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Original Communications.

Cases communicated by Dr. CARR H. ROBERTS, L.R.C.P.L., M.R.C.S.E., I.S.A., *Medical Officer of Health, and Surgeon to Alderbury Union House, Salisbury, Wiltshire, England.*

Mrs. S., *ætat.* 55, spare, thin, cadaverous-looking, general appearance suggestive of malignant disease, states her health to have been always good, but always weak, delicate, and with a very poor appetite. Catamenia, which ceased five years ago, always were regular, but scanty, of a pale color, but accompanied with a more or less (generally a considerable) amount of pain. Never had any children nor any miscarriage. Family history not good. Father, mother and one sister all said to have died of cancer; and since the present subject came under my notice another sister has died of (presumably) cancer of *æsophagus* after several months illness and semi-starvation. About two years previous to July, 1875, a large lump was perceived on the upper surface of the foot, in front of the ankle-joint over the larger metatarsal bones. This remained stationary until about the middle of June, when it became red, swollen, inflamed and very painful. Various domestic remedies were applied, of course with no relief, except that with which "fancy painted it." About the end of June the advice of Dr. Gordon was sought. When seen then the whole foot was very much swollen, very red and intensely painful, especially when held in a dependent position. Rest, linseed poultices, quinine, iron and a generous diet were prescribed. At the end of a few days, pointing was observed. Matter presented itself; was allowed to discharge, *per se*, and the patient having been placed under chloroform, the administration of which she bore very well, the wound was carefully examined with a probe, and unmistakable evidences of diseased bone were found. The patient being very desirous of something being done for her relief, without, if possible, losing her foot, it was determined, after a consultation with Dr. Blackmore, that although it was quite impossible to say how far the disease extended, yet in deference to the urgent wishes of the patient, but contrary to our advice and judgment, excision should be attempted. Accordingly, on the 4th July, the patient being again placed under chloroform, the administration of which Dr. Blackmore kindly undertook, an incision was made by Dr. Gordon in the usual manner, and a good flap having been obtained, the

first and second metatarsal and the cuboid and scaphoid were removed. Part of the os calcis and the astragalus was carefully gouged out. The cavity was plugged with lint, saturated with carbolized oil, an opening left, the parts nicely brought into apposition with several sutures and some strips of plaster, and the leg was placed on a splint. The operation occupied about twenty minutes; the patient lost very little blood, and when seen a few hours later expressed herself as being, and looked, comfortable. There was a considerable amount of suppuration for a few days, of good, sound, healthy matter, and the wound appeared to be granulating nicely. The patient seemed to be doing well, and had a very tolerable appetite: her diet being composed of eggs, milk, fish and beef-tea. &c., at the commencement, with small doses of brandy and wine. Later on mutton chops, rump-steak and stout were prescribed, and great hopes were entertained that our bit of conservative surgery would turn out successful, with a very useful, if not ornamental remainder of a foot for our patient. But alas! a "change came o'er the spirit of the dream." In the first week in August several places broke out round the ankle-joint, discharging matter of a thin, bloody, sanious character. A large sinus formed, extending up to just below the middle third of the leg, the whole of which assumed an aspect of an extremely erysipelatous character, and the patient's appearance was highly suggestive of pyæmia. The whole leg was enveloped in linseed poultices. She was given a good calomel and colocynth purge, and, after large doses of quinine and liq. ferri perchlor., four times a day, gr. ij. full doses of opium at night. Her diet was of the most liberal description, brandy and wine, especially champagne, and whenever it was possible, instead of plain water, a saturated solution of chlorate of potash was ordered to be used. By these remedies the alarming symptoms were gradually subdued, and the patient's health restored to such an extent as to justify our resorting, on the 15th August, to amputation about six inches below the knee. The patient did not bear the chloroform quite so well as on the previous occasions, but she lost very little blood, a tourniquet being applied, and each vessel, as soon as divided, being taken up and secured. The operation was quite successful, and a good stump resulted. With the assistance of a pair of crutches the patient is able to move about freely and well, and we hope in a short time to be able to supply her with an artificial limb. An examination of the amputated limb disclosed extensive disease of

the remainder of the os calcis and astragalus, as well as of the lower part of the tibia and fibula. This had evidently made rapid progress since the first operation was performed. No doubt it would have been better to have resorted to amputation in the first instance; but, as I said at the commencement, we paid more deference to the wishes of the patient than we did to our own judgment.

8th January, 1876.

M—P—, a shoemaker, aged 46 years, first came to me on the 11th of October, complaining of pains in the bowels, more particularly in the left iliac region, and sickness. The bowels had been acting irregularly for some time, and had not been moved for two or three days. He had the appearance of a person used to hard, irregular living, and he attributed the constipation to his having been a teetotaler for three weeks. His aspect was pale, haggard and anxious, pulse and temperature low. I gave rhubarb mixture, with chlorodyne and aperient pills, and did not hear of him again until the 14th, when I was sent for to see him. His bowels had not been relieved, the sickness continued, and the pain was more severe, but with intervals of ease. The abdomen was swollen and tympanitic. There was no perceptible swelling or hardness at any one point to indicate the seat of obstruction. I then gave him cal. and opium every 4 hours, which relieved the pain. The sickness yielded to hydrocyanic acid. On the 16th the bowels had not acted. On that day I gave him two injections, without any effect, save bringing away two lumps of hardened feces, about the size of walnuts. I at the same time examined the rectum, but could not find anything there. On the following day I repeated the injection, this time using a powerful instrument and a long tube, introduced about 18 inches. This was followed by a free evacuation, with great relief to the patient, and encouraging the hope that the obstruction had been overcome. But it appeared afterwards that it was only the colon that had been emptied. On the following morning (17th) he felt better, but in the evening the old symptoms returned, considerably intensified, and the next day he had frequent attacks of stercoraceous vomiting, severe pain in the epigastrium; everything he took seemed to stop there. The tympanites increased, and the pulse got very low. After repeated injections of warm water, without benefit, I gave him a mixture containing liquid extract of belladonna, opium and hydrocyanic acid every two hours. This speedily stopped

the vomiting and pains, and the next morning I had the satisfaction of finding him much better, and free from pain; still the bowels continued obstructed. We continued the opiate treatment, with warm fomentations and turpentine stupes during the next three days, when I repeated the injection with the addition of Tinct. Assofoetida \bar{z} ii. This produced no effect at the time, but during the night the bowels were freely relieved. On the following day the bowels acted rather loose, and during the next fortnight he seemed to be doing well, getting to take food, the bowels acting at intervals of two or three days. He took aperient medicines from time to time, without any apparent effect, good or bad, and opium freely. On the 14th November he began to fall back again, had occasional attacks of pain and sickness, but not so severely as before, and always yielding to belladonna and opium. The bowels continued swollen and tympanitic. From that time to the 25th he was able to get about: took a fair amount of nourishment. He was very averse to the injections, and always begged off, saying he felt the bowels were likely to act without. On the 25th of November he had an injection, containing \bar{z} i. turpentine. This was followed by a copious evacuation of a healthy character, as indeed has been the characteristic of the evacuations throughout. From that time until the 30th the bowels did not act. On that day I repeated the turpentine enema, which only brought away several lumps of hardened feces.

