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# The Canada Medical Record

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## Original Communications.

### RETROSPECT OF GYNECOLOGY AND OBSTETRICS.

By A. LATHORN SMITH, B. A., M.D., M.R.C.S., Eng., Lecturer on Gynecology. Bishop's College, Montreal.

The workers in this department are among the busiest of all, if we may judge by the great progress which is being made from day to day; gynecology and obstetrics will soon be entitled to be called exact sciences.

One of the most important advances is the almost total elimination of peritonitis from the list of causes of death. This used only a few years ago to be the *bete noir* of gynecologists and obstetricians. Now a run of four hundred confinements and seventy-five to a hundred gynecological operations without a death from peritonitis is a common occurrence. A number of causes have combined to bring about these brilliant results. In midwifery, cleanliness has played the most important part; the thorough scrubbing of the hands, fingers and nails of those who are to touch the parturient woman, the bathing of the patient herself, the thorough removal from the room of everything that has been soiled during delivery, and finally, the refraining from many unnecessary examinations, each con-

tributing its share towards lowering the death rate. While in gynecology the use of aseptic ligatures, boiled instruments, and the substitution of irrigation for sponging have robbed operations about the female pelvis of all their horrors. Within a few years even the rare cases of death due to prolonged and ineffectual efforts to extract the child through a contracted pelvis bid fair to be eliminated, owing to the more general adoption of and good results from the new method of performing Cæsarean section, one operator, Dr. Howard Kelly, of Philadelphia, having reported three successive successful cases.

The exact figures of the mortality of the Saenger and Porro-Cæsarean sections up to the 1st of January, 1890, are as follows: For the world—Porro, 272, with 150 deaths; the Saenger, 212, with 50 deaths. It is curious to note that the death rate for these operations is steadily coming down in all countries with the exception of France, the probable explanation being the laxity or entire absence in that country of what we understand by antiseptic precautions. Strict antisepsis, greater experience and the operation being performed earlier, before she has been exhausted by other and useless efforts at delivery, will soon bring the death rate down to that of an ordinary laparotomy.

In connection with the subject of peritonitis, there is an interesting series of articles by Paul Poirier (in the *Progrès Medical* for November, December, and January last) on the lymphatics of the female genital organs and their connection with inflammation of the uterus and its appendages, and with pelvic peritonitis, which is based upon the injection with mercury and the subsequent dissection of the lymphatics in over three hundred subjects. This is a question of great importance to the gynecologist, and one about which hitherto very little has been known. It is of interest to notice that the lymphatics above the hymen pass to the pelvic glands, while those below pass to the inguinal ones. Enlargement of these pelvic glands can be detected by rectal examination, and their arrangement explains the opening into the rectum of abscesses following vaginal injections. The uterus has three sets of lymphatics; first, in the mucous membrane; second, in the muscular substance; and, third, superficial, which all anastomose very freely in every part of the organ. They all lead into three glands, of which the largest is situated in the angle of bifurcation of the common iliac artery, and the others along the line of the internal iliac. These lymphatics pass from the uterus to the glands between layers of the broad ligament. It is strange to note that in three hundred subjects, mostly of advanced age, it was the exception to find adhesions of the pelvic organs entirely absent, owing to the existence of the sub-endothelial, or superficial plexus of lymphatics, and its free communication with the vessels of the uterine substance. Poirier concludes that no intra-uterine inflammation, except perhaps endometritis confined to the cervix, can exist without affecting the peritoneal covering and leading to adhesions. These adhesions, he says, are almost entirely made up of a lymphatic network, which is only a prolongation from that of the peritoneal covering. He demonstrates this by

finding the injections of mercury in the adhesions and occupying definite lymphatics, which terminate in efferent trunks. Another important point is his conclusion that lymphangitis plays the fundamental part. If the inflammation be chronic it leads to induration of the cellular tissue; if more acute, it gives rise to diffused or collected abscess in the sub-peritoneal cellular tissue or in the glands; or if caused by a very septic virus the latter reaches the peritoneum, causing pelvic peritonitis. So that energetic and aseptic treatment of the uterine cavity will arrest the inflammation.

#### SILK VS. CATGUT LIGATURES.

Every now and then a discussion takes place at some of the societies on the relative advantages of silk and catgut, and now and then we hear of silk being spoken of as a substance which becomes absorbed. The sooner this fallacy is laid aside the better. At a recent meeting of the New York Obstetrical Society, Dr. Grandin, Dr. Coe, and several others of great experience stated that they did not believe that silk ligatures were ever absorbed, and several speakers testified to having removed ligatures entirely unchanged as much as a year after they had been placed in the abdominal cavity. Catgut is the only absorbable material for ligatures, and if properly prepared by the operator himself, namely, 24 hours in ether, 12 hours in sublimate alcohol, one in a thousand, and then indefinitely in one of juniper oil to two of alcohol, it can be relied upon for asepticity, and, if large enough, also for strength and absorbability.

I have on several occasions adverted to the causes and treatment of sterility, and pointed out that no woman ought to be subjected to the danger and treatment of this condition until it is absolutely certain that the fault is hers. Pajet has shown that in a large number of cases the microscope reveals an entire absence of spermatozoa in the vagina, although in most of them the husband was apparently the picture of

health. This fact should be more generally known among practitioners. I have applied this test to the last three cases of sterility which presented themselves in my practice, and after repeated examinations I failed to find even a dead spermatozoa. In another case in which I intended to apply the test, the husband has refused ever since to give his wife an opportunity of putting his fertility to proof. Dr. Oliver (*Liverpool Medico-Chirurgical Journal*, Jan., 1890) says: "Gynecologists are too apt to infer that because a woman has been married for years without impediment to the sexual act and has never become pregnant, therefore there is some anatomical defect in her pelvic organs. A semblance of brilliant results obtained by a too meddlesome interference may be paraded, but careful observation teaches us that the good which follows is invariably the outcome of an enforced sexual rest. There are many occult causes of unfruitfulness with which we are unacquainted, even when there are no apparent obstacles to conception."

Commenting on the above, Dr. H. C. Coe, of New York, says (in the *American Journal of Medical Sciences*, for April): "We cannot sufficiently commend a writer who calls attention forcibly to the injustice which is done to unfruitful women, not only by their husbands, but too often by gynecologists. There are many able specialists who, whenever they find a slight ante-flexion associated with sterility, at once jump at the conclusion that the latter is directly dependent upon the former; that it is unnecessary to seek further for a cause of the sterility, and that the only treatment is divulsion and the introduction of a stem. This is all the more remarkable because these same men would never think of making such a hasty deduction under any other circumstances. Statistics of numerous miraculous cures of sterility by any given method of overcoming a supposed cervical stenosis are not useful to the general profession if they lead them to make

extravagant promises to their patients, which are only followed by bitter disappointment.

## Society Proceedings.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Regular Meeting, March 21st, 1890.*

DR. AMSTRONG, PRESIDENT, IN THE CHAIR.

Present. Drs. Trenholme, Jas. Bell, McGannon, of Brockville, England, Shanks, Allo-way, Finlay, Wesley Mills, F. W. Campbell, J. A. McDonald, G. T. Ross, Rollo Campbell, England, Jr., E. Schmidt, T. Blackader, Laphorn Smith, Jas. Stewart.

After the reading of the minutes, Dr. Jas Stewart read an interesting paper on a new drug exalgine which, in his opinion, promised to be of considerable value. His paper included some considerations on the nature of pain, which elicited much interest.

DISCUSSION.—Dr. Foley wished to know what was the character of the eruption referred to by Dr. Stewart, and whether he could explain its cause.

Dr. F. W. Campbell referred to the marked susceptibility of some patients to have eruptions follow the administration of small doses of certain drugs; for instance, such as iodide of potassium. He thought this question of susceptibility was very interesting. He related cases of certain people being remarkably affected by light, others by sound, &c., which might be explained in the same way as the susceptibility to have eruptions from certain drugs.

Dr. Finlay inquired from Dr. Stewart how exalgine and others of the aromatic group compared with chloral, croton chloral, and gelsemium in relieving neuralgia.

Dr. Bell asked whether there was any hope of exalgine taking the place of opium, as it would be a great boon if it would, although, so far, he had not found anything to equal it in surgical practice.

Dr. Wesley Mills, referring to Dr. Stewart's remarks on the physiologists for not having yet discovered what pain is, wished to excuse

them on the ground that it was not a physiological process, but a pathological one. He admitted, however, that there was a great lack of deep insight among the physiologists as well as among the latest pathologists. He thought there had been no real investigation in this subject since the death of Claude Bernard. Pathology, he thought, was not at present tending in the direction of broad views. He said that under the influence of large doses of morphine the reflexes were heightened. Then, again, curare was supposed to interfere with the conduction of pain impressions. When a large dose of opium is taken, there is a period of calm with exaltation of psychic activity. He also referred to the absence of pain in hypnotism and on the battle-field. He therefore thought that there were some other nerves hitherto unknown, which, when disturbed by drugs or mental impressions, had a decided action on the pain nerves. With regard to susceptibility to eruptions, he knew of cases of hereditary susceptibility which were always accompanied with bad temper.

Dr. Armstrong had used exalgine a good deal during the last two months, with the result that it seemed to relieve the same kinds of pain and neuralgias as were cured by antifebrine and antipyrine, but a dose of four grains was not sufficient, and had generally to be repeated to produce any effect. In some cases a grain every hour for many hours acted well. It had the advantage that it did not cause nausea, and, being tasteless, was easily taken by children. In surgical cases, however, such as cellulitis of the hand it had failed entirely. It was certainly inferior to morphine and chloral, although in migraine it was much superior to them. It did not seem to have any bad effect on the heart, although it would be well to remember that it was poisonous in large doses, causing innervation of the heart.

Dr. Stewart, in reply, said that it had antipyretic effects, as had all the others of the aromatic group. He thought that exalgine had the effects common to this group markedly. He did not think it would have taken the place of opium, as it was of no use in traumatic pain. He believed it would be perfectly safe in ordinary pain-relieving doses. It differed from chloral in that it acted on other nerves besides peripheral ones.

