up, the action of the bowel upon enenata is chiefly absorptive. If so the food should either be introduced mixed with digestive substances, or else, before administration, should, in some way or measure, be digested and ready for absorption into the venules and lymphatics of the intestinal walls. Several methods have been devised to attain these objects.

Thus Dr. Leube gives three parts of meat with one part of pancreas, both finely minced and mixed with a little water. An addition of fat does not harm the digestion of the meat and pancreas when injected, but more than one-sixth of fat is apt to cause stool. Brown Séquard's plan is first to clear out the bowel by an enema of luke-warm water, and then by a wooden syringe inject into the bowel two-thirds of a pound of raw beef and a quarter of a pound of hog's pancreas. Repeat twice a day. The pancreas must be fresh, the animal recently slaughtered, the fat and cellular tissue taken away. The meat and pancreas must be very finely divided, and thoroughly mixed. M. Catillon's formula I have already given above; when speaking of his experiments; it represents a peptone of meat. M. Henninger gives a complicated formula for a peptone of meat by digestion of meat under HCl and pepsine. Slinger has manufactured a nutrient suppository, consisting of nearly pure peptones, made by digesting lean meat with the mucous membrane of the pig's stomach. Numerous new preparations are brought before the profession each year.

Defibrinated blood and solutions of desiccated blood have been used for enemata, and especially in America. Three years ago, when I was on that side of the water, and met some medical men in consultation in reference to a certain case, in which the question of feeding by rectum arose, I found that the medical attendant at once suggested a solution of desiccated blood, which is usually employed there, I believe, in the proportion of one to eight of water for injection. Fresh defibrinated ox or sheep blood appears to be considerably used in America for nutritive enemata, as Dr. Sansom was one of the first to tell us.

In his Lumleian Lectures, Dr. W. Roberts\* states that "pancreatic extract is peculiarly adapted for administration with nutritive enemata. The enemata may be prepared in the usual way with milk-gruel and beef-tea, and a dessert spoonful of pancreaticus should be added to it just before administration. In the warm temperature of the bowel the ferments find a favorable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process."

In actual practice I have departed considerably from this plan of Dr. Roberts, preferring to inject food in the already peptonised form, and ready to pass from the bowel by absorption. For enemata, therefore, I have used, in a slightly modified form, his method of preparing the food as if for administration by mouth. A thermometer being employed throughout, and either kept in the liquid or frequently introduced to test the temperature, a pint of milk with one-fifth or one-fourth pint of water is heated in a clean dish to 140° F. At that temperature, two drachms of Bengel's liquor pancreaticus are added, and twenty grains of bicarbonate of sodium dissolved in a spoonful of water. The whole is put into a covered jug or dish, and kept near a fire for an hour to an hour and a half, and still kept constantly at a temperature of 140° F. At the end of that time it must be thoroughly boiled for two or three minutes. Each step should be carefully carried out to secure success. Thus prepared, the food keeps for half a day or more. For convenience, I have given the process as for one pint of milk, but multiples of that measure may be prepared. In feeding by rectum, I prefer to keep to this peptonised milk solely.

The following, from Dr. Roberts, chiefly useful for administration by mouth, may be given by rectum also.

For peptonized gruel; wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour, gruel well boiled, thick and strong, Oj; put in a covered jug, cool to about 140° F., add liq. pancreatici ̄ ss. Keep warm under a cosy for two hours, boil and strain.

For peptonized milk gruel, thick hot gruel, cold milk, equal parts. To each pint add liq. pancreatici 3 ij—iij., and sodii bicarb. grs. xx. Keep warm in covered jug for two hours; boil for a few minutes and strain.

For a peptonized beef tea: half pound finely minced lean beef, water a pint, sodii bicarb. grs. xx.; simmer for one hour and half; cool to 140° F.; add liq. pancreatici ̄ ss. Keep warm under a cosy for two hours; occasionally shake. Decant liquid portion and boil for five minutes.

## CHOREA SUCCESSFULLY TREATED WITH HYOSCYAMINE.

In a clinical lecture recently delivered in the Pennsylvania Hospital by Prof. Da Costa (*Med. Times*, January 23, 1886), a patient was exhibited suffering from what Dr. Da Costa described as the worst case of chorea that he had ever seen. The patient was a boy about 11 years old, pale and weakly, and described by his friends as having always been nervous.

Four weeks before the date when he was admitted (on the 14th of December) he had an attack of acute rheumatism, which involved all the larger joints of his body. The rheumatism lasted about three weeks, but as it declined choreic symptoms began to be manifested. His hands and arms were first affected, and afterwards his legs.

When admitted, he was actually unable to walk; he was even unable to feed himself, and seemed in risk of starvation. He was wretchedly weak and emaciated. He could perform no co-ordinated movements with his arms or legs, and unless there was always somebody about to give him a drink of water and food he would have perished. This was not due to actual want of power in the muscles, but to the impossibility of performing any voluntary act requiring co-ordinated movements; yet when food was placed in his mouth deglutition was readily accomplished. When admitted he could not speak, he could not articulate a word. He could not put out his tongue, although he could open his mouth and move his jaws, but he could not ask for food. His expression was that of an imbecile, and he was reduced to a mere shadow.

At first his arms and legs were constantly moving, both sides being equally affected. No power of grasp existed in his hands, though sensation did not seem impaired. He complained of pain when he was pinched. The patellar reflex was normal, and not exaggerated. No marked change in the electrical reactions was observed. His pupils were very much dilated; his pulse was only 50 per minute, and rather weak; there was a systolic mitral murmur heard at the apex. These involuntary muscular movements did not continue at night when he was asleep. His urine had been examined but neither albumen nor sugar was detected. His bowels tended to constipation.