The patient now looks better in the face than when he first came under my notice. The abdomen is distended and tympanitic, but soft and yielding to the touch. The feet and ankles swell slightly. Urine scanty and dark-colored; no albumen. The pulse continues as it has done the most of the time, slow, soft and compressible. His temperature has been throughout rather under the average.

The case at first certainly had the character of intussusception, but the subsequent course of it rather points to some obscure organic obstruction. The chief points of interest appear to be the very obstinate constipation, and the absence of the severe symptoms that might be expected under the circumstances. So little does it disturb him that he frequently proposes going to work.

The patient died early in December from exhaustion, being reduced almost to a skeleton, the abdomen being enormously distended. Unfortunately no post-mortem examination was allowed to be made.

For the above reasons I prefer, also, to speak of this kidney as cirrhotic or contracted, its small size and hardness being more conspicuous than inflammatory phenomena. In this form there is little or no dropsy; there is an increased amount of urine with a minute amount of albumen, sometimes perhaps not a trace of it; also granular and hyaline casts.

Third is the *albuminoid* kidney, also called the bacony (*speckige*), waxy, or amyloid kidney, the latter term having been applied by Virchow in consequence of an erroneous conception of the nature of the infiltrating substance, he having supposed it to be allied to the starches.

The essence of the disease consists in an infiltration, first of the walls of the blood-vessels, and finally of the tubules and cells themselves, with this peculiar substance, of which the exact composition is still unknown; but which is certainly albuminoid and not starchy in composition. The effect of the infiltration is to give a peculiar glistening translucency to the parts affected, and to impart to them the property of striking a bright mahogany-red color with a solution of iodine.

The disease is commonly found attending an exhausting drain upon the system, whether from local or constitutional disease, and it is highly probable that one of these causes is the extreme albuminuria which attends the large white kidney, so that we find the latter organ often the seat of a secondary albuminoid disease of the capillary blood-vessels. Except under these latter circumstances, albuminoid disease of the kidney is generally accompanied by similar disease of the liver and spleen, which are also enlarged, and by this condition aid in the diagnosis. In this affection the amount of urine is large and correspondingly pale; the amount of albumen, at first small, gradually increases; casts are often absent, and when present are not numerous, and they are usually small, hyaline, and granular, and occasionally oily. Later, we have the same large-sized hyaline and granular casts described as occurring in the large white kidney; and from the latter form of disease it is often impossible to distinguish the waxy kidney before death. Sometimes the casts in albuminoid disease exhibit the waxy lustre of the albuminoid infiltration, and strike also the red mahogany-color with iodine.* But this is by no means invariable, or we would have a means of easy diagnosis.

Finally, there undoubtedly sometimes occurs a pure and simple fatty degeneration of the cells of the kidney, often associated with general fatty infiltration of all the tissues, and especially of the liver and heart, in very fat persons, consumers of alcohol or the subjects of wasting diseases like cancer and phthisis.

TREATMENT.

It is to be regretted that the advance in the thera-

peutics of Bright's disease has not been as great as in its pathology; and yet, that treatment is often of the greatest utility, not only in alleviating the suffering and prolonging the life of the patient, but also in promoting recovery, is attested by numerous instances. As already stated, the treatment of the different forms of the disease is by no means so distinctive as their pathology, and, for practical purposes, a division of the treatment into that for the acute and that for the chronic is sufficient, provided that attention be also called to any special modification of treatment required by special conditions.

Treatment of acute Bright's disease.—First as to the treatment of the acute form. There is no doubt that many cases recover while the conditions of rest, quietude, and warmth are maintained. And it is further certain that, whatever other means of treatment are used, these three conditions are absolutely necessary to recovery. A patient with acute Bright's disease, therefore, whatever its mode of origin, should be put to bed, kept quiet, and warmly covered. I should seldom, however, be satisfied with this mode of treatment alone. The selection of other remedies will depend somewhat upon the severity of the case. If the urine be suppressed, dry cups, or even wet cups, to the loins will so divert the blood as to permit a relief to the stagnation which always exists in the acutely inflamed kidney. These cups should always be followed by a warm, moist poultice to the same region, which, indeed, should be used under any circumstances, whether the cupping is necessary or not. I am in the habit, therefore, of always resorting to poultices, and, if the symptoms are at all severe,—that is, where there is complete or almost total suppression of urine, nausea, headache, or delirium,—of preceding them by cupping. Although at first thought it would seem that the kidneys are quite remote from the seat whence the blood is immediately removed, it must be remembered that we are relieving the blood-pressure in the lumbar arteries which come off from the aorta near the renal arteries, and thus divert the blood from the latter. Under all ordinary circumstances dry-cupping is sufficient; wet-cupping should be reserved for the most extreme symptoms, where the strength of the patient has not been previously reduced. Some care must, however, be exercised in the use of dry-cupping, lest we defeat its end. The object of dry-cupping, as justly observed by Dr. G. Johnson, is to facilitate the movement of the blood through the capillaries into the veins,—to draw the blood rapidly through the part, and thus relieve the pressure of the blood in the renals. To do this, the cups must be removed as soon as there is a decided redness, and placed on another part in the vicinity. By allowing them to remain too long, the blood is stagnated in the capillaries, its onward movement prevented, and there is, therefore, no derivation of blood from the involved organ.