Dr. Gardner had hoped that some information would be given on its effect upon cases of migraine which were ushered in by chills and nausea, and in which large doses of morphine were the only remedies that would give relief.

Dr. Stewart replied that he had no experience with exalgine in typical cases of migraine.

Dr. Armstrong had a case in which the patient had had migraine ever since twelve years, headache and vomiting being so severe as to keep her in bed for two days. Although morphine was the only thing that would relieve her completely, still exalgine would save her from being laid up more than one day. The other case was of 30 years standing, and was very much relieved by exalgine, which she preferred to morphine, because it did not leave any bad effects.

Dr. Alloway showed the following specimens: First, the uterus, from a lady apparently in perfect health, 46 years old, who had had one child 27 years ago. She had no hemorrhage, the only symptoms being a bearing-down feeling in the pelvis, and she had found a mass at the vulva which alarmed her. On examination a mass the size of an orange was found to be growing from the cervix. As she was desirous of having the whole organ removed this was done in January, per vaginam, using the combined ligature and clamp method, causing no hemorrhage and taking about an hour. He left the clamps on the broad ligaments for twenty hours, and a few small forceps. Creoline injections were used and a normal cicatrix was formed, and she made a good recovery. He wished to call attention to the fact that there was no hemorrhage as a symptom. 2nd. He exhibited a specimen he had removed from a case on whom he would shortly operate, which showed distinctly malignant disease. 3rd. A specimen of tubes and ovaries which he had removed from a young lady in whom the adhesions were very marked, and one of the ovaries contained a blood cyst. 4th. Appendages from a married woman, 29 years of age, who had a child ten years ago. There was a large laceration of the cervix, and he was in doubt which was the most important way, to repair the cervix or remove the tubes, which latter he decided upon and found double pyosalpinx. Of course it would have been useless to have repaired the cervix.

Dr. Gardner, referring to the case of cancer of the cervix, said that he had several times seen such cases without hemorrhage, there being only watery discharge, and he wished to impress the general practitioner with the fact that fetor of discharge was a late symptom. He also pointed out the fact that bleeding at the menopause was not natural, but would rather be considered as a symptom of cancer. With regard to the treatment, he thought that amputation of the cervix was just as good as total extirpation. He had one undoubted case which had remained perfectly well three years after amputation. In cancer of the body of the uterus, of course, total extirpation is the only thing to do, although Dr. Byrnes, of New York, had good success with the galvano cautery and other caustic appliances.

Dr. Trenholme had also come to the conclusion that the disease was sure to return sooner or later, and he had therefore abandoned the knife in such cases.

Dr. Alloway admitted that the patient would have done just as well, but it was satisfactory to know that the whole organ had been removed,

Dr. Trenholme showed three specimens: 1st. Hydrosalpinx. 2nd. Chronic salpingitis and oovitis, in which a patient had suffered since she was 15 years old; and, 3rd, a retro-peritoneal cyst of the broad ligament, which he found it impossible to remove, and he therefore had it drawn out as much as he could and tied and cut off.

Dr. Gardner had met with some of these cases, but he had fortunately always been able to get out the cyst. As regards the case of tubal disease, there were some cases of disease without symptoms, while in others there were symptoms without disease.

Dr. Trenholme said that in nearly every case improvement had followed after removal of the tubes and ovaries for pain.

Dr. Laphorn Smith did not approve of the removal of tubes and ovaries for pain when no distinct disease could be diagnosed. Operating in such cases was sure to bring discredit upon abdominal surgery, for after undergoing the risks of the operation the patient would be as bad as ever, if not worse. In many of these cases it was neuralgia. Neuralgia is the cry of the nerves for better nourishment. When

he said nourishment he included not only food, but air, water and sunshine, the latter of which was one of the most valuable of remedies for the disease. According to this view it was easily understood in how many such cases of ovarian disease patients were rendered much worse by the use of morphine, which interfered with nutrition.

Dr. Wesley Mills thought that it often took a long time before the benefits of the operation were apparent, simply because the nerves of the part had acquired the habit of disease, which they would have to get out of after the cause had been removed.

Dr. McGannon thought that the removal of the appendages had cured many patients, although he admitted in some of them that the intelligence had been injured by the operation.

Dr. F. W. Campbell thought that Dr. Johnson should be invited to show pathological more specimens of commonly occurring diseases.

#### *Regular Meeting, 4th April, 1890.*

#### DR. HINGSTON IN THE CHAIR.

Present: Drs. Johnston, Jack, Rodger, Schmidt, Spendlove, Williams, J. Macdonald, Birkett, Perrigo, Gardner, Kenneth Cameron, Allen, W. Gardner, McConnell, McCarthy, Hutchison, England, Springle, DeCow, Low, Roddick, James Bell, Shepherd, Reed, Wilkins, McGannon, of Blockville, Geo. Ross, and Laphorn Smith. Dr. Taylor, of Charlottetown, P.E.I., being present as a visitor.

After routine, Dr. Johnson exhibited a pathological specimen from a case of gangrene of both lower limbs, extending as high as the knee in the right leg and as high as the ankle in the left. This condition was due to an embolism which had been formed in the heart, from which it had passed into the aorta, blocking it up in its abdominal part.

Dr. Bell said that the patient had been under his care; was 45 years of age, and had always been healthy, with the exception that she was a large user of alcohol. She had been on a spree which had led to delirium tremens, from which she was just recovering, when she suddenly became very ill, pulsation stopping in the arteries of the legs, and great difficulty of breathing coming on, and she died in about three days from heart failure.

Dr. James Bell also reported the case of a young girl who, while swallowing a piece of tongue which she had not thoroughly masticated, was suddenly taken with symptoms of suffocation. This had often happened before, ever since she had had scarlet fever some years ago, since when she had noticed a sort of sacculle in the throat from which she was frequently obliged to remove pieces of food with her finger; but this piece she was unable to remove. As the house surgeon was also unable to remove it, he sent her to Dr. Major's house, who, recognizing the gravity of the case, ordered her to be admitted. When Dr. Bell saw her he found her to be suffering from cellulitis of the throat. He passed a bougie, the mere passing of which enabled her to swallow the piece of meat which had been arrested, after which she was able to swallow water, and felt greatly relieved. Dr. Bell could feel the sacculle with his finger. She became emphysematous and the air passages became cedematous, and her voice became laryngeal. Her breathing continued more and more labored, until a few days later, when she died suddenly.

Dr. Johnston said that he had examined a specimen, and had found, first, the cesophagus normal throughout; but, second, that in the pharynx, at the level of the larynx, there was a large abscess cavity filled with putty-like material, apparently tubercular in character, although no tubercles could be seen in the neighboring parts. Between the cesophagus and trachea there was extensive suppuration, forming an abscess which pressed upon the larynx. On opening the abdomen there was found to be general tubercular peritonitis.

Dr. Hingston thought that the meat had had nothing to do with her death; it was merely a coincidence.

Dr. Johnston thought that the passing of probangs, etc., had done harm.

Dr. Shepherd enquired what would have been the effect of opening the abscess; and, also, what was the cause of death.

Dr. Johnston, in reply, thought that death was caused by pressure on the pneumogastriacs.

Dr. Bell said that no violence whatever had been used by him, as he had employed only a soft rubber catheter.

Dr. Johnston showed a tumor of the tongue of a young dog, as large as the head of the animal from which it was removed. It was of the nature of a malignant adenoma.

Dr. Roddick was unable to show his specimen, and Dr. Major was unavoidably absent.

Dr. William Gardner exhibited a papilloma of the ovary, which he had removed the day before. It was apparently a cyst which had burst and afterwards continued to spout, so as to form a large friable mass. The patient from whom it was removed was a single woman 22 years of age, who had suffered from pain in the side and generally failing health, with cedema of the lower extremities, for a long time past. Before the operation he was not certain of its nature, as there was dullness and fluctuation in front, with clear percussion note on both flanks and upper part of abdomen. He thought it might be tubercular peritonitis. The abdomen was opened and an enormous quantity of ascitic fluid removed. The mass was very friable, like a cauliflower growing from a stalk, which latter was formed by the ovary, and there were patches of papilloma in the abdomen. In connection with this case he reminded the society of one on which he had operated last fall, in which the papilloma was entirely within the cyst, and in which he had reason to hope that the disease would not recur, which it had not done up to the present. In this case he feared that it would recur. The operation was a very bloody one, and required quick work to avoid fatal hemorrhage.

Dr. Springle described the pathological nature of the growth.

Dr. Hingston thought it looked more like a round-celled sarcoma in process of breaking down. He would like to know Dr. Gardner's reasons for coming to the conclusion that he had a tumor there at all prior to operation.

In reply to which Dr. Gardner said that he had no reasons, but that he was in doubt, and the symptoms being bad, he had opened the abdomen to see what it was.

Dr. George Ross wanted to know if there were any peritoneal adhesions to keep the fluid in front; as, if there were not, it was difficult to understand why the signs of common ascites were absent.

Dr. Gardner replied that the omentum was so adherent that he had to go through it, which, he thought, was the explanation for the fluid being kept in front.

Dr. Shepherd proposed Dr. Prager, of Nanaimo, as an ordinary member. He would read a paper next meeting which that gentleman had sent to him.

There being no other business, the meeting adjourned.

110 WEST 34TH STREET,  
NEW YORK.

April 7th, 1890.

MR. EDITOR:

In a letter dated Berlin, Karlstrasse, 19, March 22nd, Dr. Lassar, the Secretary-General of the Tenth International Congress, directs me to inform the medical profession of America that a programme of the Congress and other communications will be distributed two months before the meeting amongst those who will have registered previously and received their Tickets of Membership.

The latter can be obtained by sending application and five dollars to Dr. Bartels, Leipsigerstrasse, 75, Berlin, S.W. By so doing the members will save much crowding and time during the first days of the Congress.

For the American Committee of the Tenth International Medical Congress,

A. JACOBI, M.D.

### TENTH INTERNATIONAL MEDICAL CONGRESS.

TO BE HELD IN BERLIN, AUGUST 4TH TO 9TH.

The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents; O. Lassar, Secretary-General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood.

It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the fourth to the ninth of August.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Committee is very anxious that both the scientific and secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse, 19, N.W., Berlin, Germany.