The ordinary remedies for chorea act slowly; arsenic, though one of the best of our therapeutic agents for this disorder, acts slowly: it takes time, and the loss of time here might be fatal. Dr. La Costa then recalled a case of tremor which he had seen rapidly influenced by hyoscyamine, the active principle of *hyoscyamus niger*. He concluded to try it here. He ordered him to take  $\frac{1}{20}$  grain to begin with, a decided dose for a boy of his age; but, not finding any marked influence, he concluded that it would be advisable to increase the dose to  $\frac{1}{10}$  grain, given three times a day. Now the effect was admirable. From the first few days the boy began to improve, and at this time he had

\* *Lancet*, May 29, 1880, p. 828

some dryness of the throat and wanted his mouth frequently moistened. He soon became brighter in his mind; he took more interest in what was going on; he moved voluntarily in bed, and tried to help himself to food. His voice also returned, and he left his bed and began walking around the ward. After this his recovery was rapid and uninterrupted. He has had no other treatment than the hyoscyamine, and he has now so much improved, though he is still somewhat pale, that he may be looked upon as having recovered. He can sit quietly; he has power over his hands, both in co-ordination and in grasp, although his grasp is still a little feeble. He walks and stands now without falling. His pupils are dilated, although not much.

The systolic apex-murmur persists: it is a chronic mitral regurgitant murmur. In every other respect the boy is nearly well.

Dr. Da Costa then referred to one or two points of clinical interest in connection with this case: first, some points which have nothing to do with the treatment; and, secondly, some which bear upon the treatment.

In the first place, this attack of chorea was clearly of rheumatic origin. It came on at the end of an attack of acute rheumatism. It is true that the boy was previously feeble and *ill-nourished*, and that he was regarded as a nervous child; but the association of chorea with rheumatism is too close a one for us to regard it here as a mere coincidence. You can generally trace, in a case of chorea, a strong rheumatic element, either inherited or acquired. In this form, before the patient has left his bed or his attack of rheumatism is clearly over, the chorea is manifested, which makes the connection still closer. Now, it has been thought that there is an embolic process at work in the smaller blood-vessels of the motor centres in the brain and spinal cord; small vegetations which are formed upon the valves are washed into the arteries supplying the motor tracts especially the corpora striata, and the subsequent disturbances of nutrition gave rise to the irregular, unco-ordinated muscular movements. This is a plausible and ingenious theory; yet it is hardly sufficient to account for all the features of the disease. There must be some want of stability of the motor centres, independent of the coarse lesions resulting from embolism, the evidence of the existence of which, moreover, is not complete, and which is certainly not constant.

In the case reported there was no voluntary control over the muscles, and at the same time the mind seemed to suffer: he was almost an idiot. When admitted, his temperature was  $98\frac{1}{4}^{\circ}$ : therefore the attack of rheumatism was over, and these symptoms were not due to a fresh outburst of the rheumatic affection. The want of power in these muscles must also be taken into consideration, as showing a close relation between chorea and paralysis.

Now, coming to the question of treatment, the influence of the hyoscyamine, which was suggested by analogy from the treatment of tremor, was here strikingly manifest. The dose was increased from  $\frac{1}{16}$  to  $\frac{1}{8}$  grain without any bad effects; but when he was taking this quantity he complained of some dryness of the throat, although it never was so severe as to require us to reduce the dose again. It was finally discontinued two days ago. Now he is perfectly steady and can control his movements; his tongue is clean and he has a good color; he is gaining flesh: indeed, he may be considered as well.

Did the hyoscyamine produce the striking effect or did the rest in the hospital do it? That rest is good in all and can cure many cases of chorea, is admitted; but the improvement here was too sudden—coming on in three or four days—and too great to be attributed entirely to the good nursing and the food which he received since he was admitted. It is claimed that hyoscyamine is a valuable antispasmodic and exercises a remarkable control over muscular movements; also that with the control of the movements the condition of the muscles is improved and all the functions increased. Even the blood has improved; for, though he is still anæmic, he is not so much so as he was. Within a week after beginning the treatment he was out of bed and walking around, but not so well as at present.

What shall be given further? Will not the condition remain? Not necessarily; for all the irregular muscular movements have ceased. He can take, however, for his anæmia, the elixir of the pyrophosphate of iron, a drachm three times a day, and stop the hyoscyamine as having accomplished its purpose.

#### AMENORRHEA.

Dr. Skene, gynecologist to the Post Graduate School of New York, writes as follows on amenorrhea in the *Medical News*. In organic diseases, especially those of the liver, heart, lungs, or kidneys, in the advanced stages, we may look for derangements of menstruation. Amenorrhea is naturally a consequence of hepatic or heart affections, but in renal diseases the pathology is not as easy of explanation, as it is perhaps less mechanical than the former. I presume in amenorrhea occurring from renal disease, that is due more to malnutrition, tissue deterioration, and anæmia. The point, however, to which I specially call attention is the necessity for us to look well to the general organization in obscure cases, and seek there the causes of amenorrhea, rather than in the pelvic organs themselves.

I would next call your attention to the management of amenorrhea in chlorotic patients. This condition, known as chlorosis, presents that peculiar form of organization in which we have a partial arrest of the development of the circulatory apparatus and sexual system.



The consequence arising from this insufficient development is that amenorrhœa is the rule, as is also anemia. In chlorosis especially, the blood-making organs are sluggish and defective, the heart action is feeble and easily gives out; they become tired easily on the least exertion. Such individuals cannot afford to menstruate, although they may do so under ordinary circumstances. But the moment you put a tax upon the system by which their vitality is used up in other channels, they become very anemic and amenorrhœa follows.

You will also find that these patients do not respond well to restoratives and tonics, as will any well-developed organization that is simply suffering from anemia for the time being, because of this peculiarity of organization which I have just described. We give them iron and good nourishing diet, and they improve so slowly and fall back so often that you will find the alterative tonics effect by far the most satisfactory results. You can, of course, never change the organization, or make a well developed, ruddy, vigorous woman of such a patient. In these cases you will find iodine, in the form of iodide of iron, answers well; this, however, is better in the strumous diathesis. In these cases of chlorosis we find that in mercury small doses is one of the best possible tonics. I know that if you give from one-thirtieth to one-fiftieth of a grain of the bichloride to a chlorotic patient three or four times daily, she will improve under the treatment, especially if you add the chloride of iron.

We must also remember that in the chlorotic girl the nervous system is below par, which would indicate the administration of chloride of arsenic. Such patients are likely to be dyspeptic, indicating a lack of gastric juice or its properties; hence, we administer hydrochloric acid. These remedies are contained in the mixture called "the four chlorides," viz., chloride of iron, chloride of arsenic, bichloride of mercury, and hydrochloric acid. Under this treatment it is surprising how these pale, greenish-yellow looking girls will improve; but you must continue it for some time in order to obtain the best possible results.