The above means have for their object the direct relief of the congestion of the kidney. This is not the only indication while the kidney is con-

* Care should be exercised to use a watery solution of iodine in testing these casts under the microscope, as an alcoholic solution precipitates the albumen and obscures the field.

gested. The congestion, in some instances, is altogether due to an excess of work thrown upon it, in consequence of suppressed or deficient action of the skin, and in all cases the carrying out of the natural function of the organ tends to increase any existing congestion. Can the kidney be in any way relieved of this functional irritation? Is there any organ which, in other words, can supplement the kidney? Such an organ is the skin. A second indication, therefore, is to excite the action of the skin. And in fulfilling this lies the advantage already referred to from the maintenance of warmth and avoidance of cold early insisted upon. But we are not confined to these protecting measures. The skin may be made to do the work of the kidney itself, and thus one of the most alarming dangers of Bright's disease, uræmic intoxication, averted, while at the same time the congestion of the kidney is also relieved.

The class of remedies which produce this action are diaphoretics; and, of the internal remedies, none is better than the ordinary sweet spirit of nitre, especially if it be combined with small doses of ipecacuanha. But a more effectual and certain method of accomplishing the same end is by warm baths, or, better still, by the so-called warm or "cold pack," in which the patient is wrapped in a wet sheet and then enveloped in a sufficient number of blankets. Perspiration is thus copiously induced, and when thus caused is agreeable, and never attended by the faintness which sometimes follows the use of the hot-air bath,—another means of accomplishing the same end, which will be further considered under the treatment of chronic Bright's disease. In an ordinary severe case of acute Bright's disease, a single pack of this kind will remove all symptoms which may cause anxiety, and happily inaugurate the convalescence, while it may be repeated daily, if necessary.

We may resort to purgatives to the same double end, that of relief of congestion and a complementary action of secretion, and to a certain extent these should always be employed. But the reason for which I primarily employ a purgative is less for either of these objects than for one which I deem even more essential, and that is to promote the action of other remedies, a purpose which applies not only to the treatment of Bright's disease, but also to all diseases. It is a well-known fact in the absorption of fluids, which is borne out by the phenomena of osmosis, that this does not take place rapidly when the blood-vessels are congested and there is a slowly-moving current.

The beautiful experiment of Magendie, which consisted in injecting into the peritoneal cavity a colored fluid, which at first was not appreciably absorbed, but which, on opening a blood-vessel, disappeared rapidly before his eyes, is sufficiently the point in illustration. The treatment of any case of acute Bright's disease is therefore well commenced by the use of a cathartic, and after its effect the prompt action of other remedies may be looked for. Indeed, it is quite useless to administer diu-

retic remedies before some action is obtained from the bowels, as they will be many hours in producing their effects; whereas after such influence they will be as many minutes. Beyond this end I am not in the habit of giving purgatives in ordinary cases of acute Bright's disease. But there is a condition in which the eliminative action already referred to is often of signal service, and that is the one of uræmic coma and convulsions. Under these circumstances, when the patient cannot be made to swallow, and decided and prompt effect is desired, a couple of drops of croton oil on the tongue have many times saved life by inducing prompt and decided purgation.

Nothing has been yet said of the use said of diuretics, which are, perhaps, the first means thought of by most practitioners in the treatment of Bright's disease, acute or chronic, and no doubt, in many cases they deserve an early consideration. Yet the propriety of their use has been much disputed, and at first thought there would seem to be legitimate objection to them in the treatment of acute nephritis, for with the idea of increased secretion of urine is generally associated that of an increased flow of blood to the kidney. And the question naturally arises. That a kidney already congested and inflamed be further jeopardized by crowding more blood into it? On the other hand, it is well known that convalescence in a case of acute Bright's disease which has been left to recover without treatment is always ushered in by a most copious diuresis. This is usually explained by the fact that urea itself is a decided diuretic, as may be shown by injecting it into the blood-vessels of any animal,—an operation which is followed by copious diuresis. In the early stages of Bright's disease the urea and other organic constituents are retained in the blood, and when the circulation through the kidney becomes free, they exert their diuretic action. It will be observed, however, that this takes place only after the circulation becomes free; and it must be looked upon, therefore, not so much as a cause as a result of an improvement in the condition of the organ. Nevertheless, to facilitate such a condition of affairs as copious secretion of urine, and with it the elimination of those effete matters the accumulation of which constitutes the chief danger of Bright's disease,—uræmia,—can only be considered desirable if it can be done without exciting congestion of the kidney. The secret in the proper use of diuretics lies in the selection of such as effect their object without producing a congestion; and such there are. To understand this properly, it must be recalled that the secretion of urine is largely a process of filtration, a process of squeezing out the water and dissolved elements by pressure from behind, and that this is accomplished in the Malpighian bodies by the agency of the arterial pressure and the force of contraction of the heart. It must be remembered that there are two sides to the renal capillary circulation, an *arterial* side and a *venous* side. The first consists in the afferent arteriole and the capillary ball contained in

the dilated end of the convoluted tubule and forming with the latter the Malpighian body; the second, of the capillary net-work formed by the splitting up of the afferent vessel after it leaves the Malpighian capsule and closely embraces the convoluted tubules. The area of this is great, and the movement of the blood slow. As a consequence, a condition favorable to increasing the blood-pressure in the Malpighian body exists. Such pressure is obtained by increasing the force of the heart's contraction, or increasing the arterial pressure by the introduction of fluids within the blood-vessels. The effect of this is to produce a more rapid filtration; that is more water is squeezed out from the blood-vessels into the Malpighian capsules, whence it is carried downward in the tubules. Now whatever remedies increase the force of the heart's action or the arterial pressure by absorption of fluids will increase the amount of water thus filtered out. Such remedies are digitalis, the salines, and diluent drinks generally,—digitalis by increasing the force of the heart's action, the salines and diluents by increasing blood-pressure through their absorption. Digitalis is certainly the diuretic most to be relied upon, and, when combined with the salines, freely diluted, affords a powerful lever for good. It is necessary, however, to have a reliable preparation, and unless one is sure of the quality of the tincture it is best to use a freshly-prepared infusion. At the same time it is also true that much smaller doses of the tincture are usually given than of the infusion. Thus, of the latter, $\text{f}\text{ʒ}\text{ss}$ is often administered, equivalent to three and three-quarter grains, while eight minims or sixteen drops of the tincture, equivalent to one grain of the powder, are considered a full dose, a discrepancy which must account for at least a portion of the diminished effect of the tincture. Digitalis should therefore be given in sufficient quantity,— $\text{f}\text{ʒ}\text{i}$ of the infusion to children, and $\text{f}\text{ʒ}\text{ss}$ to adults,—repeated every three hours until an appreciable effect is produced on the rate of the pulse, when it should be diminished. Not until then can you look for a diuretic action. Digitalis, when thus administered, should, of course, be watched, and the patient should be seen twice a day until an effect is produced. Of the alkalies with which it may be combined, acetate of potassium and citrate of potassium are to be preferred. Their diuretic action doubtless depends upon the impetus they give to the osmosis of fluids which hold them in solution, thus increasing the arterial tension and contributing to the flushing of the kidney. Half a drachm of the potash should be given every two or three hours to adults, and ten grains to children. There can be no doubt that an increased filtration of water into the Malpighian capsules aids the separation of the organic constituents in the second capillary net-work referred to, both by facilitating osmosis on the principle of the more rapid current, and by washing out of the secreting cells of the convoluted tubules the organic matter already excreted by them.