S. C. Busey, Washington, D.C.; Wm. H. Draper, New York; R. H. Fitz, Boston, Mass.; H. Hun, Albany, N.Y.; A. Jacobi, New York; Wm. T. Lusk, New York; Wm. Osler, Boston, Mass.; Wm. Pepper, Philadelphia, Pa.; J. Peyre Porcher, Charleston, S.C.; J. Stewart, Montreal, Can.

As a mouth wash in cases of dental caries:

R. Tannin,	4.0
Potass. iodidi,	0.5
Tr. iodini,	2.5
Tr. myrrha,	2.5
Aq. rosæ,	100.0 M.

Use a teaspoonful in a glass of warm water.—  
*Centralblatt für Therapie.*

Antiseptic cotton may be prepared as follows:

Mercury biniodide,	p. 8
Potassium iodide,	p. 3
Glycerine,	p. 120
Distilled water,	q. s. ad p. 2400

Dip absorbent cotton in the solution and then dry it.—*Canada Pract.*



## Progress of Science.

### JUGULATING PNEUMONIA.

At the recent Therapeutical Congress, in M. Petrescii, of Bucharest, claimed that pneumonia could be aborted in its early stages by giving large doses of digitalis, *e.g.*, four to eight grammes (ʒj. to ʒij.) of the leaves of infusion, daily.—*N. Y. Med. Record.*

### POTASSIUM BROMIDE AND BELLADONNA FOR ENURISIS.

Dr. J. T. Richards recommends very highly a combination of belladonna with bromide potassium in the treatment of nocturnal incontinence of urine. He reports two cases in the *British Medical Journal*, of June 22, 1880, in which this mixture was effectual after belladonna alone and several other drugs had notably failed.—*Med. Record.*

### PRACTICAL METHOD OF MIXING VASELINE AND WATER.

Krebo (*Mal. Cut. et Syph.*, No. 2, 2889) has found that the addition of a few drops of castor oil to promade containing vaseline and aqueous liquids effects their amalgamation. Two drops of the oil to a gramme of the liquid to be mixed with the veseleine are sufficient to make a fine emulsion.—*Jour. of Cut. Ven. Diseases.*

### TO ABORT FURUNCLES.

Jorissen recommends, to abort boils, one or more frictions daily with an ointment composed of

Red oxide of mercury,	5 grains.
Lanoline,	1 ounce

Each friction should last for three or four minutes.—*Med. and Surg. Reporter.*

### THE CURE OF BUNIONS BY PHENIC ACID.

Dr. Salemi, of Nice, uses the following method: The foot is washed with soap and water, after which the adjoining healthy parts are protected by a thick coat of elastic collodion. The acid is now melted and applied to the hardened surface by means of a pointed brush. After allowing it to dry for several minutes, the excess of acid remaining may be taken up with ordinary blotting paper. This application should be repeated every three or four days until a cure results.—*Revue Médicale de Louvain.—Times and Register.*

### SULPHONAL.

One of the most promising of the new drugs is sulphonal, the new hypnotic. In most cases it produces a natural, refreshing sleep without disagreeable sequelæ. It is most efficient in purely nervous conditions, functional or organic, but is often very serviceable in delirium tremens or other forms of mania. It is without smell and is almost tasteless. The dose is fifteen to forty-five grains, best administered in capsule as it is insoluble.

### ERGOT IN CHOLERA.

Surgeon-Major Comerford, of India, has recently been using the fluid extract of ergot with marked success in the first stages of cholera and in severe diarrhœa. The drug was used hypodermically in ten minim doses. In every instance its use was followed by complete success, the diarrhœa being quickly checked and collapse averted. These results were, however, only obtainable during the first stages of the disease.—*Med. and Surg. Reporter.*

### TREATMENT OF WARTS.

Altschul recommends the treatment of warts by Unna's method, namely, mercurial ointment, containing 5 to 10 per cent. arsenic. The ointment is spread on linen, and applied over the wart, which gradually softens, and is finally absorbed without leaving any mark. The method is painless. The treatment of warts by arsenical paste is by no means a new one, and its efficacy has been frequently confirmed.—*British Medical Journal.*

### TREATMENT OF LUPUS BY CARBOLIC ACID.

Dr. Cordero reports three cases of lupus of the face cured by atomization of a 10 per cent. solution of carbolic acid, daily, for fifteen or twenty minutes, after which the part is covered with a dressing of the same solution. Within ten or fifteen days cicatrization begins, and the cure is completed. He explains it by the antibacterial effect of the acid. The author believes that the same beneficial effect might be obtained in cases of epithelioma.—*Gaceta Médica City of Mexico.—Satellite*

### DEODORIZATION OF IODOFORM WITH TAR.

Ehrmann, of Vienna was the first to notice that a pomade of iodoform to which tar had been added no longer possessed the odor of the former drug, and he has employed this pomade in the treatment of syphilitic ulcers. M. Négel, of Jassy, has also remarked this fact.

M. Konya has obtained, by mixing 10 parts of iodoform with 100 of tar, a paste in which the odor of the tar alone was noticeable.

By the addition of only 5 per cent. a pulverized mixture is obtained which has no odor of iodoform.—*Lyon Médical.—Times and Register.*

#### TO ABORT COLD IN THE HEAD.

The *Chemist and Druggist* claims that the following formula will frequently abort a cold in the head, if taken at bedtime on the day the cold makes its appearance :

R	Tr. camph comp.,	fʒj
	Tr. cinchon. comp.,	fʒij
	Sp. æth. nit.,	fʒj
	Aquam. ad.,	fʒij
Ft. haust.		

#### ABORTING ABSCESSSES.

Apply a yeast poultice to the affected parts upon which equal parts of borate of soda, boric acid, salicylic acid and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess, if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable :

R	Salicylate of bismuth	2½ drachms.
	Lanoline	7½ drachms.

—*Le Bulletin Méd.*

#### TREATMENT OF INGROWING NAILS:

Dr. Hofmann, of Erlangen, recommends a simple and painless method of treating this complaint. After the part is thoroughly cleansed and disinfected by sublimate solutions, a few drops of liq. ferr. perchl. are dropped on the affected spot. The edge of the nail is gently raised. It is then dried. This is repeated on the second and third day. If suppuration takes place, the hardened scabs are to be removed with forceps, and the ferr. perch. again applied. The nail soon becomes soft and brittle so that it can be easily removed, and without pain.—*Med. Press and Circular.*

#### PHENACETIN IN PERTUSSIS.

Dr. Geo. C. Irwin, of Sabetha, Kansas, reports a case of uncomplicated pertussis, with severe laryngeal spasms of hourly occurrence, in an infant aged three months, for which, after using atropia, antipyrin, quinine, and other remedies so often recommended for this disease, he gave phenacetin in one-half grain doses in ten drops of pure glycerin, which is a moderately good

solvent, and was surprised to find that it immediately gave relief, so that the first night after using it every four hours the child obtained six and one-half hours' good rest, and there has been a steady and gradual improvement since.—*Archives of Pediatrics.*

#### MIXTURE FOR WAX CONCRETATIONS IN THE EAR.

The following formula is suggested in *La Clinique* with the view of facilitating the removal of accumulations of wax in the external auditory meatus :

R	Acidi berici,	gr. lv.
	Glycerini,	f ʒ jss.
	Aquæ dest.,	f ʒ jss.

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder.*

#### AN IDEAL ANTISEPTIC.

Dr. Rotter (*Congrès de Naturalistes Allemands*) gives the following as an "Ideal Antiseptic":—

R	Corrosive sublimate,	5 parts.
	Sodium Chloride,	25 "
	Acid carbolie,	200 "
	Zinc chloride,	
	Zinc sulphocarbolate,	āā 500 "
	Acid boracic,	300 "
	Acid salicylic,	60 "
	Thymol,	
	Acid citric,	āā 10 "
	Water,	100,000 "

This solution does not corrode surgical instruments.—*Gazette de Gynecologie.—Satellite.*

#### A PRECAUTION TO BE TAKEN AFTER GIVING AN INJECTION OF MORPHINE.

M. Huchard, in his fortnightly notes on therapeutics, points out how necessary it is, after giving a hypodermic injection of morphine, to maintain perfect silence in the room where the patient is lying. Morphine, far from suppressing sensitiveness, like chloroform, rather tends to exalt the excitability, and particularly the liability to disturbance from slight noises. This peculiar exaltation of excitability is most marked in the frog, but may also be noted in other animals and in man, though the fact does not appear to have received proper attention hitherto. The failure of morphine injections to procure sleep is, in the majority of instances, due to neglect of this simple precaution.—*London Medical Recorder.*

### CHLORALAMIDE, THE NEW HYPNOTIC.

Dr. E. Peiper communicates to the *Deutsche med. Wochenschrift*, No. 32, 1889, an account of the experiences at Mosler's clinic with chloral- amide. It was given in the form of a powder, in doses of from 15 to 45 grains, with 15 grains of elæosaccharum of fennel (a mixture of oil of fennel, one drop, and sugar, 15 grains); or in capsules, to be followed with a drink of milk, water, or coffee. It was frequently also given in a mixture:

R. Chloralamide,	gr. xlv.
Acidi hydrochlor. dil.,	qtt. v.
Aquæ destil.,	fʒii.
Syr. rubi Idæi,	fʒiiss

M. Sig. To be taken in one dose.

—*Med. and Surg. Reporter.*

### MUSTARD PLASTER.

Never place a cold mustard plaster upon a patient. The shock is like a sudden plunge into cold water. Before you commence to mix the paste be sure you have all the necessary material at hand. First, put a large plate where it can get warm, not hot. Then stir the mustard and flour thoroughly together before you add the water, which should be tepid, stir in enough water to make a paste about the consistency of French mustard. Place your cloth (an old handkerchief is best) on the warm plate, spreading the paste in the middle of it, leaving a margin wide enough to lap well over on all sides. Do not remove paste from the plate until ready to apply. Place a folded cloth between paste and patient's clothing.—*Trained Nurse.*