Some may ask, "Are you not afraid to give one-fortieth of a grain of the bichloride of mercury for a long time." I have given it for two months regularly, and then stopped for one or two weeks, and then again continued it for one month longer, with out any bad effects whatever ensuing. I have also known it to be given for a longer period than that most marked beneficial results.

The rule is that amenorrhœa appears in the advance stage of phthisis pulmonalis; when patients are in the third stage of the disease the menses becomes scanty, and finally cease altogether. But there are exceptions, and this case now before you well illustrates such a one. Where amenorrhœa occurs in the first stage of phthisis, it seems to come simultaneously with the lung trouble. In this case it is evidently conservative; a patient with marked degeneration of the lung suffers from

impairment of the whole nutritive system; she cannot afford to menstruate.

The cause here is organic disease of the respiratory organs, and until that is removed we can do nothing in the way of treatment for her amenorrhœa. I insist upon this, and cannot impress it upon you too strongly, as upon this subject the laity, you will find, will have a great deal to say. Again and again have I seen them insist that the amenorrhœa was the cause of the pulmonary difficulty; they would insist upon giving the patient hot foot-baths, hot drinks of all kinds, with decoctions of herb teas innumerable, in order, as they said, to establish menstruation.

### SCHULTZE'S SWINGING MOTIONS TO REVIVE ASPHYCTIC NEW-BORN CHILDREN.

Prof. Schultze, of Jena, attracted the attention of the entire medical world when, a good many years ago, he first published his now famous mechanical method to revive new-born children laboring under asphyxia. The question whether a new-born child be actually still-born, and no vital energy be present at all, or whether the spark of life be really latent, ready to set agoing the functional mechanisms under appropriate stimulation, belongs to the most important problems that present themselves to the practitioner.

From a description of Schultze's swinging motions appearing in the December issue of *Schmidt's Jahrbücher* we make the following translation:

The child is caught by its shoulders, so as to place the thumb on the anterior surface of the thorax, the index finger in the axilla from behind, and the other three fingers of each hand transversely across the back, thus supporting the drooping head on the ulnar edges of the palmar aspects of the hands. Then spreading asunder one's feet and inclining the head somewhat forward, the child is swung with outstretched arms upward to an angle of 45°; then the swinging is stopped. The entire weight of the child rests at this moment on the thumb of the physician, which is pressed against the thorax of the child. This position occasions a considerable compression of the thoracic viscera not only from the diaphragm, but also from the chest-walls. This passive expiration occasions often a discharge of the aspirated fluids through the respiratory channels. Then the physician moves his arms downward, and swings rapidly the child toward his feet, whereby the thorax of the child is widened. As the child hangs by its upper extremities, and the sternal ends of the ribs are fixed, its own weight goes to elevate the ribs, while the diaphragm recedes on account of the shock imparted to the abdominal cavity. This equals a mechanical inspiration of a considerable importance. After a few seconds the child is again swung upward, and the aspirated fluid is then usually discharged.



## WATER AS A DIURETIC.

In an article on the action and use of diuretics, in the *Practitioner*, Dr. T. Lauder Brunton says that water is, perhaps, the most powerful diuretic we possess, although fewer experiments have been made with it upon animals than with the others. The diuretic action of water drunk by a healthy man is very marked, and it appears impossible to explain its elimination by a mere increase in blood-pressure, whether general or local. It has the power of increasing tissue-change, and thus multiplying the products of tissue-waste which result from it, but it removes these waste products as fast as they are formed, and thus, by giving rise to increased appetite, provides fresh nutriment for the tissues, and thus acts as a true tonic. In persons who are accustomed to take too little water, the products of tissue-waste may be formed faster than they are removed, and thus accumulating may give rise to disease. If water be freely drunk by such persons, the products of waste will be removed and health maintained or restored. Many gouty persons are accustomed to take little or no water except in the form of a small cup of tea or coffee daily, besides what they get in the form of wine or beer. In such people a large tumbler of water drunk every morning, and especially with the addition of some nitrate or carbonate of potassium, will prevent a gouty paroxysm. Still more numerous, possibly, is the class of people who arise in the morning feeling weak and languid—more tired indeed than when they went to bed. Many such people are well fed, they sleep soundly, and it seems almost impossible to believe that the fatigue which they feel in the morning can result from imperfect nutrition, more especially as one finds that after moving about, the languor appears in a great measure to pass off. It seems that this languor must depend upon imperfect removal of the waste products from the body, as we know that the secretion of urine in healthy persons is generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed in order to aid the secretion of urine and of the waste products during the night. In some cases, though not in all, the result has been satisfactory, and possibly might have been still more so, if the bicarbonate and nitrate of potassium, which are so useful in cases of gout, had been added to the water.

Lately a plan of treating gout by draughts of water at intervals during the day has been a good deal employed, and is in many cases successful. The following is a diet used along with this treatment by a medical friend :

7.30 a. m. Ten fluid ounces of very hot water.  
8 a. m. Breakfast: equal parts of weak tea and milk, a small quantity of white sugar, a slice of fat bacon without a strip of lean, bread and fresh butter. 1 p. m. Milk-pudding, rice, sago, tapioca, macaroni, or blanc mange, and small biscuits with butter, ten fluid ounces of hot water. 4 to 5 p. m.

Ten fluid ounces of hot water. 6 p. m. Dinner; white fish or fowl (usually boiled), greens, bread, no potatoes, claret seven fluid ounces. 8 to 9 p. m. Ten fluid ounces of hot water. 11 p. m. Ten fluid ounces of hot water.

If he indulges either in meat or game, or drinks copiously of claret, or omits one or two glasses of hot water, he feels gouty or gravelly next day. It is obvious that by this plan of treatment, in which the ingestion of nitrogenous food is most strictly limited, at the same time that every facility is given for the elimination of the products of nitrogenous waste by the large quantities of hot water drunk in the course of the day, the accumulation of waste in the tissues ought to be most effectually prevented.