By such means as these, after the unloading of the blood-vessels by the action of a purge, we may great-

ly serve our patient through diuretics. On the other hand, turpentine, cantharides, copaiba, and the class of diuretics which produce a congestion and stagnation of blood in the second or venous capillary net-work, are mischievous, and should not be employed.

It should not be omitted to mention that fomentations of a strong infusion of digitalis ($\text{ʒ}\text{i}$ to a pint) applied to the abdomen or lumbar region are often efficient in producing diuresis when other means fail.

Treatment of chronic Bright's disease.—There is always an intermediate stage between that of acute nephritis and the condition of the large white kidney from which recovery often takes place, which calls for a modification of or an addition to the treatment described for the acute, and which is indicated by an impaired quality of the blood, due partly to the gradual accumulation of effete matter, and partly to the drain upon the system which a copious albuminuria certainly induces. But, as it is a condition growing out of the prolonged presence of the disease, it is practically covered in the treatment of the chronic form, and requires therefore not to be separated from it.

The chief indications in the treatment of the chronic forms of Bright's disease are two: *first*, to improve the quality of the blood, which has become anæmic and loaded with urea and allied organic compounds; and, *second*, to combat the symptoms and complications which form a source of great inconvenience, and even danger, to the patient.

The first of these indications is chiefly fulfilled by the use of iron, quinia, and strychnia, nourishing food, and proper hygienic influences; and also by depurating the blood of its retained urea. The well-known Basham's mixture, really a solution of acetate of iron, made by adding to tincture of the chloride, acetic acid and the solution of the acetate of ammonia, has the advantage of at least tending to eliminate, while it also restores. But the tincture of the chloride alone is a powerful agent which is always accessible, and, when combined with the sweet spirit of nitre, is perhaps as efficient as the Basham's mixture. To either, the quinia and strychnia may be added if desired; while to the latter the infusion or tincture of quassia makes a compatible addition.

With regard to *food*, while it is true that an abundance, and of good quality, is desired, a question has properly arisen as to the propriety of using the highly nitrogenized substances, as animal flesh. It is now well determined that the urea formed in the blood and eliminated in the kidneys is derived chiefly from the azotized elements of the food, and that the more nitrogenous food we consume the more work is thrown upon the kidneys; although here too the question is somewhat different if we suppose the separation of the urea a matter of mere filtration, or one of elaboration. But either supposition involves an increased flow of blood to the organ; and, although I cannot speak from any certain knowledge that disadvantage results from the free use of nitro-

genous food, I feel that the probabilities from theoretical reasoning are sufficiently strong to make it proper for us to be influenced in practice by them. While, therefore, it is not desirable to omit all such food it is desirable to limit it to moderation, and while drawing elements of mixed food from the vegetable kingdom, to make up the deficiency in meats by the free use of milk. There is reason to believe the milk-treatment of cases of Bright's disease to have been of signal advantage in certain instances, and it is not unlikely that it depends upon the smaller proportion of nitrogen contained in it, compared with a corresponding quantity of meat.

Under hygienic measures are included a proper use of clothing and exercise. That the former next to the body should be of wool is absolutely essential. For it must be remembered that, on the one hand, the skin is a powerful adjuvant to the kidney, in its eliminating operation, and, on the other hand, that any interference with or suppression of the action of the skin must throw more labor on the kidney. Cold is the agent which produces such suppression, and warmth the means by which the action of the skin is encouraged; and no texture prevents the former or secures the latter more effectually than wool.

For the same reason, while the maximum amount of fresh air is desirable, cold and dampness should be avoided or sufficiently guarded against. Many a case of chronic Bright's disease, often previously undiscovered, has been brought to its fatal termination by the action of cold, and especially of cold and moisture combined. Hence, too, there is no doubt that residence in warm and equable climate is often of signal service in cases of chronic Bright's disease; and cases are reported where albumen has disappeared and recovery apparently taken place in a warm climate, where their previous duration was such as to make recovery highly improbable.

It is doubtful whether other measures than the above are necessary in cases of *contracted kidney*, where the external symptoms of the disease are often so trifling that they have never been observed by the patient; while the discovery of the presence of the disease is often accidental, as where the patient consults his physician for an inexplicable weakness, and the latter in exploring the case discovers albuminuria and casts. In these cases the complication of dropsy seldom occurs; and the extent to which life may be prolonged by suitable care may only be limited by its natural termination. On the other hand, such a person, with the disease undiscovered and uncared for, is in hourly danger from the uræmic intoxication which a shower of rain or a period of unusually prolonged mental and bodily fatigue may cause.

It is more particularly in the *large white kidney* and the later stages of the *albuminoid organ*, that more decided measures are called for to deplete the blood of its accumulated impurities, as well as to combat the symptoms which cause inconvenience or jeopardize life. These symptoms are those of dropsy, effusions into the serous cavities, and con-

gestions. Such patients are usually confined to the house, or go out of it at such great inconvenience as to make it intolerable to do so. Of dropsy there is abundant evidence to the naked eye, but of the necessity of depuration there is unfortunately no direct means of estimation except by a volumetric analysis of urine, which involves so much trouble and care as scarcely to be possible to the general practitioner. Fortunately, however the means which are best calculated to relieve the one are most likely to relieve the other. These measures are, in addition to diuretics, such as promote a more decided action of the skin than any yet alluded to, and certain purgatives.