### BROMIDE OF POTASSIUM AS AN ANTI DOTE TO IODOFORM.

A case of resection of a carcinomatous rectum is referred to in the *Wiener Med. Blatter* for July 11, 1889, in which symptoms of poisoning were produced through the use of iodoform. Under the use of bromide of potassium rapid relief was obtained. This condition is explained by Samter and Retzlaff as due to the fact that bromide of potassium exceeds all other salts in its power for dissolving iodine compounds. They state that if a test-tube be half filled with a solution of potassium bromide (1 to 3), fifty drops of tincture of iodine may be added without the iodine being displaced from its solution with the potassium bromide. This condition persists for several days, and bromide of potassium, of all the different salts recommended in iodoform-poisoning, is the only one which is capable of retaining the iodine in permanent solution.—*Therap. Gaz.*

### A NEW TOPICAL PRÉPARATION OF IODINE.

M. Eymonnet uses paper free from size, which he saturates with iodide of potassium, and another paper similarly treated with iodate of potassium and tartaric acid. These papers, separated by a very thin sheet of plain paper, are then brought together with gutta-percha fasteners and enclosed in a thin sheet of gutta-percha. Plasters thus made will keep indefinitely, and the iodine does not appear until the paper is immersed in water. On application, iodine is disengaged from the paper during about forty-five minutes. The amount disengaged is about thirty centigrammes for each leaf. The author states that an application of these leaves for forty or fifty minutes produces better effects than can be had by five or six hours application of iodized cotton, or five or six paintings with the tincture. The plasters do not burn the skin, and are tolerated for from half an hour to an hour. When necessary they may be covered with gutta-percha, and the clothing thus be protected.—*Am. Jour. of Pharm.*

### IODIDE OF POTASSIUM IN DISEASES OF THE HEART.

In a lengthy article addressed to the Académie de Médecine on this subject, Professor G. Sée arrives at the following conclusions:

The true medicament for the heart is the iodide of potassium. Far from being a depressant, as has been sustained, it is applicable, on the contrary, in valvular lesions or in myocardias with feeble pressure; it increases first the energy of the heart, and also the vascular pressure.

Then, again, in dilating the arterioles, it increases the blood to the part, and as a result the heart finds itself delivered from its resistance and recovers its contractile power. The iodide thus becomes a true heart tonic. And by the vaso-dilatation, which naturally extends to the coronary arteries, or feeders of the heart itself, the iodide, in doses of from two to three grammes, and not in the insignificant doses of half a gramme, renders a new service in promoting the movement of the blood, as well as the nutrition itself of the central organ of the circulation, notwithstanding what morbid condition there exist.—*Times and Register.*

### THE TREATMENT OF BURNS WITH IODOFORM.

Dr. Shiff of Vienna, finds that iodoform alleviates the pain of burns and causes rapid healing. The vesicles are excised, and the wound cleansed with cotton moistened in a one-half per cent. solution of sodium chloride. The wound is then covered with several layers of dry

iodoform gauze, over which is placed a piece of gutta percha tissue, a layer of absorbent cotton, and the bandage. When the secretions make their way to the upper surface of the dressings, the bandage and cotton are renewed, but the gauze is allowed to remain to the end of the first or second week. For burns of the face, Mosetig recommends an iodoform saive, 1 to 20, and over this a mask of gutta percha. Schiff has treated in this manner 109 cases of burns, and in most of them obtained prompt healing. Hebra has always seen good results from this treatment if used at the beginning before the scabs have fallen off. If employed later iodoform delays cicatrization, and may be advantageously replaced by resorcin (1 or 2 per cent.), which causes rapid formation of epithelium.—*Wiener Med. Presse—Internat. Jour. Surg.*

#### THE TREATMENT OF SEVERE CHOREA BY PROLONGED SLEEP.

We have already published the experience of Dr. Bastian as to the treatment of severe chorea by prolonged sleep induced by large doses of chloral, and his observations have elicited a paper from Dr. Gairdner, which is published in the *Lancet* for August 3, 1889.

Dr. Gairdner writes that his experiments enable him to formulate the following conclusions as to the use of chloral in chorea: 1. That it sometimes succeeds in chorea absolutely, where other remedies fail. 2. That it can be depended on, as a rule, in very severe cases, to initiate a treatment which may be afterwards successfully carried out otherwise. 3. That in such cases it has an almost absolute power of suspending or controlling spasm during the persistence of its deep hypnotic action, and is therefore invaluable as a palliative, care being taken of course to avoid poisoning, either acute or chronic. 4. That this or other limitations will interfere with the curative action of the remedy in some very inveterate cases; the failure of chloral hydrate in these cases, however being common to it, with all other remedies.—*Therap. Gaz.*

#### PHENACETIN IN THE TREATMENT OF NEURALGIA.

According to Dr. Ott (*Zeitschrift für Therapie*, May 15, 1889) phenacetin in doses of from 7½ to 75 grs. daily, possesses most marked value, according to his experience, in the treatment of neuralgia of peripheral origin, while it is without action in treatment of neuralgia dependent upon disease of the brain or spinal cord. Dr. Ott administers the remedy in the form of a powder, enclosed in capsules in doses of 7½ grains, and has never had occasion to use larger amounts. One or two of these

powders, given at intervals of an hour, are found to succeed easily in arresting suffering. His most brilliant results are stated to have been obtained in the use of phenacetin in hemicrania, and in occipital neuralgia, which so frequently occurs in women during the menstrual period, or in men in consequence of marked hæmorrhoidal congestion. In one case of hemicrania he had marked success even after the patient had before taken antipyrin without avail. In pure trigeminal neuralgia it only produces transient relief, so that final resort must be had to other remedies. It produced no effect in an extremely severe case of sciatica, even though the dose was increased to 75 grs. in twenty-four hours. Unfortunately, the economy appears to become used to phenacetin, and after continued employment, its analgesic properties are lost.—*Denver Med. Times.*

#### TURPENTINE IN AFFECTIONS OF THE THROAT AND LUNGS.

Dr. Arthur E. Spohn, M.D., Corpus Christi, Texas, says: I have been using pure oil of turpentine in affections of the throat and lungs for some time, and find better and more satisfactory results than from any other remedy I ever tried. I used the ordinary hand atomizer, and throw a spray of the liquid into the throat every few minutes or at longer intervals, according to the gravity of the case. The bulb of the instrument should be compressed as the act of inspiration commences, so as to insure application of the remedy to the whole surface, which can be done in cases of children very successfully. It is surprising how a diphtheritic membrane will melt away under an almost constant spray of pure oil of turpentine. I now use the turpentine spray whenever a child complains of a sore throat of any kind.

In cases of tuberculosis of the lungs, bronchitis, and the later stages of pneumonia, I have found the turpentine inhalations very beneficial. I use an atomizer, or paper funnel, from which the turpentine may be inhaled at will. I hang around the bed, and in the room, flannel cloths saturated with oil of turpentine, in all cases of catarrhal bronchitis—in fact in all affections of the air passages; and my patients invariably express themselves as being very much relieved.—*Med. and Surg. Reporter.*

#### THE PHYSICIAN'S RIGHTS IN FIXING A FEE.

Judge Brady, of the New York city Supreme Court, has decided, in an action by a surgeon for professional services that the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further

said: "There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of his patient—his financial ability or condition. This is a benevolent practice, which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed, there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained. Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient; and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success."—*Druggists' Circular*.

#### TREATMENT OF DANDRUFF.

The *Chemist and Druggist*, Oct. 26, 1889 gives the following as being good applications for dandruff. A teaspoonful of either should be well rubbed into the roots of the hair, and then dried with a soft cloth. If the hair is of a dry nature, a little good pomade may be used occasionally.

##### I.

R	Tincture of quillaia (1 in 10),	200 parts
	Tincture of capsicum,	5 "
	Eau de Cologne,	20 "
	Glycerine,	30 "
	Carbonate of ammonia,	3 "
	Mix.	

##### II.

R	Spirit of ether,	3 ounces
	Tincture of benzoin,	2 drachms
	Vanillin	$\frac{1}{2}$ grain
	Heliotropin	$1\frac{1}{2}$ "
	Oil of rose geranium,	2 drops
	Mix.	

As a pomade the following is recommended:

	Salicylic acid	30 grains
	Borax,	15 "
	Peruvian balsam,	25 minims
	Oil of anise,	6 drops
	Oil of bergamot,	20 "
	Vaseline,	6 drachms,
	Mix.	

—*Med. and Surg. Reporter*.

#### NON-TUBERCULAR HÆMOPTYSIS.

In an address delivered before the Medical Society of London, and published in the *British Medical Journal*, Sir Andrew Clark gave the

results of his study upon a form of non-tubercular and non-cardiac hæmoptysis occurring in elderly persons. He cites several instances of this variety of pulmonary hemorrhage, or arthritic hæmoptysis—as he ventures to call it—and after a brief consideration of its main characteristics, draws the following conclusions:—

1. There occurs in elderly persons free from ordinary diseases of the heart and lungs, a form of hæmoptysis, arising out of minute structural alterations in the terminal blood vessels of the lung.

2. These vascular alterations occur in persons of the arthritic diathesis resemble the vascular alterations found in osteo arthritic articulations, and are themselves of an arthritic nature.

3. Although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any worse anatomical lesion of the heart or of the lungs.

4. When present this variety of hemorrhage is aggravated or maintained by the administration of large doses of strong astringents, by the application of ice bags to the chest, and by an unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. The treatment which appears at present to be the most successful in this variety of hæmoptysis consists in diet and quiet, in the restricted use of liquids, and the stilling of cough; in calomel and salines; in the use of alkalies with iodide of potassium, and in frequently renewed counter-irritation.—*Times and Register*.

#### THE TREATMENT OF SCROFULOUS GLANDS.

In an admirable article on this interesting subject, Dr. Frederick Treves presents in the *Lancet* the following suggestion:

He recommends that the patient be placed under the best hygienic surroundings possible, as the basis of all further treatment. He claims that special benefit may be derived from a long residence upon the sea-coast, especially where there may be found large quantities of sea-weed exposed to the action of the sun. It is needed, in addition, that sufficient attention be paid to the proper clothing of the individual, care being taken that the skin from the neck to the ankles and wrists be covered with wool. Iron, arsenic, cod-liver oil, and quinine should be exhibited in the usual doses, and iodine as found in the well-known Kreuznach water is often of benefit.