## TREATMENT OF CHOREA.

Dr. Gilbert, of the Hôpital des Enfants-Malades in Paris, lecturing on the therapeutics of chorea, said :

The routine treatment of all choreic patients at the mentioned hospital consists in the systematical exhibition of chloral hydrate and the application of the wet cloth. The reason why chloral fails in the hands of so many practitioners is not to be sought in the drug itself, but in the faulty method of its administration. In two little patients, some time ago, Gilbert gave fifteen grains of chloral every quarter of an hour until sleep was produced, and when the children awoke the same dose was again administered. In this manner a sleep was obtained which was in reality but twice interrupted in twenty-four hours, just the time needed for two meals. After four or five days the drug has to be stopped, as it would be dangerous to prolong this profound and continuous sleep. The results obtained by this method of treatment compared very favorably with those of other clinicians, who usually contented themselves with sufficiently large doses to produce sleep once or twice daily, and rarely pushed the medication beyond a couple of days. At present Gilbert gives chloral systematically three times daily, and for a period of two weeks to two months, until a cure is perfected, without ever having met with a single accident. A rubeoloid or erythematous eruption, unaccompanied by constitutional manifestations, has occasionally been noted, but disappeared spontaneously in twenty-four hours, even when the medication with chloral was continued.

This uniform method is intended to ameliorate the graver symptoms, and to procure a prolonged sleep. A choreic patient ought not only to sleep at night, but also once or twice during the day, preferably after meal-time. The question of dose is one of great importance. Gilbert gives in a patient beyond ten years of age, habitually sixty grains *pro dies*, fifteen grains in the morning, fifteen at noon, and thirty at night. This form of medication is to be continued until the choreic agitation is completely under control. In order to disguise

the disagreeable taste of the drug, the confection of chloral recommends itself, especially in the case of children. The confection is prepared by taking a watery concentrated solution of chloral and currant-jelly.

It is only in the graver form of chorea, in which chloral alone does not suffice to suppress the nervous and muscular excitation, that the wet cloth comes in as a potent adjuvant to the drug. As to its application, cold water solely is to be employed. The cloth is dipped into it, moderately expressed, and the patient laid upon a mattress covered with a rubber cloth. The body of the patient is then tightly wrapped up in a blanket and vigorously rubbed from the head toward the feet. After a couple of minutes, when reaction has taken place and the little patient has commenced to get warm, it is to be wrapped up in several woolen blankets without removing the wet sheet, leaving just the head free. In this sort of a steam-bath, then, the child is to remain on its bed for about half an hour, when reaction will have fully set in and done its intended work.

The effects of this procedure are invariably of the most excellent nature; the child feels calm and composed, and not rarely falls into a quiet and prolonged sleep, from which it awakens more tranquil than ever.

As these are the remarks of a well-known clinician with an extensive practice with choreic children, his method of treatment lays claim to our confidence, and invites a trial.

#### REMOVAL OF FOREIGN BODY IN THE URETHRA.

George Hunter, M.D., Linlithgow, Eng. *British Medical Journal*.

An elderly gentleman, suffering from dysuria, due to prostatic enlargement, attempted to empty the bladder by insinuating the rounded head of a veil-pin into the orifice of the urethra. The pin slipped from his fingers and disappeared in the urethra. Attempts at removal pushed the pin into the urethral canal, and were followed by discharges of blood and an urgent, but ineffectual, desire to urinate. Dr. H., being sent for, found the head of the pin in the membranous urethra, just in front of the prostate, the point being anterior to the scrotum. To remove it he fixed the head by pressing upon it from behind, forwards, and then impaled the urethra against the point. By steady pressure and traction on the point, the whole length of the pin was pulled through, only the head remaining in the urethra. The point was then depressed toward the perinæum, and, by compressing the flaccid penis in its longitudinal axis, the round head of the pin was easily passed through the meatus, and the entire pin withdrawn. Not a drop of blood was lost, and the puncture made on the under side of the penis was not more severe than that resulting from the use of an ordinary hypodermic needle. Rest and quiet enjoined for twelve hours, but no other treatment. No sequelæ.

#### THE NOCTURNAL COUGH OF CHILDREN.

It not unfrequently happens that children are waked suddenly from quiet slumber by a violent and sometimes convulsive cough. This has been ascribed by McCoy to reflex irritation from accumulation of mucus within the nasal cavities. During the day the mucus flows away, but in the night it collects upon the sensitive areas in the nasal fossæ and excites a cough. Dr. Gonzalez Alvarez thinks this theory untenable, except in a few rare instances, and attributes the cough to laryngeal irritation. He says that the saliva and buccal mucus accumulate in considerable quantities, especially when there is stomatitis or gingivitis from dentition. Most of this is removed by the acts of deglutition which take place during sleep, but some does not so escape, but trickles into the posterior commissure of the larynx. He states that this cough occurs very frequently during the period of dentition, even when there is no nasal catarrh, a fact which leads him to reject the theory of nasal reflex irritation. The treatment of this nocturnal cough consists in diminishing the secretion by means of chlorate of potassium. A teaspoonful of a two per cent. solution is given every hour or two hours during the day, and at bedtime.—*Revue Bibliographique des Sciences Medicales*, November 22, 1885—*Med. Record*.

#### ICE TO THE SPINE IN OBSTINATE VOMITING.

Dr. W. L. Davis reports (*Mississippi Valley Med. Monthly*) a case of vomiting in typhoid fever in which every remedy, even pellets of ice, was rejected by the stomach. He applied ice to the lower part of the spine in considerable quantity, and the vomiting instantly ceased; a profuse perspiration followed. The use of ice was only persisted in when indicated; and cool sponging was instituted with marked benefit, so that the ice was only occasionally required. Recovery in the average time took place.

#### BISMUTH IN THE TREATMENT OF SWEATING FEET.

The *Union Medical* cites Vieuss's recommendation of daily frictions with subnitrate of bismuth as a remedy for fœtid perspiration of the feet. The spaces between the toes should not be forgotten. The treatment is to be continued for about a fortnight. After the second or third friction, the sweating becomes less abundant, and the soreness rapidly subsides. The epidermis soon loses its white tint, and adheres more firmly to the subjacent derma, the excessive action of the sudoriferous and sebaceous glands diminishes, the perspiration becomes less irritating, and about the sixth day the skin resumes its natural look.—*N.Y. Medical Journal*.