With regard to diuretics, nothing need be added to what has been already said, bearing in mind that digitalis is our most powerful lever. But with regard to measures which promote a decided action of the skin, I desire to add a little more. These are the "warm pack-bath," and the hot-air bath already alluded to. The latter, in consequence of its more ready application, is to be preferred whenever it can be borne. I have recently, in my wards at the Philadelphia Hospital, used considerably the hot-air bath, and made some observations to determine its value; the results of which satisfied me that we have a much more useful agent than many of us have suspected. A patient with large white kidney was under my observation for more than a year. During a portion of this time his urine was carefully measured, and a portion of the twenty-four hours urine analyzed for urea by Liebig's volumetric process, which was repeated to insure accuracy. He was a very large man, passing copiously of urine, and the quantity thus arrived at was 540 grains; the total quantity of urine being 2000 cubic centimetres ($66\frac{2}{3}$ f $\bar{3}$). He was then ordered a hot-air bath daily, during which he perspired most freely. The twenty-four hours urine was of course diminished; but on estimating the urea in the twenty-four hours after the sweating had been continued three days, it was found to be 714 grains in 1700 cubic centimetres ($56\frac{1}{2}$ f $\bar{3}$) urine,—actually an increase over the amount secreted when not under the baths. This can be accounted for by the increased celerity of the circulation which would naturally result. If we add to this the amount of urea contained in the increased perspiration which was of course not determined, on account of the difficulties of collection, we will perceive how powerful a means of depurating the blood of its urea is thus at our disposal; and I am quite certain that if the use of the hot-air bath were more common our power over Bright's disease would be greater. There is a common impression that it is troublesome and difficult of application. But this is not the case, as may be seen by the apparatus I exhibit, being that in use at the Philadelphia Hospital. Sometimes, however, these hot-air baths are not well borne by patients; they do not perspire, and the head and face become flushed, and the former throbs and aches. Under these circumstances the warm pack already described may be used instead. It is perhaps

equally efficient, but is more troublesome* It may be objected that these means are exhausting to the strength of the patient; but I think they will be found less so than is commonly supposed; the strength of the patient may, however, at the same time be maintained by iron, tonics, and milk.

The use of *purgatives* for depurative purposes and to reduce the dropsy has long been common in the treatment of chronic Bright's disease, and to this end it has been common to select a peculiar class of purgatives, viz., those which produce profuse watery evacuations, as elaterium, scammony, gamboge, and jalap. In addition to the indications to relieve general venous congestion with a view to promoting absorption, the advantage to be derived from the use of a brisk, prompt cathartic has already been alluded to in speaking of the treatment of acute Bright's disease. But it must be remembered that in the circumstances now under consideration it is not a temporary cause the effects of which we desire to obviate, but a constantly acting one, so that to be of service the purgative must be continued day after day, or every other day at least. Now, such use of the hydragogue cathartics above mentioned cannot be continued for any length of time without materially reducing the strength of the patient much more decidedly than through the daily sweat. I do not deny their effect in diminishing the dropsy. On the other hand, I have many times observed this effect, and in some I have observed the dropsy totally disappear,—but with it the strength of the patient to such an extent that as the dropsy subsided the life of the patient went out with it, so that it might truly be said that had the patient lived a little longer the dropsy would have been cured. I am not, therefore, very partial to the continued use of cathartics in chronic Bright's disease. But it must be remembered that it is to the prolonged use that I refer. To relieve a sudden emergency, as the occurrence of uræmic symptoms,—in a word, under the same circumstances under which I would use them in *acute* Bright's disease if they could be administered, would I give them. Of the remedies mentioned, undoubtedly the one which most strikingly produces the desired effect is elaterium. The profuse painless discharges which it effects in doses of one-twelfth to one-sixth of a grain are well known, while the small quantity required makes it peculiarly easy of administration.

But in most cases of chronic Bright's disease, except the chronically contracted kidney, a stage is finally reached at which all treatment of the kind described fails to relieve the dropsy, which becomes eventually the sorest burden of the malady. The body becomes greatly increased in weight, the integument of the extremities is stretched almost to bursting and sometimes it does rupture, when it is attended by a leakage, which, although in one

* Since reading the paper, a member of the Society has suggested the propriety of tying a wet handkerchief about the head, as is done in the Turkish bath, with a view of preventing these unpleasant head symptoms; and it is not unlikely that it would prove an efficient agent.

way inconvenient, is in many senses a great relief to the patient, by diminishing the tension referred to. Acting upon this, physicians have long been in the habit of puncturing the swollen parts to produce the required leakage. In my early experience I once had such horrible results in the sloughing away of the entire scrotum of a little child with scarlatinal nephritis, after I had punctured it, that I declared I would never repeat it. But as other cases came under my observation my prejudices thus excited gradually disappeared, and I now resort to puncture when it seems likely to give relief. It only remains to determine the best method of performing the operation. It is a common practice to make a number of minute punctures with a needle or sharp-pointed bistoury. Dr. George Johnson, of London, recommended making a free incision half an inch long, just above the outer or inner ankle of each leg, and deep enough to enter the areolar tissue beneath the skin. This may be done with a bistoury; but Dr. Johnson used an instrument mounted like a spring-lancet, which he recommends as more efficient and less painful than the repeated fine punctures. He relates an instance which is so remarkable and so admirably illustrates the possibility of recovery when the symptoms have reached an advanced stage, that it is quite worthy of re-narration. In July, 1861, he saw a clerk, aged 32, who had suffered from general dropsy since the end of March, after exposure to cold. The urine became nearly solid with acid and heat, while it contained *numerous oily casts*. Purgatives and diuretics failed to lessen the dropsy, and at the beginning of September the swelling was so great that the skin cracked and water oozed through the fissures. The legs were now incised; a copious discharge of water occurred, and the urine became more copious. From that time he steadily improved; the dropsy passed away, and gradually the urine ceased to be albuminous; but it was not until the end of April, 1862, more than a year from his illness, that all traces of albumen had disappeared. The chief medicinal treatment after the incision of the legs was the use of tincture of perchloride of iron three times a day, and a dose of broom-tea in the morning. Such recoveries as this are rare, while their possibility shows the value of hopeful perseverance in treatment. I have never seen the instrument referred to, but have made the large incisions with satisfactory results, although I can point to none so satisfactory as Dr. Johnson's.