The local treatment should embrace a careful survey of the whole periphery, and any abrasion of the tissues from which the lymph-vessels run should be carefully dealt with. Thus enlarged tonsils, scrofulous pharyngitis, affections of the mouth and teeth, coryza, ozæna, otorrhœa, phlyctenular ophthalmia, and eczema of the scalp, all of which are common causes of disturb-

ance, must be rigidly treated. The glands themselves should be protected from all irritation, and fluctuation of temperature. Local applications, such as iodine, compresses of sea-weed, and ointments are of but comparatively little value. The most important local measure consists in giving rest to the part. If operative procedures be considered, the earlier the operation be performed the easier it will be. The gland should be cut out, and not torn out. No drainage tube should be employed if it can be avoided. After the operation the neck must be kept absolutely rigid for not less than ten days.—*Times and Register.*

### RADICAL CURE OF NASAL CATARRH.

Some time since, Sir Andrew Clark recommended the application of glycerine and carbolic acid to the nasal mucous membrane as an effectual way of bringing about a permanent cure of that distressing and common affection, a cold in the head, by virtually destroying the membrane, the abnormal reaction of which to slight stimuli was the source of the mischief. Although he stated that it had given excellent results in his hands, we have not heard since of its having come into general use, possibly because, though a reliable, it was likewise a very painful and exceedingly disagreeable proceeding. An American physician, practising in a country and a climate in which coryza is chronically epidemic and among a race of men who have inherited the Anglo-Saxon proclivity to catarrh, has suggested a measure founded on a similar principle, which, however, is claimed to be equally effectual and painless withal. He recommends the application, by means of a plug of cotton-wool on a suitable stem, of solutions of chromic acid, varying in strength from one to ten per cent., the former being powerfully astringent and the latter not less powerfully caustic. He points out that in proper strength chromic acid instantly combines with gelatinous and albuminous substances to form a tough, leather-like compound. It is essential to operate with a perfectly pure acid, or pain will otherwise be felt. He recommends giving 1-200 of a grain of atropine shortly before making the application, in order to lessen the flow of mucus. The parts are then carefully examined and the sensitive spots mapped out for the subsequent application of the acid in a from five to eight per cent. solution. It is advised to operate on the two nostrils separately.—*Med. Press and Circular.*

### CONFECTIONER'S DISEASE.

A disease, peculiar to confectioners, has been recently observed in France. It occurs principally in persons engaged in the manufacture

of candied fruit and "maron glacés" or candied chestnuts. Five cases observed by Dr. Albertin, of Lyons, and described in the *Gazette Hebdomadaire*, March 19, 1889, well illustrate the nature of the disease. The affection is restricted to the nails of the hands, and usually first makes its appearance at the sides of the nails, the peringual portion becoming loosened and raised up, the nail losing its polish and becoming black. In more advanced cases an inflamed swelling appears at the base of the nail. The nail is rough, scaly, and in some cases broken in several fragments; but is never cut off in its entirety. Finally the terminal phalanx also undergoes a change in form and becomes flat and widened. In the earlier form of the disease very little pain is experienced and the patient is able to go on with his work. The disease disappears as soon as the work is discontinued, although a deformed nail and a flat or bent terminal phalanx is apt to remain. Albertin states that among the large number of candy factories which he has visited, he has not found one in which from one to three workmen were not suffering with the disease.

It is evident that the affection is caused by handling and working in the various substances employed in the manufacture of candies, among which are mallic, tartaric and citric acids. The hands are also alternately in hot and cold liquids; and this, as well as the manipulation of the preparations, by means of which the irritating substances find their way under the nails, may be regarded as causative factors.

Albertin has given the malady the name of "professional onyxia and peri-onyxia," and believes it to be exclusively restricted to confectioners. It would be interesting to know whether this disease exists in this country, where manufacture of candies is so extensive.—*Editorial in Med. and Surg. Reporter.*

### TREATMENT OF ECZEMA.

Dr. Unna, of Hamburg, publishes, in the *Monatsschrift für Dermatologie*, a paper on "The Diagnosis, Etiology and Treatment of Eczema." He says that even before the experimental cultivation of bacilli, exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is that which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms

—viz., sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely to produce local or general ill-effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap or powder. Dr. Unna's favorite formula is a solution of three drachms of finely powdered resorcin with an equal quantity of glycerine in six ounces of alcohol diluted with four times the quantity of water or camomile tea. A thin layer of cotton, well moistened with the solution, is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin—viz., a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few people suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2,000 cases. He remarks that his treatment is not adapted to cases of long-existing eczema in which strongly-infiltrated or thickly-indurated patches occur.—*Lancet*.

#### THE LOCAL TREATMENT OF ERYSIPELAS.

It is now tolerably well recognized that the destructive fever in erysipelas can only be arrested through the prevention of the spread of the local process, and unless this be accomplished all antipyretics will fail in arresting the fever. For more than a decade numerous remedies have been employed with more or less success in the local treatment of erysipelas. In many cases marked success will be attained through the use of Professor Wolfer's so-called mechanical treatment of erysipelas.

In the *Wiener. Med. Wochen* for July 6, 1889, Dr. Berthold Hamburger writes that he has obtained more satisfactory results by a much simpler and more practical method, which he has employed for more than ten years. His plan consisted in painting with tincture of iodine around the margin of the erysipelatous spots a border about one or two inches broad, the application to be repeated at least twice daily as long as there is any tendency of the disease to spread. Dr. Hamburger claims that in this way the extension of the disease may be readily prevented, even when it occurs on the

head. No complaint is made as to any irritation being produced by the constant use of the iodine tincture, a fact which is, however, explicable on the ground that not more than a few days at the most are required to arrest the spread of the affection. In a few cases the author states that in twenty-four hours the local process will be ameliorated, and will be accompanied by a corresponding fall of temperature. The author states that the skin must be tested by the touch in order to accurately determine the limit of the disease. For extreme sensibility may be present considerably beyond the visible limits of the disease, and the iodine should be applied on the healthy skin beyond the limits of increased sensibility. Local application of oils and cold on the erysipelatous localities will prove most agreeable to the patient.—*Therap. Gaz.*

#### TREATMENT OF ENDOMETRITIS.

In the treatment of the milder cases of endometritis, Terrier introduces medicated pencils into the cavity of the uterus. He recommends for this purpose, in the *Semaine Medicale*, iodoform or corrosive sublimate :

R	Iodoformi,	gr. cl.
	Gummii tragacanth,	gr. viiss.
	Glycerini,	
	Aquæ destil. āā	q. s.
	Ut fiant bacilla (pencils) No. X.	

The pencils made according to this formula are said to be about the size of sticks of nitrate of silver. Resorcin or salol may be used instead of iodoform.

Terrier recommends the following formula for making corrosive sublimate pencils :

R	Hydrarg. chlor. cor.,	gr. viiss.
	Talc,	ʒ viiss.
	Gummi tragacanth	gr. xxiiij.
	Aquæ destil.,	
	Glycerini āā,	q. s.
	Ut fiant bacilli, No. L.	

The vagina is first washed out with a one per thousand solution of corrosive sublimate, and then the pencils are introduced into the cavity of the uterus. They are prevented from slipping out by tamponing the vagina with iodoform gauze.—*Wiener med. Presse—Med. and Surg. Reporter*.

The following pleasant purgative for children is suggested by a writer in *Med. Age* :

R.	Olei ricini,	
	Syrup. rhei aromat.,	
	Cascara cordial,	āā ʒj. M.

Sig.—Dose, a teaspoonful, or more if needed.





axillary line, when it either changes into the full percussion sound of the lungs or joins the dullness of the heart. This dullness is heard best over an area as large as a crown piece, which extends about three fingers' breadth from the angle of the scapula. On auscultation at this point where dullness is most marked, bronchial breathing, increased vocal fremitus, and in the centre of the dullness distinct bronchophony can all be discovered. No friction sound can be distinguished in the area of dullness. If the patient bent forward, after a few minutes, the above-mentioned percussion sounds will have changed considerably. The dullness does not reach up to the angle of the scapula, but at the area of the former dullness, about three fingers breadth below the scapula, there is full resonance. At the point of the former absolute dullness the percussion sound is tympanitic, and the bronchial breathing has wholly or partially disappeared. The same changes in percussion and auscultation, although less definite, take place if the patient is placed on his left side. The changes are also very characteristic in the knee-elbow position, if the dyspnoea will allow it to be assumed. After a few minutes in this position the dullness, up to a small line at the periphery of the lung below, will have nearly all disappeared. Where bronchial breathing was heard crackling sounds are present, but disappear after a few respirations, giving place to normal vesicular breathing. When the pericarditis has existed several days these phenomena are not present. They disappear with the amelioration of the subjective symptoms. They last from three to six or more days, according as the case is acute or not. Dr. Pins ascribes these new physical signs to a backward displacement of the heart, producing a compression of the lower lobe of the left lung, and are chiefly found in young adults of slender build, in whom the chest is flattened antero-posteriorly. This condition is distinguished from pneumonia or pleurisy by the changes in the physical signs when the patient assumes a new position.—*Mitth. d. Wien. Med. Doct.-Coll.—Satellite.*