## TREATMENT OF PULMONARY CONSUMPTION.

Dr. Da Costa's treatment we take from the *College and Clinical Record*, October 1st:

*Hygienic Treatment.*—Out-door exercise, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Gives plenty of meats and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhuae, and lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

*Medicines.*—Ol. morrhuae is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give fʒss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give m x-xv ether, but this sometimes causes belching. Mix it with equal amount of malt or whisky. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr.  $\frac{1}{10}$  or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp, gtt. i-ij, ter die, with potassium iodide to alternate with it. When anæmia is present, and *not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the official syrup, and push up to fʒj, ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhuae and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

*Treatment of Special Symptoms.*—Entirely too much is done for the symptoms. For cough we should give no expectorant unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr.  $\frac{3}{8}$ — $\frac{1}{4}$ , in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

*Night Sweats.*—Give atropia, gr.  $\frac{1}{60}$ , at bed-time, Sponge off the body with hot water to constrict the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr.

ij, ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bed-time.

*Digestive System.*—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr.  $\frac{1}{4}$ , four times per diem. Strychnia, gr.  $\frac{1}{60}$ , ter die, is also of great value.

*Diarrhœa.*—Opium, bismuth, ʒj; copper sulphate, gr.  $\frac{1}{2}$ ; silver nitrate, gr.  $\frac{1}{4}$ , etc.

*The Throat in Phthisis.*—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (ʒj to the ʒj).

Prof. Da Costa has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative fever.*—

R. Quinina sulph.,.....gr.iss.

Digitalis,.....gr.ss

Opii,.....gr.  $\frac{1}{4}$ . M.

Ft. pil.

SiG.—Ter die.

## THE CANADA MEDICAL RECORD

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MONTREAL APRIL, 1886.

## FIFTEENTH ANNUAL CONVOCATION OF THE MEDICAL FACULTY OF BISHOP'S COLLEGE.

This Convocation for conferring degrees in Medicine was held in the Synod Hall, Montreal, on the 13th of April. There was a large attendance of the friends of the College to witness the proceedings, the ladies, as usual, being present in full force. Owing to the unavoidable absence of

the Chancellor the meeting was presided over by the Vice-Chancellor, the Rev. Dr. Norman. There was also on the platform the Dean of the Medical Faculty, Dr. F. W. Campbell, and the Registrar, Dr. Kennedy. The secretary of the University, Mr. Chapman, also assisted. There was also present the members of the Medical Faculty and other members of Convocation.

The Vice-Chancellor in some well-chosen and apposite remarks referred to the unavoidable absence of the Chancellor, and paid him a deserved tribute for his devotion to education and his great interest in and love for Bishop's College. The number of students the past session was two in excess of last year. Twelve years ago many French Canadian students had taken courses in the College, but these had entirely fallen off for various reasons, and these now attended colleges of their own religion. Ten years ago a large proportion of the graduates went to the United States, but of late years many remained in Canada and practised with much success. In this city four are practising with honor and profit to themselves and to the College. The scope of the College is enlarging yearly, though it has had many financial difficulties to contend with, amongst others the large rent paid for the present buildings. It is to be hoped that the Faculty will soon be enabled to become proprietors. Three of the Professors visit Europe this season for the purpose of special researches in study. In the Eastern Townships twelve of the graduates are settled. Last May the Dean of this College was put on the staff of the Montreal General Hospital. The Vice-Chancellor also spoke of affiliations made with other colleges and schools of learning. He also mentioned the fact that he thought the cause of education would be enhanced if a central university in connection with the Anglican Church were established, or, if too many difficulties presented themselves, it might be confined to a central board of examiners. He had the pleasure to announce that the Rev. Thos. Adams, the new Principal of Bishop's College, was using his best efforts to build a wing to the College, to be entitled the Bishop Williams' wing, in which it was contemplated to have a chemical laboratory. The sum of five thousand dollars was required, of which twenty-seven hundred had already been promised. He could, therefore, state that the prospects of the College were most encouraging. A deserved tribute was paid to the late Principal of the College,

and also to the present one. Mrs. Davis had made the College her residuary legatee, and had also given a direct bequest of \$8,000, and her sister, Miss Davidson, had also given the latter sum, making a total of \$16,000. He spoke of the ability and zeal of the Professors, and concluded an eloquent address with a peroration upon the advantages of general study when following up a certain branch.

Dean Campbell then read the following report: The number of matriculated students was twenty-five; three from the West Indies, seven from Montreal, one from Ontario, and the balance from the Province of Quebec.

Botany—C. E. Vidal, 1st class honors and prize; L. M. Clark, T. S. Nichol.

Practical Anatomy—F. H. Pickel, senior prize; C. E. Vidal, junior prize.

Materia Medica and Therapeutics—W. E. Fairfield, F. H. Pickel, A. S. Thomas, J. M. Rohlehr.

Anatomy—F. H. Pickel, A. E. Phelan, A. S. Thomas.

Physiology—F. H. Pickel.

Chemistry—F. H. Pickel.

Hygiene—A. E. Phelan, F. H. Pickel.

Practical Chemistry—F. H. Pickel.

Primary Examination—W. E. Fairfield, Clarenceville, Que., 1st class honors and David Scholarship; A. E. Phelan and F. H. Pickel, 1st class honors; A. S. Thomas, 2nd class honors.

Medical Jurisprudence—R. Campbell, W. E. Fairfield, A. E. Phelan, A. P. Scott, A. S. Thomas, J. M. Rohlehr.

Pathology—W. E. Fairfield, R. Campbell, A. E. Phelan, A. P. Scott, V. I. Groulx, S. A. Thomas.

The following passed the final examinations, comprising Practice of Medicine, Surgery, Obstetrics, Gynecology, Medical Jurisprudence, Pathology, Clinical Medicine and Clinical Surgery:

Albert E. Longeway, of Dunham, P. Q., first-class honors and "Wood" gold medal.

Edward O'Brien Freligh, Montreal.

Angus O. Patton, Caughnawaga.

W. G. Nichol, Montreal.

Dr. A. E. Longeway also won the Nelson gold medal, having taken very high marks in the special examination on Surgery.

Wood gold medal and "Nelson" gold medal—Albert Ernest Longeway, Dunham, P. Q.

David Scholarship, for the best examination in the primary branches—W. E. Fairfield, Clarenceville, P. Q.

Botany prize—C. E. Vidal, St. Johns, P. Q.