With regard to specific methods of treatment, none are of any avail, and, so far as they ignore special indications, they are mischievous. I have heard of calomel being used for long periods to the production of its specific effects,—for what object, except to hasten the blood-dyscrasia which is the ultimate cause of death, I cannot say. It requires to be mentioned only to be deprecated.

The use of *opium* requires to be alluded to. The caution which has always been suggested in its use I believe to be in the main a wholesome one, and I should prefer to produce hypnotic, sedative, and

antispasmodic effects by chloral and the bromides whenever it is possible. I am sure I have seen death accelerated in one case of previously unsuspected chronically contracted kidney in which large doses of opium were exhibited for another purpose,—over-doses, in fact, but quite insufficient of themselves to produce the fatal result, which was preceded by uræmic stupor. After death the urine was drawn by a catheter and found to be albuminous, and a post-mortem examination revealed a contracted kidney. On the other hand, I would not omit the use of opium where there was decided indication for its use to allay pain. It is well known that Prof. Loomis, of New York, treats with apparent success cases of uræmic convulsions with hypodermic injections of large doses of morphia (one-half grain or more),—doses which I would fear to use under ordinary circumstances in the absence of renal disease. A method, however, suggested by so high an authority as Dr. Loomis merits a trial, which I should be glad to give it under appropriate circumstances.—*Philadelphia Medical Times*.

AN EXPERIENCE WITH CHLORINE.

DR. A. B. GRANVILLE, in his Autobiography recently published in England, gives the following account of an accident that occurred while he was lecturing on chemistry in the Westminster Hospital Medical School:—

I had prepared and carefully collected, in the presence of my class, a considerable volume of chlorine gas in a globular glass vessel, when the assistant on my right hand had occasion to pass something over to "George," whose fat hands were too clumsily shaped to keep fast hold of the proffered object. It fell into the glass recipient, breaking it, as a matter of course, and releasing the imprisoned gas, which went straight into the nostrils of the lecturer, who thereupon fell like a lump of lead to the ground, alarming not a little the whole class, which happened to be numerous. The first who rushed to my assistance raised and placed me on a chair, windows were thrown open, cold water was poured on my head, liquid ammonia exposed under my nose, and a glass of brandy poured down my throat—the whole process ending in my recovery but completely deprived of my sense of smell, which I have never recovered since. Some readers may feel disposed to exclaim, "So much the better for you, doctor, who will have to go through so many unsavory matters." "True! but how much more shall I miss the smell of the rose!"

I shall only add another trifling physiological fact, from its curiosity, and also because I have never been able to explain it to my satisfaction. It was about ten years after the chlorine accident, and of the deprivation of my sense of smell, that driving with my wife towards Harrow, and while passing what were then fields celebrated for carpet beating, but now crowded with houses and streets, I became suddenly sensible of the delicious smell of new hay, which was in the process of being made that day.

I pulled up my horse, and remained some time perfectly enchanted with delight (I don't exaggerate) at my recovered sense. We remained nearly an hour motionless, and I drove off towards Harrow, proposing to come back the same way at sunset, hoping to enjoy again the same delicious sensation. In this, however, I was disappointed; nor have I ever enjoyed it since.

RUSSIAN CURE FOR DRUNKENNESS.

BY H. HADOWITZ.

For some time past *Herba serpylli* (wild thyme) has been used with great success to effect a permanent cure of drunkenness: in case of a relapse (only after years) a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (1½ oz. to 1½ pints), and give the patient a teacupful every half-hour. The next day it is given every two hours, and then 4-6 times a day until the cure is complete, which generally takes from 2 to 3 weeks. The effects are in the following order: vomiting, diarrhoea, increased urine, strong transpiration, then, generally increased appetite and craving for acidulous beverages. The diet: easily digested food and lemonade or other acidulous liquids.—*Am. Journal of Pharm.*

ANÆSTHETIZATION DURING SLEEP.

Dr. Cluness reports in the *Pacific Medical Journal* two cases of successful chloroformization during sleep.

The first case was that of a little girl, aged eight years, in whom, as a sequel to acute otitis media, the mastoid cells of one side became inflamed. Chloroform was administered upon a four by six piece of Surgeon's lint, held as near the child's mouth as possible during sleep without coming in actual contact. Not the slightest effort was made by the child to avoid the inhalation of the anæsthetic, and in a few moments she was well under its influence.

The second case was on the person of a little girl two and a half years old, for the purpose of having a supernumerary toe removed from each of its feet.

COMMON SENSE IN THE SICK-ROOM.

A LECTURE DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE, BY A. B. CROSBY, M.D. PROF. OF ANATOMY, ETC.

Gentlemen:—I now ask your attention to what may be called "common sense in the sick-room." There are certain incidental matters pertaining to the sick-room which not only contribute to the comfort of the patient, but have very much to do with the favorable or unfavorable termination of the case, and these elements are so absolutely suggested by common sense, that there is no impropriety in using this term as a text for the present lecture.

Now there are certain elements of hygiene which it is very important that we should observe—whether the sick-room contains a surgical or medical case—if we would reasonably expect to obtain the best possible results from treatment. In the first place the

TEMPERATURE

should ordinarily range from 65° to 70° F., and this should not be a mere matter of guess-work, but should be ascertained by the thermometer. If the temperature is permitted to average much higher than this, all febrile disturbances will very likely be aggravated; and, if the average is much lower, the patient in ordinary cases runs some risk of getting a chill, although very many times he may remain with safety in a room having a lower temperature providing he is furnished with a plentiful supply of blankets.

SELECTION, PREPARATION, AND FURNITURE OF THE ROOM.

The room which is selected for a sick-room should be as far removed as possible from those ordinarily occupied by the family, in order that the patient may have the benefit of perfect quiet. It should be large, airy, well lighted, and, if possible, should have a sunny exposure.

The wall of the sick-room is a pretty important matter to the patient. If it is covered with one of those dreadfully variegated papers, which, alas, are regarded as ornamental, it will be found, especially if the patient is suffering from any disease in which there is abnormal exaltation of the brain, that it is a source of great annoyance, and may even be positively injurious. For, as his eyes run over these pictures, he will fancy that he sees images of various kinds, such as angels and demons alternating; indeed these figures will assume every conceivable form, and he becomes thoroughly worried in the attempt to disentangle the confusion.

The paper covering the wall should have a uniform neutral tint, such as a light green, a delicate buff, or a very delicate slate color, a light green, perhaps, is as agreeable to the eyes as any color that can be selected, and it rests the eyes with a refreshing monotony. Such a uniform tint tends to "healthy stupidity," and this leads to repose. The floor of the apartment should engage your attention.