#### THE INCOMPATIBLES OF ANTIPYRIN.

If extractum cinchonæ liquidum be added to a solution of antipyrin in distilled water a dense reddish-brown precipitate is formed. Upon examination this precipitate is found to contain tannic acid and antipyrin. The liquid extract of cinchona is, therefore, incompatible with solutions of antipyrin, because the cincho-tannic acid present in the extract precipitates it in an insoluble form. The greater part of this precipitate dissolves on the addition of dilute sulphuric acid, the insoluble portion being probably the coloring matter of the bark, for if a solution of tannic acid be used instead of the extract cinchonæ liquidum as a precipitating agent, a

pure white precipitate forms, which entirely and easily dissolves on the addition of the dilute sulphuric acid. It follows, therefore, that decoctions, infusions, and tinctures containing tannic acid would act in the same manner. The effect, however, produced by these preparations is very small compared with the liquid extract of cinchona. Antipyrin is not precipitated by solutions of the alkaloids, quinine, cinchonine, cinchonidine. Therefore it can be prescribed in a mixture containing quinine sulph. and acid. sulph. dil. When strong solutions of chloral hydrate and antipyrin are mixed together a white precipitate is formed, which soon becomes resolved into globules of oily-looking liquid, which sink to the bottom and form a distinct layer. This layer, in the course of some hours, changes into a crystalline mass, from which the clear upper liquid can be drained off. These crystals are soluble in water, but considerably less so than antipyrin or chloral hydrate. They have a distinct taste of chloral without its pungency, and they are not so bitter as antipyrin. In solution they give with ferric chloride the characteristic color reaction of antipyrin, and heated with liquor potassæ they evolve chloroform. It would seem, therefore that this crystalline mass is a compound of antipyrin and chloral, which has been thrown out of solution on account of its sparing solubility. This precipitation does not occur in dilute solutions, and it is possible to mix together a solution containing sixty grains of antipyrin to the fluid ounce with one containing the same amount of chloral hydrate without any precipitate being immediately formed, although in a few hours small crystals begin to appear. A solution containing fifteen grains each of antipyrin and chloral hydrate to the fluid ounce appears to be a permanent one, for at the end of a week there is no appearance of crystalline matter. Clinical experience alone can determine whether mixtures of these two bodies possess any therapeutic properties different from those of the constituents. In prescribing them together it is to be borne in mind that the solutions must be dilute.—*Brit. Med. Jour.*

#### TREATMENT OF PRURITUS VULVÆ.

Dr. Percy Newell recommends the following lotion for pruritus vulvæ :

R Acid. Carbolicæ,	gr. xvi.
Tr. Opii,	f ʒ ss.
Acid. Hydrocyan, dilut.,	f ʒ ii.
Glycerini,	f ʒ ss.
Aquæ destil. q. s. ad.,	f ʒ iv.

Dr. Scanlan recommends the following :

R Cocain,	gr. i.
Lanolin,	ʒ i.

M. Ft. unguentum.

—*Medical and Surgical Reporter.*

## INFANTILE CONVULSIONS.

According to Hensch (Deutsche Medic Zeitung), when the physician is called to a case of convulsions his first duty is to combat this symptom by means of chloroform. It is only after the eclamptic phenomena have subsided that he can discover the cause.

Love does not agree with him, and reports the following observation: In the case of a child of fifteen months, in convulsions, the physicians had used chloroform anaesthesia for more than half an hour until the child was entirely quiet. He prescribed bromide and chloral, and left saying that all would come right. A half an hour later the convulsions appeared with greater intensity, and Love, who saw the patient, found the rectal temperature to be 41.7° C. (107° F.) A cold bath controlled the convulsions and lowered the temperature. The child later developed malignant scarlatina, to which it succumbed.

Love holds that it is important to combat as soon as possible the cause of the convulsions.

The principal causes of convulsions in infants are:—

1. Heredity.
2. Reflex excitability. At this age the brain is undeveloped, and the spinal cord plays a most important part.
3. Neurasthenic diathesis, an enfeeblement of the nervous system from impoverished blood, a defective nutrition, rickets, heredity, tuberculosis of the parents.
4. Difficult dentition. In this case, Love advises sacrifice of the inflamed gums, ice, and applications of a 5-per-cent. solution of cocaine.
5. Indigestion, or the filling of the stomach with inappropriate aliments. In this case, he gives an emetic, an enema of a teaspoonful (4.00 grammes) of warm glycerine, or calomel, and prescribes a proper regimen.
6. Indigestion from a change of nurse.
7. High temperature, which is observed at the onset of acute diseases. Here, the cold bath, the wet pack are recommended, whereas mustard baths and hot baths are dangerous. Love reports the case of an infant attacked with convulsions where the physician employed hot mustard baths, the water of which was to be renewed as it cooled; he preserved in this treatment for an hour and a half and reassured the parents. When Love arrived, he found a temperature of 41.1 C. (106° F.), and noticed that the physician had removed the cramps by producing impairment of the muscular contractility. The child died in a few hours.
8. Foreign bodies in the different cavities, and the inflammations consequent to them.
9. A previous scarlatina, which makes probable the existence of uraemia.
10. Tuberculosis of the brain is a frequent cause of convulsions in illy-nourished children.

11. Morphinomania in the nurse; belladonna ointment applied to the breast constitutes a cause of convulsions in nurslings.

12. The congestion following an excess of malarial fever may cause convulsions in plethoric children. Here, leeches to the temples or behind the ears are clearly indicated.

Love concludes by recommending acetanilide as a preventive of convulsions.—*Satellite*.

## TREATMENT OF OZENA.

Dr. Moure, of Bordeaux, who is an authority on the treatment of diseases of the nose, makes some helpful suggestions regarding the management of ozena, in the *Bulletin Médical*. The usual treatment of ozena, he says, consists in modifying the general condition of the patient; for this purpose, the preparations of iodine and arsenic are given. Immediately after a cleansing irrigation, an antiseptic solution is employed, care being taken to vary it from time to time. Moure employs first the following:

Acidi carbolic,	f dr. iv
Glycerini,	foz. iiss
Alcoholis (900)	f dr. x
Aquæ,	f oz. ix

Sig. A table-spoonful to a pint of tepid water.

When the carbolic acid has caused the bad odor to disappear—which it does usually in from eight to fifteen days—it is replaced by chloral, resorcin, salicylic acid, salicylate of soda, or by creolin. The latter has the disadvantage of being very caustic, because it forms an emulsion and not a solution. It should be employed only in very small doses, for example:

Creolin,	gr. xv.
Alcoholis,	f oz. iiiss

Sig. A coffeespoonful to a quart of tepid water.

Naphthol, also, gives very good results; but a solution of camphorated naphthol is preferable. A solution of aceto-tartrate of aluminium is also employed:

Alum. acet tart,	dr v—x
Acidi borici,	oz. iiss—iii

Sig. A coffeespoonful of this mixture to a pint or quart of water, according to the patient.

Van Swieten's solution should not be employed, because it is dangerous.

In rebellious cases the treatment should be terminated by atomization, as with the following solution:

Acidi carbolic,	gr. xxx
Resorcin crystal,	gr. xlv
Glycerini,	f oz. iiss
Aquæ	f oz. ixss

After some time, the antiseptic solution is replaced by more astringent solutions, as those containing tannin, boric acid, alum, or antiseptic vinegar; and when the mucous membrane of the posterior part of the nasal fossæ is very dry, the following solution is used:

Salol,	gr. lxxv
Olei Petrolei,	f oz. v

Fumigations and inhalations also give good results. The following solution, which is heated over a water-bath, should be employed for inhalation for one or two minutes after the irrigations, such as:

Camphoris,	dr ii
Tincturæ iodî,	f dr. iiss
Potass iodidi,	dr. ss
Picis,	dr. iii.
Alcoholis (900),	f oz. iii
Aquæ	f oz. viii

Insufflations of powders should, in general, be abolished.—*Med. und Surg. Reporter.*

#### THE PHYSIOLOGICAL ACTION OF EXALGINE.

In the *Bulletin Général de Thérapeutique* September 15, 1889, Dr. Gaudineau publishes an elaborate essay on the physiological, chemical and therapeutical properties of methylacetanilide, or exalgine, the new hypnotic recently described in several numbers of the *Therapeutic Gazette*. The author formulates his conclusions as to the physiological action of exalgine as follows:

First.—As exalgine is an aromatic derivative, it has no marked toxic properties, and is capable of influencing the sensory or motor nervous systems, and of affecting the respiratory and circulatory organs. In poisonous doses, like other poisons of its class, its principal action is on the red blood corpuscle, diminishing the energy of gaseous interchange into the blood.

Second.—Exalgine produces death in doses of 7 grains for every two pounds of body weight of the animal.

Third.—In lethal doses convulsions are produced, and death is rapidly produced by asphyxia.

Fourth.—In poisonous but not fatal doses of 3 grains for every two pounds of body weight, the temperature is reduced rapidly for several successive hours.

Fifth.—In a healthy man, doses of from 4 to 6 grains produced no effect beyond slight vertigo and ringing in the ears.

Sixth.—The primary action of exalgine is on sensibility; its action on thermo-genesis is secondary.

As to the clinical application of exalgine, Dr. Gaudineau formulates his conclusions as follows:

First.—Exalgine, given in doses of from 3 to 6 grains, if the subject is non-febrile, is ordinarily without effect.

Second.—Doses of 4 to 6 or 12 grains modify considerably the pain experienced by a patient suffering from neuralgia or any painful affection.

Third.—Exalgine is poisonous when administered in doses equivalent to 7 grains for every two pounds of body weight, so that in ordinary therapeutic doses it may be stated to be absolutely inoffensive, and that this new remedy is less dangerous than aconitine, digitaline, and all the alkaloids frequently given to patients.

Fourth.—The therapeutic dose varies from 4 to 12 grains administered in the twenty-four hours.

Fifth.—In these doses exalgine has never produced any other trouble other than slight vertigo and ringing in the ears.

Sixth.—Exalgine is especially valuable, from the fact that it does not irritate the stomach, and that the doses required are small.

The analgesic effects of exalgine are especially evident in the treatment of neuralgia, and, to a less reliable degree, in the treatment of pains of a rheumatic character. Finally, while exalgine is but little soluble in cold water, it readily dissolves in solutions containing diluted alcohol, though it is easier to administer in powder or in some solution flavored with some aromatic.—*Therap. Gaz.*

#### SUBCUTANEOUS EMPLOYMENT OF ANTIPYRIN.

Dr. L. Bach has made two hundred and seven injections of antipyrin in one hundred different cases of various diseases, principally of a neuralgic character, calling for a remedy which would relieve pain, and has published his conclusions in his graduation thesis at the University of Wurzburg, 1889.