Senior Anatomy prize—F. H. Pickel, Sweetsburg, P. Q.

Junior Anatomy prize—C. E. Vidal, St. Johns, P. Q.

The following gentlemen received honorable mention, having won first-class honors in the primary branche : A. E. Phelan, F. H. Pickel.

The medical oath was then administered by the Registrar, Dr. Kennedy, to the four gentlemen who had passed the final examinations, they also affirming their allegiance as British subjects, the National Anthem was afterwards sung by all present. The Dean next presented the candidates for the degree of C. M., M.D., which was conferred upon them by the Vice-Chancellor.

The medals and other prizes were then given. The *ad eundem* degree of M. D. being conferred upon Dr. Rowell, Professor of Anatomy. The valedictory, an interesting and able one, was delivered by Dr. Saunders, a recent graduate of the College. This will be found elsewhere in our columns. After additional remarks by the Vice-Chancellor, the meeting was dismissed by benediction.

### THE BLOOD-PLAQUE.

We have read with pleasure one of the Cartwright Lectures, recently delivered before the Association of the Alumni of the College of Physicians and Surgeons, New York, by our esteemed friend Dr. Osler, on Blood-plaque.

The third corpuscle or blood-plaque is colorless disks of protoplasm measuring 1.5 to 3.5 micro-millimetres. Various terms have been used by writers to indicate this body, for example: *elementary corpuscles*—Zimmermann; *granular debris* or Schultze's *granule masses*; *hæmatoplast*, Hazen's; *blutplättchen*, *blood-plate* by Bizzozero. The term *plaque* has lately been given to this body by Kemp of John Hopkin's University. They probably exist in the blood of all mammals. In man in a state of health they are found in the proportion of 1 to 18 or 20 red corpuscles, or 35 or 40 to 1 white corpuscle. There are from 200,000 to 300,000 per cubic millimetre.

They may be well seen in the thin, transparent vessels of the omentum of a white rat, if the current is slow. When removed from the blood-vessels they rapidly change and disintegrate, but may be examined and preserved by receiving the blood into a solution of  $\frac{1}{2}$  to 1 per cent. of osmic acid

or into Pacini's solution. Like all protoplasmic bodies they may be stained with the aniline dyes.

They are circular disks, and probably flat although they sometimes seem to alter a little in form, and closely resemble a biconcave disk. In the recent state they present no nucleus, but after the addition of preserving fluids there appear a collection of granules having very much the appearance of a nucleus, and which in dried preparations take a deeper stain in the hæmatoxylin than the remainder of the plaque, and is regarded by Hazen as a nucleus.

They seem to be most numerous in weakened, debilitated conditions of the system. In acute diseases they are not more numerous at first, but increase in numbers, during the 2nd, 3rd and 4th weeks. This is true of typhoid fever. In the 3rd and 4th weeks of this exhausting fever they may be found in great numbers. Patients debilitated by cancers, tubercle, etc., have them in marked excess. In blood diseases they are variable. Dr. Osler states that he has found them in extraordinary numbers in Hodgkins' disease, while in some cases of pernicious anæmia they may be absent or scanty.

Different views are held as to their origin, many believing them to be the debris resulting from the disintegration of leucocytes, but Dr. Osler, from his observations of the plaques in the newly-born rat, thinks this theory of their origin untenable. There is said to be no evidence that they result from the degeneration of the red corpuscles. Many believe them to be independent elements in the blood, and others agree with Hazen that they are young red corpuscles.

### PERSONAL.

The death of Professor Fehling, at Stuttgart, is announced. The re-agent for testing the presence of sugar in urine bears his name. He had attained the age of seventy-five.

Dr. George E. Fenwick, of Montreal, has been elected an Honorary Member of the New York State Medical Society.

### REVIEWS.

*Minor Surgical Gynecology* by PAUL F. MUNDÉ, M.D. New York., Wm. Wood & Co., 1885.

Even in these days of uterine specialism when the average Medical Journal is crowded with notices of books having reference to Gynecological

practice any work by such a well-known author is welcome. It will be remembered that in the issues of 1880 Wood's Library contained a work by Professor Mundé covering part of the ground occupied by "Surgical Gynecology."

The book before us comprises the manual in the Library and a great deal more. We believe it to be the best handbook of the kind that has yet appeared, and the second revised edition is a very great improvement upon the first, which appeared nearly six years ago. We wish we could make ourselves believe that the good results stated to result from the use of pessaries, even when applied with the case prescribed by Mundé, are obtainable in practice, but we confess to considerable scepticism on that score. The resumé of rules for their use (page 397) are admirably laid down, and doubtless if they are adhered to will, while they reduce the number of pessaries employed, very considerably lessen the dangers and inconvenience arising from their use.

*The Pedigree of Disease.* Being six lectures on Temperament, Idiosyncrasy and Diatheses. Delivered in the Theatre of the Royal College of Surgeons in the Session of 1881, By Jonathan Hutchinson, F.R.S., late Professor of Surgery and Pathology in the College; Emeritus Professor of Surgery in the London Hospital; President of the Ophthalmological Society, etc., etc. New York: William Wood & Co., 56 and 58 Lafayette Place, 1885.

These lectures, dealing with fundamental principle, are of great interest to all practitioners of medicine, as in fact anything written by Jonathan Hutchinson is sure to be. Good reasons are given to show that "temperament," upon which our forefathers laid so much stress, is the result of the combined effect of race, and disease, personal or inherited. The domain of *Idiosyncrasy* is shown to be very large, and a correct knowledge of the idiosyncrasy of our patients exceedingly helpful in their guidance and treatment. The author speaks of three (3) great universal diatheses viz.: catarrhal, rheumatic and the scrofulous. Of parallel but of minor importance, are the diatheses of senile degeneration, of malignant new growths and of rickets, bronchocele, scurvy, leprosy, pel-laga, and gout. The hæmorrhagic diathesis is thought by the author to be due to gout in some of the patient's progenitors.

The work is remarkably suggestive, full of interest, and by one in a position to speak with authority. We cannot recommend it to our readers too highly.