The model sick-room should never be carpeted, but ordinarily should have a hard-wood floor, and this should be oiled and varnished. Upon such a floor may be spread as many pieces of carpeting, rugs, and mats as are desirable. These may be placed in front of the bed, over the parts which the nurse traverses while performing his or her duties, at the doors, etc. Each morning, these can be quietly slid along the floor, taken out, and be thoroughly shaken and aired. After they are removed, the floor can be wiped off with a damp cloth or soft brush, and when dry, the rugs, etc., may be replaced.

If the floor is managed in this manner, what was known among the older writers as the *materies morbi*, certainly is not likely to accumulate, and that is an essential item of consideration in the management of the sick-room. The windows should also engage your attention. These should be so arranged as to admit abundance of light. Light is a nominal stimulus to the human body, and we have no good health without it, you cannot grow healthy cabbages in

a dark cellar, nor can you any more easily cure invalids without the influence of sunlight. There are some acute diseases, during the progress of which it may be necessary to temper the light, but it should never be entirely shut out, for if you do you remove from the body one of its important natural stimuli.

The windows never should be surrounded by tapestry or decorations of any kind that are made of woollen stuff. A plain white shade is all that is requisite to temper the light and cut off outside objects from the patient's view, and the window frames should be free from lambrequins, hangings, etc., which may become impregnated with the germs of disease.

CLEANLINESS.

It may seem absurd to you that I mention cleanliness as an essential element in a sick-room, and insist that it is one of the things which you should bring under your personal inspection, but I suspect that it is far less frequently seen in the sick-room than even godliness itself, although we have eminent authority for placing it next to godliness.

The average housekeeper is very apt to make a good show, hence covers the bed with a clean counterpane, which may be like a "whited sepulchre," within are "deadmen's bones," and it is true, in very many instances that absolute cleanliness will not be maintained unless the physician himself makes an inspection of the details. Your patient may live in a fine house belong to an "old family," one regarded as irreproachable in respect to cleanliness, and yet a sanitary inspector may find many hygienic errors to be corrected. Now, if the floor is not covered with a carpet, the physician can very easily determine whether it is clean or not; but, if carpeted, it is altogether probable that a considerable amount of dirt could be found if the carpet were removed. Next you will observe what condition the bed itself is in. I am well aware that it is an easy matter to place a neat clean sham over the pillow, and a clean spread over the ordinary covering, just before the doctor is admitted, so that the bed may have the distinguished appearance of cleanliness; but it is not a difficult matter to turn these aside sufficient to enable you to determine for yourselves whether the real covering of the bed and pillows are clean or not, and your examination can be conducted delicately without giving offence or even being observed. In a majority of cases, changing the bed-linen once or twice a week is not sufficient. When a person is confined to the bed especially with any febrile disorder at least one clean sheet should be placed upon the bed each day.

This may be the upper one, and it may be used as an under sheet the following day, if it has not become soiled. The pillow-cases should be changed equally as often. If the patient is suffering from any of the severer forms of acute febrile disease such as scarlatina, typhoid fever, etc., or from a disease in which there is any tendency to septic influences, an immense benefit will be derived from changing the bed throughout every day.

IMPROVISED STRETCHER.

Suppose, now, that your patient has received some severe injury, or is suffering from some disease, which renders it desirable that his bed should be changed daily, or even oftener, how can it be done with the least inconvenience to him? If there are two beds in the room, one may be rolled close alongside the other, and then the patient be lifted from one to the other; and it is a good plan to allow him to occupy one bed at night and the other during daytime. This is especially beneficial when there is any tendency to septic disease, or the patient is severely sick with some febrile disorder, for it gives the attendants an opportunity to remove all the bedding into another room or other convenient place, where it may be shaken and thoroughly aired so that when it is again used it will be entirely refreshed. All this can be done without annoying the patient even though he is extremely sick or suffering from a severe injury.

But it may be said that moving a patient so much, who is extremely sick, is of itself objectionable. This, however, is not a valid objection for the reason that it can be done without inconvenience to any patient. If there is a condition present known as hyperinosis, such as is frequently seen in puerperal women, there may be an objection to moving the patient in an upright posture or even permitting her to assume such a posture, lest embolism or thrombosis occur suddenly and terminate life; but such a person can be moved with perfect safety while kept in the horizontal posture, and even carried from one room to another if desirable.

Now the means for moving such patients from one place to another can be found about any house, especially in the country, and I have succeeded in obtaining all the materials necessary for this purpose even in a medical college. What I wish to do is to improvise a *stretcher*, and for that purpose all that is necessary is a strong sheet or blanket as long as the patient, two rods of the same length of the sheet and an inch or more in diameter. If you are in the country you certainly can find rake-handles, and they answer the purpose as well as anything that can be used. In order to move a person easily, four assistants are necessary, who are to stand, two on each side of the sheet and *exactly* opposite each other.

Let us suppose, now, that the sheet upon which this gentleman is lying is the one to be made into a stretcher; you will place one of the poles close to the edge of it, and then roll the sheet over it very tightly up to perhaps within six or eight inches of the body. It does not require strong rods at all for this purpose, but the special point is to draw the sheet out smoothly from the patient while you are rolling the stick up inside of it. The opposite rod is adjusted in the same manner. When every thing is ready the assistants should grasp the rod firmly with their hands placed about two feet apart, and, as near as possible, directly opposite each other, so that as they lift, and at the same time draw against each other, the sheet will be supported at exactly opposite points. Now direct the assistants to first drag strongly against each other and then lift, and keep constantly pulling against each

other as they move along. Such a stretcher can be easily improvised, and affords a means by which a patient can be moved without annoyance. If the patient whom you are moving happens to have a fracture, unless the precaution is exercised of directing one assistant to grasp the rod with his hands exactly opposite those of the assistant upon the opposite side, you may disturb the broken bones in the act of moving.

If you wish to move a man who has accidentally received an injury, any distance, a stretcher can be improvised in a similar manner, by using a blanket and a couple of poles, such as a couple of strong saplings would make, fastening them in the blanket with stitches of twine or strong thread, and then placing a forked stick between the handles close up to the blanket, of such length as will put it upon the stretch. If the number of bearers is limited to two and they desire to assist their arms, it can be done by fastening a strap to the handles long enough to pass up over the shoulders.