Of these cases, there were cured twenty cases of muscular pain, nineteen cases of neuralgia, and eighteen cases of articular pain, making in all forty-seven. Fourteen cases of muscular pain, ten cases of neuralgia, and two cases of pain in the articulations, making in all twenty-six, are stated to have received temporary relief. No result whatever was noted in eleven cases of muscular pain, four of neuralgia, and one of articular pain. These cases may be again subdivided into the following groups: Nine cases of sciatica were cured, one case unaffected; five cases of lumbago was cured, one was uninfluenced; two cases of hemicrania were cured, three obtained temporary relief; three cases of trigeminal neuralgia were cured, three obtained temporary relief, and one was uninfluenced; seven cases of articular rheumatism were cured; two obtained temporary relief, and one was unaffected. The author further states that in

twenty-six cases the patients complained that the injection was extremely painful, in thirty-two cases they stated that there was slight pain produced, and forty-two cases testified to entire freedom from pain. Finally, the author classifies his conclusions as follows:

1. Subcutaneous injections of antipyrin, as regards the production of local pain, is of the most varied action, the result evidently depending upon the individual disposition of the patient.

2. No difference between the first and subsequent injections can be made out.

3. When ever possible, the injection should be made into the tissue of the muscles, since in this locality it is, at any rate, no more painful than in the subcutaneous tissue, and infiltration is avoided.

4. Previous injections of cocaine are to be recommended.

5. As recommended by Liebreich at the last Wiesbaden Congress, the injection should be made as near as possible to the seat of the pain. An apparent exception to this rule is found in the fact that in hemicrania and orbital neuralgia relief will frequently follow with astonishing rapidity the use of injections into the deltoid muscle.

6. There is no probability of antipyrin ever being regarded as a substitute for morphine.

7. Injections of antipyrin arrest pain in hemicrania and in muscular pain, especially in lumbago and neuralgia of the sciatic and trigeminal nerves. In most cases the relief is permanent; in others it lasts from six to eight hours.

8. In articular rheumatism it seems to be almost a specific, as, in the single case in which it failed to give relief, failure can be regarded as attributable to the complications existing in the case.

9. No difference is evident as regards its influence upon acute or chronic pain; it appears to act equally well in both cases.

10. The five cases in which chills, cold sweat palpitation of the heart, and symptoms of syncope followed its use show that its employment should be carefully watched, although in no case were the symptoms severe enough to cause any anxiety. Since in none of these cases was cocaine injected with the antipyrin, the results are attributable to the latter alone.

11. Only in the rarest instances will these injections fail to produce some improvement.

In most cases the author employed a solution of antipyrin made in boiling distilled water. In other cases he employed a solution consisting of one hundred and fifty grains each of antipyrin and water in which three grains of cocaine were dissolved, the latter solution being ordinarily less painful in its employment.

It is to be regretted that the author has not in any case given more accurate statements as to the dose which he employed, other than saying that he had employed a syringeful of these solutions.—*Therap. Gaz.*

#### AMYLENE HYDRATE IN EPILEPSY.

New and effective remedies in the treatment of epilepsy are very much needed. From time to time many such have been suggested; but the hopes inspired by the assertions of their advocates have been dashed to the ground. Amylene hydrate is one of the most recent claimants for favor. In the *Neurologisches Centralblatt*, No. 15, Dr. H. A. Wildermuth, of Stuttgart, has an interesting communication giving the results obtained by him in sixty-six cases of epilepsy which were treated with amylen hydrate. From the *Wiener med. Presse*, August 25, 1889, we gather that the patients were about equally divided as regards sex, thirty being men and thirty-six women. The result is said to have been favorable in the majority of the cases, and in some instances the disease seemed to be absolutely aborted. As regards the quantity of the drug given, Wildermuth says that from thirty to forty-five minims were given at a dose, or from seventy-five to one hundred and twenty minims in the day. After a number of trials it was found most suitable to make a watery solution of the amylen hydrate, of the strength of one part in ten, of which solution from five to ten teaspoonfuls were given at a dose, in diluted wine or fruit juice. The character of the disease appears to have offered a severe test of the efficiency of the remedy; for with one exception the patients have been affected with epilepsy for years, and had been previously treated for a long time with bromides—the bromide of potash alone, or a mixture of the salts of bromine. In addition to the bromides, most of the patients had also received atropine, or pills of zinc and belladonna. The administration of the pills was discontinued immediately upon beginning the amylen treatment. The bromides, however, were not stopped at first, but were only lessened in quantity at very short intervals; and if, in spite of this, the favorable result apparently due to the amylen hydrate continued, the bromides were no longer given in any amount.

The results appear to be of special interest in cases in which there were a number of attacks at one time, which by other means we are often powerless to overcome. In such cases, Wildermuth states that one or two subcutaneous injections of the drug were found preferable to its administration in any other way. No bad secondary effects of any kind were observed in the employment of the drug in the manner described in the *status epilepticus*; but when it

was used for a longer time in larger doses, some disagreeable symptoms occurred which deserve special mention. In the first rank is to be named deep persistent somnolency, which in certain cases set in in a wholly unaccountable manner, even after small doses. This often ceased spontaneously after the patient had become accustomed to the amylene, and did not necessitate a diminution of the daily dose. Administration of the remedy in more appropriate dose, and regular mid day rest, were found of assistance in accustoming the patient to the action of the amylene. If this result was not secured, but the favorable action of the drug upon the epilepsy still made its repetition desirable, small doses of cocaine—one-third to five-sixths of a grain—given internally, were found to have a good effect in overcoming the somnolency. Rarer secondary effects than somnolency were digestive disturbances, constipation and deficient appetite. These, he says, may also disappear spontaneously, or upon the administration of doses broken as much as possible. Wildermuth, however, declares that he has never observed continuous disturbance of the digestive functions.

An objection to the prolonged administration of the amylene hydrate—for months or years—is the fact that, in many cases, its anti epileptic action ceases after six or eight weeks, and that further increase of the dose is inadvisable on account of the increase in the bad secondary symptoms already mentioned.

Wildermuth regards the employment of the drug as indicated: first, in epilepsy characterized by frequent paroxysms; second, whenever a patient shows the toxic effects of a bromine compound, and a temporary discontinuance of the remedy appears to be indicated; and, finally, in nocturnal epilepsy, perhaps in this variety alternating with a bromide or, in recent cases, with bromide and atropine. According to his observations, the effect of the amylene in pure nocturnal epilepsy appears to be better than in the cases in which the attacks occur by day or by night in a less regular manner.

It is evident from Wildermuth's paper that he does not expect amylene hydrate to replace the bromides in the treatment of epilepsy, but rather that he regards it as preferable in certain varieties of the disease, and as a substitute for them in the special conditions mentioned. The moderate tone he adopts in his praise more inclines us to hope that other clinicians will find it as helpful as he has in the treatment of this distressing and obstinate disease.—*Editorial in Med. and Surg. Reporter.*

#### PHENACETIN.

Phenacetin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in

chemical composition to its twin sister antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the front rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which it received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of others, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic; but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given

in any individual instance. The best guide that can be followed is to give it "for effect." If four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacetin does good, not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a role which is undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumption also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, etc., when it is given in three or four-grain doses; and from all appearance it bids fair to outrival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.—*Editorial in Med. and Surg. Reporter.*

#### TREATMENT OF OBESITY.

Frequently the practising physician is called upon to treat obesity in women where this morbid condition constitutes a most tiresome inimicity, and is often a complication of most of the affections of the feminine sex. We advise a faithful trial of the method of Schwenninger and Oertel, which has given so many excellent results in Germany. The following are the indications which have been laid down by these savants:

1. Elevate the tone of the muscular force of the heart.
2. Maintain the normal composition of the blood.
3. Regulate the quantity of liquid in the economy.
4. Prevent the deposit of fat.

The above indications are observed by the following methods:

1. The cardiac muscle is increased in tone by the augmentation of physical exercise—for example, by ascending elevations. It is necessary to progress with caution; the exercise will be gradual and the amount of work proportionate to the resistance of the subject.

2. To maintain the normal composition of the blood it is necessary that the alimentation should be principally albuminous; it will consist of the lean of beef, roast or boiled, veal, mutton, game and eggs.

We can add green vegetables, such as cabbage and spinach, but fat and hydrocarbons shall be given only in small doses—for example, the amount of bread should not exceed 120 to 180 grammes a day.

3. We should limit each day the quantity of drink—180 grammes of coffee, of tea, or milk; 360 grammes of wine; 240 to 480 grammes of water will complete the amount of liquid absorbed in the twenty-four hours. Beer is entirely forbidden. Then, again, transpiration is excited by energetic exercise as well as by baths and coverings.

4. Lastly, the deposit of fat is attacked by the practice of the above mentioned principles of dietetics.

This, for example, is how we should proceed:

*Morning.*—The cup of tea or coffee, with a little milk, will represent a total of about 180 grammes, and about 90 grammes of bread.

*Noon.*—From 80 to 100 grammes of soup, 210 to 240 grammes of beef, roast or boiled, veal, game, salad or vegetable, a little fish if desired, but cooked without fat, 30 grammes of bread or farinaceous pudding (never more than 90 grammes), 90 to 180 grammes of fruit in season, for dessert. It is preferable not to drink at the repast, but in hot weather we can allow from 180 to 240 grammes of a light wine.

*Afternoon.*—The same quantity of tea or coffee as in the morning, with, as a maximum, 180 grammes of water and 30 grammes of bread as an exceptional concession.

*Evening.*—One or two boiled eggs, 30 grammes of bread, perhaps a little slice of cheese, salad, and fruits; 180 to 240 grammes of wine with 120 to 150 grammes of water.—*Revue de Therapeutique.—Times and Register.*

#### THE HÆMOSTATIC PROPERTIES OF ANTIPYRIN.

Almost ever since its introduction into therapeutics, antipyrin has been employed with success in the treatment of various hemorrhages, whether occurring in the form of epistaxis, metrorrhagia, purpura, or hemorrhage of traumatic origin; and a striking example of this property is published by Dr. Saint-Germain in the *Revue Mensuelle des Maladies de l'Enfance* for Aug. 1889. The case was one in which enormously hypertrophied tonsils were removed from a boy 14 years of age. The tonsils were removed by a bistoury and the bleeding surface vigorously mopped with a camel's-hair pencil soaked in a solution of antipyrin. Scarcely any hemorrhage whatever occurred, a fact which is attributed by the author to the hæmostatic properties of the antipyrin.—*Therapeutic Gazette.*

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MONTREAL, APRIL, 1889.