*A Practical Treatise on Nasal Catarrh and Allied Diseases.* By Beverly Robinson, A.M., M.D., (Paris) Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke and Charity Hospitals, etc., etc. Second Edition, revised and enlarged, with one hundred and fifty-two wood engravings. New York: William Wood & Co. This is a comprehensive treatise on the subject indicated by the title. The style is clear, and the numerous illustrations of instruments and their mode of application is such as to give to the student or young practitioner a clear idea of the way he should handle them in the treatment of the nasal and naso-pharyngeal spaces. The treatment is rather empirical, and undue prominence given to set forms of prescriptions, instead of demonstrating the pathological condition present, and the therapeutic indications. The work is a safe guide to work with.

*Hay Fever, and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane.* By CHARLES E. SAYOUS, M.D., instructor in Laryngology, and Rhinology in the Post Graduate Course, Jefferson Medical College. Philadelphia: F. A. Davis, attorney, publisher, 1885.

This small volume gives a history of this affection, but the principal object of its publication is to draw the attention of the profession to the author's belief that a local condition of the nasal mucous membrane is an essential factor in the production of an attack of hay fever. Moreover that as long as this local condition is overlooked, all efforts to conquer the disease will be fruitless. The author takes as the basis of his proposition an extract from an article on "Nasal Cough," by Dr. MacKenzie of Baltimore, which appeared in the *American Journal of Medical Science* for July, 1883, which says, "there exists in the nose a well-defined sensitive area, whose stimulation through a local pathological process or through *ab extra* irritation is capable of producing an excitation which finds its expression in a reflex act." He finds this area at the posterior end of the inferior turbinated bones and the corresponding portions of the septum. Dr. Hark, a German

author, locates another such spot at the anterior extremity of the inferior turbinated bone, while the writer of this volume describes a third sensitive area which he has found in the anterior portion of the nasal cavity forming the anterior boundary of the vestibule and located upon the nasal wall, as well as on the septum. He proposes to destroy their extreme sensitiveness by means of either nitric, chromic, or glacial acetic acids, and he records some markedly successful cures. The work is well worthy of perusal.

*The Field and Limitation of the Operative Surgery of the Brain.* By JOHN B. ROBERTS, M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic. Price \$1.25. Philadelphia: P. Blakiston, Son & Co., 1885; Montreal: Dawson Bros.

This is an essay read last year at the meeting of the American Surgical Association, and its subject is one of the most profound interest to all who practice the surgical art. Undoubtedly the author is not alone in the view which he holds, that life is often sacrificed to the do-nothing treatment of many surgical brain affections. We trust his book will receive the candid consideration it deserves. If it does we believe only good can follow its publication.

*Essentials of Vaccination A Compilation of Facts relative to Vaccine Inoculation and its Influence on the Prevention of Small-pox.* By W. A. HARDAWAY, M. D., St. Louis. J. H. Chambers, publisher, 1886.

A very excellent book, and full of facts of a very telling character in favor of the protective power of vaccination. We hope it will have a large sale. If we had our way we would have our Local Government present a copy to the many lukewarm supporters of vaccination in the Province of Quebec. If their reason is capable of appreciating facts their conversion might follow and then—well—the millennium.

*Berlin, as a Medical Center: A Guide for American Practitioners and Students.* By HORATIO R. BIGELOW, M. D., Sandy Hook, Connecticut. New England Publishing Co., 1885.

This little brochure appeared last year in the *New England Monthly*, and contains a great deal of information of a character to be very valuable to all who intend to prosecute medical study in

that great centre—Berlin. Any one intending to go there should obtain it.

*A Guide to the Practical Examination of the Urine.*

By JAMES TYSON, M. D. Fifth edition, revised and corrected, with colored plates, and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1886; Montreal: Dawson Bros.

As each edition of this little book has made its appearance we have expressed the high opinion we entertain of its value. We can only do so again. It is without doubt a volume which should be in the possession of every student of medicine and every practitioner. We have used it almost daily for several years, and would not be without it for ten times its value. The present edition is well up to the times.

#### LOCAL AND GENERAL.

What wonderful effects are claimed for remedies? In looking through medical journals one feels inclined to ask himself by what mental process reporters of semi-miraculous cures arrive at their conclusions. If one-half the effect claimed for drugs were really obtainable what a paradise would be this mundane sphere! Here is a sample: Dr. B. F. Nicholls, writing in a recent number of the *Philadelphia Medical Times*, says that he considers fluid extract of hamamelis in teaspoonful doses "almost a specific in varicose veins from almost any cause," and in support of this extraordinary statement he quotes from cases in practice where the drug had been used with apparent success. I have not tried hamamelis in varix of the lower limbs, but I would suggest that Dr. Nicholls might have given the bandaging, compresses and rest some of the credit for the satisfactory results in the cases brought forward by him.

At last we are to have a Bill introduced into our Local Legislature which will, *inter alia*, deal with the question of the registration of births and deaths. Indirectly this is one of the results of our late small-pox epidemic, and is an apt illustration of the proverb which refers to "ill winds" of that kind. Registration will enable us to deal thoroughly with vaccination and with anti-vaccination. The opponents of the compulsory clause as regards vaccination should be gently dealt with. The mental obliquity that afflicts the leaders of this re-

trograde movement should be treated as one would treat other forms of aberration of intellect—not by the straight jacket, but by judicious firmness. If the compulsory regulation were not to go into effect until three years had gone by I am certain the opposition will by that time have melted away. In the meantime the practice of it can be continually and steadfastly and intelligently pushed, and the people will soon find how very little truth there is in the dreadful stories claimed by the anti-vaccinationists as true.

Speaking of mental troubles reminds me of Sutherland's article on insanity (*British Medical Journal* for January 30th) and it is to be remarked regarding it that very many valuable observations are there crowded into small space. He speaks chiefly of the premonitory symptoms of insanity and devotes some space to their treatment. Esquirol's three stages of insanity are cleverly referred to the different classes of persons with whom the unfortunate comes in contact during the progress of his disease. The first stage (change of habits) is usually observed only by the relatives of the patient; in the second (perversion of the affections) the family physician is added to the list of observers; while in the last stage (that of true insanity) the asylum superintendent takes the patient in hand. Unless patients have suffered from a previous attack it is almost impossible to guess during the first stages what form the insanity will assume.

Unless the result of alcohol drinking, following injury, or from sunstroke (when an attack of mania may be the first sign of the trouble) the disease rarely begins with excitement. Indeed the majority of cases are usually preceded by a depression period, the *stadium melancholicum* of Guislain.

Change of habits! that is the characteristic symptom. *Alienus*, the man acts as if he were some other man and not the rational creature we once knew him to be. He is extravagant, suspicious, and jealous, when he used to be careful, open and confiding. He loses his memory, neglects his dress, becomes depressed, and gets "eccentric." The style of conversation is changed, oaths and obscene language are uttered by those who were previously unknown to be guilty of such conduct. Sexual appetite varies, but, strangely enough, it is in excess in general paralysis and in senile dementia. The maid servant, says the lecturer, is frequently found to be pregnant by the master before

any mental aberration is discovered by the relations. This sounds like an irreverent statement, but it is not to be forgotten in the diagnosis and prognosis of insanity.

This is the free-and-easy way in which some correspondents write to and editors publish letters in Western Medical periodicals. The *Texas Courier Record* contains the following description of dengue "by one who has had it:"

Dengue is a viviparous, homogeneous, amphibious hermaphrodite from the head of "bitter creek," close to "wild cat run." It is indigenous in Austin and spontaneous in Dallas—among hogs, dogs, cats, and other non-office seekers. It is contra-indicated in all cases where a fellow expect to engage in a prize fight or make a "crap." It is bilateral, having an inside and an outside. It has no symptoms—it strikes a fellow on his way from church or in a saloon, and paralyzes him to the end of his hair, and then feels out for "other worlds to conquer." Its pathology is confined mostly to the whole body, skin and mouth. It destroys a man's pugnacity and plants instead thereof humility and a third-class case of rheumatic-gout-small-pox-fits-influenza-endways and chloroformmorbus. Those who have not had their pegs knocked from under them by this fiendish short-rib searcher say they think they have "had a touch of it." To all such we wish to say:—wait till it "touches" you up in earnest, and then you will say in the words of Horace Greeley, "I have *wilted*."

The Cartwright Lectures were delivered by Dr. Osler before the Alumni Association of the New York College of Physicians and Surgeons. The subject, "Certain Problems in the Physiology of the Blood," was treated of in three lectures, and the course has been spoken of in a way which should make every Canadian feel proud. The *Philadelphia Medical News* and *New York Medical Record* both contain the lectures *in extenso*, and every one should read them.

Here is an odd contribution to the study of biology in the Journal of the State Board of Health for Tennessee. Dr. D. F. Wright describes a condition in eggs which he claims is a true inflammation thereof:—"There is a condition of the egg, very little known, which considerably impairs its sanitary value as an article of food. Soon after it became the practice to transport eggs in large quantities and to long distances by railway trains



it was found on their arrival that adhesion had taken place between the membranes of the yolk and those of the shell, so that the yolk could not be turned out of the shell unbroken. On examination by experienced pathologist this was found to be the result of true inflammation; the material of the adhesion was found to be precisely the same as that of the plastic exudation in inflammation of the lungs or bowels. It will at first seem absurd to speak of inflammation in such an unformed mass as an egg; but this arises from our forgetting, that, structureless and unorganized as it seems, the egg, even when fresh laid, is a living being, and capable of disease from external causes. The cause of this inflammation is undoubtedly the shaking and friction from the motion of the cars, and it cannot but render the egg more or less unhealthy, as the products of inflammation can never be as salutary in food as those of healthy growth.

Yes, the egg may contain the "promise and potency of life," but not those vital conditions without which we cannot have a true inflammatory state. The new-laid egg is *not* a living being until certain changes have occurred in it—until the necessary blood channels and until the nerve fibres to regulate the flow of the blood in them have been formed. When the formative process has been sufficiently advanced to permit of the definite process called inflammation then, and only then, can we have the inflammatory exudation which Dr. Wright speaks of. Springs, wheels, dial, hands, etc., are not a clock, neither is an egg the most diminutive kind of chicken.

A good deal of journal space is still devoted to thallin and antipyrin. A good account of the supposed anti-pyretic properties of thallin is given by Dr. Crozer Griffith (Dr. Osler's assistant) in a recent number of the *Philadelphia Medical News*.

Thallin has nothing to do with the metal thallium, although they both derive their name from the same Greek root. Its chemical formula is  $C_{10}H_{15}NO$ , its formal name is hydrate of parachinanisol or, if you prefer, you may call it tetrahydroparamethoxyquinolin. It is a pale yellow or white powder with an agreeable, aromatic odor, said to resemble that of the trailing arbutus. The taste, however, is bitter, pungent and disagreeable. It is easily soluble in water, with difficulty in

alcohol, and insoluble in ether. The first to use it was Von Jaksch in Nothnagel's clinic. He concludes that thallin is very similar in its action to antipyrin, although in much smaller doses, but claims that it is more rapid in its action, although the fall of temperature produced lasts for a shorter time. It is also less dangerous, inasmuch as it never causes collapse, as does the latter drug. Both agents may produce profuse sweating; and chilliness or rigors often occur with the subsequent rise of the temperature after the action of the medicines has ceased.

These conclusions he reached by giving thirty cases of various diseases, accompanied by fever, alternating doses of antipyrin and thallin. His investigations, throughout, were most careful and thorough. The usual dose of thallin as administered by him is four to fifteen grains, given at one time, and repeated in one or two hours if no effect is produced. The degree of reduction of temperature obtained varies somewhat, and the duration of the lowered temperature lasts usually but a few hours.

Dr. Griffith concludes from clinical experiments that thallin is efficacious in reducing temperature in most cases of fever but frequently decided depressions of strength occur (with profuse diaphoresis) during its administration and it must be given with great care to debilitated patients. The cost of the drug is about three dollars an ounce laid down in Montreal.

The Contagious Diseases Acts, by which prostitution was regulated in certain British military stations has been repealed by the rather large majority of 114 in the House of Commons. There has been persistent opposition to these legislative enactments ever since their passage in 1875. Whether they accomplished the good claimed for them (the repression of vice and the prevention of venereal diseases) is a much-disputed question, but the English people chafe under the restrictions which on the continent have been in force for so many years in the large cities. Now that the opponents of the regulative plan have carried the day what do they propose to put into its place, or do they abandon the attempt to limit the spread of syphilis and gonorrhœa, as is done in this and other favored localities?