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COLLEGE OF PHYSICIANS AND  
SURGEONS, PROVINCE OF  
QUEBEC.

We direct the attention of the profession in the Province of Quebec to an advertisement which appears in this number, signed by Dr. Larue, the Registrar of the College, whose residence is Quebec city. The annual contribution of two dollars, which every member is required to pay, should be promptly paid. If paid yearly the amount is so small as hardly to be missed, but when the accumulation of several years has to be paid it is apt to appear large. Let the motto of all be: "Pay as you go."

PURE VACCINE.

We see by the *Hospital Gazette* that a doctor in Leeds has not only got himself into trouble, but brought vaccination into disrepute in his neighborhood by employing human lymph instead of calf lymph, as the mother had requested, the consequence being that the child died of vaccine syphilis three months later. The cause of death

was found to be such not only by the coroner's jury, but also by the Government inspector, who was sent specially to investigate the case. That medical men should use any but animal lymph is greatly to be regretted, notwithstanding the fact that it is much easier to get humanized lymph to "take" than the calf lymph, and notwithstanding that the latter is much dearer. We are not sure whether either our local or federal government at present support any vaccine institute for the benefit of the people; but, if they do not, no money could be better invested, as the sense of security that would ensue among the people upon the knowledge that the vaccine supplied to their physicians was absolutely pure, would soon do away with their very natural dread of having the constitutions of their children poisoned by humanized virus. We cannot too highly commend the action of the Montreal Board of Health in supplying free to any demanding it for use in the city the animal vaccine of the New England Vaccine Company the reputation of which, we believe, is beyond reproach.

COLD FEET.

If the first case which stumbled into the consulting room of a young practitioner were a wealthy patient suffering from cold feet, on the permanent warming of which his first successful start in life depended, we wonder what remedy he would prescribe. It is doubtful whether he had ever seen such a case pure and simple admitted to the hospital wards or even treated in the out-patient room, nor would he be likely to find it entered in the year-books of treatment. Although he might be *au fait* in endocarditis and gastrostomy, and knew how to shorten the supports of the uterus, he might leave the college without understanding anything about the pathology and treatment of the humble but simple supports of the body. And yet it is a positive fact that people do have cold feet, and that

when such a condition is persistent the proprietor of the feet is very uncomfortable. When such a case presents itself what is to be done? The feet are sometimes not only icy cold, but, to make matters worse, they may be bathed in clammy sweat. Some say warm them at the fire; others to put them in hot water. One woman was recommended to warm her feet on her husband's abdomen, but could only try it once, for he got a divorce for that. Some say to wear two pairs of socks and two pairs of shoes. One able writer has shown that the lower stratum of air in our rooms is always too cold and that the upper strata are too warm and that the only way to keep the head cool and the feet warm is to reverse our ordinary erect positions and to keep the feet in the warm upper strata. This method is largely employed on this continent, especially, we understand, in the Western States and, we believe, with some success; but the method is only partially carried out by leaning the head back and putting the feet on the mantle piece or table, and even in this modified form it has never become popular among the refined classes of the Eastern States and Canada. Others again recommend filling the socks with mustard, and so on, with a great many other plans but none of them are of any real and permanent value but the one we wish to recommend, and which is supported by many years' experience. Tell the patient to wash his or her feet quickly with soap and cold water, the colder the better, night and morning for a week or two, and to rub them dry with a very coarse towel until they fairly shine and glow with warmth. Remember, the patient must perform this task himself or herself, devoting about two minutes to the washing and five minutes to the rubbing of each foot. If the feet will not glow all day after less than a week of this treatment, then the circulation must be very bad and the patient must take more exercise, gradually increasing the latter from almost nothing to three or four miles

a day. A point worth attending to is to see that the feet are properly clad in woolen socks and loosely fitting boots so that the muscles of the feet may be left free to contract and relax, for muscular contractions are important aids to a defective circulation. We trust that these remarks may be of use to some of our readers and that they may in consequence earn the gratitude of the patients with cold feet.

### BOOK NOTICES.

A HANDBOOK OF DISEASES OF WOMEN, INCLUDING DISEASES OF THE BLADDER AND URETHRA. By Dr. F. Winckel, Professor of Gynæcology and Director of the Royal University Clinic for Women in Munich. Authorized translation. Edited by Theophilus Parvin, M.D., Professor of Obstetrics and Diseases of Women and Children in Jefferson College, Philadelphia. Second edition. Revised and enlarged, with 150 illustrations. Philadelphia; P. Blakiston & Co., 1012 Walnut Street. 1889.

SOME FALLACIES CONCERNING SYPHILIS. By E. L. Keyes, M.D., Consulting Surgeon to Bellevue, Charity, St. Elizabeth's and Skin and Cancer Hospitals of New York; Professor Genito-Urinary Surgery, Syphilography and Dermatology, Bellevue Hospital Medical College (1874 to 1889). George S. Davis, Detroit, Mich. 1889. Price, 25 cents.

This is an interesting little addition to the leisure library series.

A TEXTBOOK OF OBSTETRICS, INCLUDING THE PATHOLOGY AND THERAPEUTICS OF THE PUERPERAL STATE. Designed for Practitioners and Students of Medicine. By Dr. F. Winckel, Professor of Gynæcology and Director of the Royal Hospital for Women; Member of the Supreme Medical Council and of the Faculty of Medicine in the University of Munich. Translated from the first German edition, with permission of the author, under the supervision of J. Clifton Edgar, A.M., M.D., Adjunct Professor of Obstetrics in the Medical Department of the University of the City of New York. 190 illustrations. Philadelphia; P. Blakiston, Son & Co., 1012 Walnut St. 1890. Cloth, \$6.00. Sheep, \$7.00. For sale by Ashford, Montreal.

After a careful perusal of this volume, the unanimous verdict of all must be—that the work is com-



plete. The arrangement is good, the book being divided into eight parts; each part into several sections, and each section into several chapters. This is especially useful to the student, who can thus obtain a comprehensive grasp of the whole subject. We have tried in vain to find something that has been omitted; the only improvement that we could suggest being that measurement would be expressed in inches, as it seems hopeless ever to obtain the adoption of the metre system of measurement into English-speaking countries. We have no hesitation in saying that this is the most thorough of all the modern text books on midwifery, and we recommend it to our readers.

#### EFFERVESCENT SALTS.

There are many late achievements in pharmacy making the life of the physician very much more pleasant not only to himself, but also to his patients. In this line the "Granular Effervescent Salts" take high rank for "beauty," agreeableness and value as therapeutic agents. Being attractive to the eye, generally pleasant to taste, and agreeable to the most delicate stomach, they have a strong backing for commendation.

I wish especially to call attention to a few of these elegant preparations, those which have been constant fixtures in my office out-fit for daily use for the past four or five years.

Effervescent Bromo Soda. (W. R. Warner & Co.) This is a combination of caffeine gr. i. and bromide sodium grs. xxx. After its use personally for several years, and prescribing it in a large number of cases, I must be pardoned if I speak enthusiastically of it in nervous headache. This difficulty being so often met with, a prompt, pleasant and effectual remedy is a boon indeed. This the physician has in Bromo Soda. A nervous headache, resulting from overwork, study, worry, debility, etc., from one to three doses of Bromo Soda will in a very short time put new life and vigor in the sufferer.

From personal experience I can speak of this agent in the most positive terms. And that is, its almost magic effects after it has been necessary to use an opiate for some time, until that peculiar disagreeable sensation, so often felt in the brain, is produced. A dose of Bromo Soda drives this sensation from the brain almost as rapidly as the sun will a "fog" from dark places. The sensation to the patient reminds him of a mist disappearing at the approach of sunlight. The head is left as "clear as a bell" in a few minutes.

A teaspoonful in half a glass of sweetened water, drunk at once, is a very grateful, sparkling drink.

Granular Effervescent Citrate of Magnesia is another preparation for superior worth. Far superior to the usual liquid form.

"Crab Orchard Salt," an exact analysis of the Crab Orchard Spring, producing the effect of that valuable agent.

Messrs. W. R. Warner & Co. have presented to the profession a long list of "Effervescent Salts," many of them of superior value as therapeutic preparations.—*Medical Free Press.*

DR. G. W. PICKERILL.

#### PERSONAL.

Dr. Sloan, of Blythe, Ont., is a candidate for the division of Malahide and Tecumseh in the Ontario council. A personal acquaintance of about twenty years with Dr. Sloan satisfies us that it would be impossible to secure a more painstaking or reliable representative.

Dr. Elliott (M.D., Bishop's, 1889), has just returned from a year's sojourn in Europe. He has not yet definitely selected a location.

Dr. F. J. Austin, Assessor for McGill Medical Faculty, from the College of Physicians and Surgeons of Quebec, was in Montreal attending to the duties of his office the end of March.

Dr. C. C. K. Vidal, M.D., C.M., Bishop's, 1890, has been elected one of the resident staff of the Montreal General Hospital. We especially congratulate the governors on this appointment, for the reason that it is an evidence of their conviction that it is not to the interest of the institution to give a monopoly of the appointments to it to the graduates of any particular school. If they will apply this new principle to the filling of future vacancies to the visiting staff, we feel sure that the service of the charity will be immensely improved.

Dr. Laphorn Smith has been elected Foreign Corresponding Member of the Société de Médecine Pratique de Paris.

It is an open secret that the youngest professor of Bishop's Collège is about to become a Benedict, his fiancé being one of the belles of Montreal and a member of one of the leading families. We congratulate our *confrere* on his courage and success, and the young lady on her good fortune.

Dr. Vidal, who has filled the position of House Surgeon to the Western Hospital with great acceptability to the staff has resigned, in order to start in life for himself. We feel sure that his gentlemanly manners and thorough knowledge of his work will soon gain for him a leading position in the profession. We wish him all success.

Messrs. J. Y. Gilmour & Co., of 354 St. Paul St., Montreal, offer special low rates to physicians contemplating being present at the International Medical Congress at Berlin, which is to take place on the 4th of August, 1890, to which we publish an invitation in another column.