There is one precaution that the bearers should always exercise, and that is to break step while walking. If the bearer in front steps off with the right foot, the bearer behind should advance the left foot first.

All of this may appear to you like an insignificant matter, but it not infrequently happens that the comfort of your patient, the rapidity of his recovery, and, it may be, the recovery itself, will materially depend upon your ability to devise a plan for moving him from one bed to another without annoyance, and while in the horizontal posture. In ordinary cases of sickness, one bed can be brought to the side of another and the patient slid from one to the other, or he may be lifted across in the sheet; but where persons are very much debilitated or suffering from a severe injury, they may not be able to endure the fatigue which even such slight movements will subject them to. In such cases the means just described may be resorted to with the greatest advantage.

MANAGEMENT OF THE DEJECTIONS.

There is no single point which should so thoroughly engage the attention of the physician as the care of the dejections of the patient. In many instances it is necessary for the physician to inspect the passages from the bowels, and unless you give proper directions regarding the manner in which they should be kept, you will find, much to the annoyance of every one, that they have been quietly slipped into some closet or room immediately adjoining the sick-room or some other equally unsuitable place. Such safe-keeping, however, hardly comports with a proper degree of cleanliness, and you should, therefore, give special directions, in case it is desirable that the dejections should be preserved until your next visit, that they shall be, if possible, carried out of the house, or at least that they should be carried into some out-room or bath-room in which a window is constantly open.

In addition, you may observe some preliminary precautions, in cases of dysentery, typhoid fever, or where a septic condition is present; in short, all those cases

in which you wish to destroy the odor immediately as well as any organic putrefactive matter which may be present in the dejections by employing some disinfectant.

For this purpose I know of no substance that acts more promptly and efficiently than permanganate of potash.

A solution of the strength of one grain to the ounce of water, sufficiently strong, and a few ounces of this liquid poured into the vessel that is to receive the discharges, will correct the most offensive odor in a very short time.

You will recollect that permanganate of potash is exceedingly rich in oxygen, and when it comes in contact with organic material, especially in a state of putrefaction, it becomes decomposed, and the oxygen is set free. That is, the oxygen is now in what is called its nascent state, and in that state it has a tendency to unite with whatever organic matter it may chance to come in contact.

In this way the organic matter is burned up, as it were, on the spot, and all odor and septic poison is destroyed by the action of the permanganate of potash. This solution may be used with the utmost freedom about the vessels that are to receive the dejections, and in the water-closets, in all cases where there is offensive odor.

VENTILATION.

This is another point which should always engage your attention, for the same person, when sick, demands a much larger supply of fresh air than when well. For instance, if a healthy person requires two thousand cubic feet of breathing space, the sick person under the same circumstances should have at least three or four thousand cubic feet. Then, again, the sick man should have the air changed twice as frequently as the man in health.

Ventilation requires the introduction and diffusion of an abundance of pure air at short intervals, and a corresponding removal of the air vitiated by respiration. The movement of air in the sick-room should be imperceptible. At a temperature of 55° to 60° air moving at the rate of three feet per second, is perceptible. Any more rapid movement than this gives rise to a draught of air, and will endanger the patient.

It is essential that the air should be thoroughly diffused, and then be removed after being breathed once.

It is claimed by some that the "law of the diffusion of gases" will insure perfect ventilation. But this law acts slowly; whereas the vitiation of the air by respiration goes on rapidly.

Others think that the wind can be made to ventilate thoroughly. The objection to this is that the wind is not constant and incessantly varies in velocity and force.

The most reliable method is that which depends on the variation in the weight of the air by heat.

In every attempt at ventilation we are to first settle the question whether the impure air is to be removed from the apartment at the base or at the ceiling. The latter method is far inferior to the former.

If there is a hot-air register in the floor on one side of the room, and a ceiling ventilator on the opposite side, the hot air will rise immediately to the ceiling, along which it will glide, and escape through the ventilator. Meanwhile, the bulk of the air in the room will hardly have been disturbed at all, and in sleeping rooms, especially, there will be very little diffusion. We are not to lose sight of the fact that carbonic acid gas is much heavier than atmospheric air, and that the bad air will naturally gravitate to the lower part of the room. A heated flue, with an opening at the base, will remove the bad air rapidly and insure the best diffusion. The old-fashioned fireplace answered the same purpose, and is by far the simplest and best method of ventilating any sick-room.

If the chimney has a throat one and one-half feet square, with a good fire, the air will move through the chimney at the rate of four feet per second, and air will be discharged at the rate of six cubic feet per second, which would be at the rate of twenty-one thousand six hundred cubic feet per hour.

Supposing a room of the capacity of two thousand cubic feet, with a fireplace as above, and with three persons in the apartment, the doors and windows all being shut, the air would still become bad through lack of proper diffusion. The whistling of the air about the windows of such a room—fairly shrieking to get in—can always be heard.

If we now open a window farthest away from the fireplace at the top, diffusion and ventilation will be good enough.

If the sick-room is ventilated by a fireplace, we should always open a window at the top. If the room, on the contrary, is heated by a register, a window should always be raised at the bottom, since the hot air rises to the top of the room, creates a plenum, and so forces the air out at the bottom. There are three points to be observed in regard to the sick-room. Note, first, whether there is any perceptible odor, on entering the apartment from the open air, if so, ventilation is imperfect.

Make sure, in the second place, that there is a free inlet and outlet for the air.

And thirdly, place an open-mouthed bottle by the side of the bed at night. In the morning, before there is any opening of doors or windows, or any movements about the room, pour a little clear lime-water into the bottle and shake it. If the air in the bottle is pure, the lime-water will remain clear, but, if otherwise, it will become milky in appearance showing carbonic acid in the air, which has united with the lime, forming a white precipitate of the carbonate of lime.

DIETETICS.

The few remaining minutes of the hour may be devoted, perhaps with profit, to a few important items with reference to the dietetics of the sick-room.

It was a doctrine taught by our grandfathers and fathers, that when a man was sick, he should first be starved, second bled, and next receive ten and ten, which meant ten grains of calomel and ten grains of jalap combined. If these measures did not cure the

patient the first day, they were repeated on the second, and so on.

But I do not believe that, simply because a man is sick, or because he has some fever, he should be knocked down with the lancet or some powerful sedative agent. All these agents may be used with discretion in accordance with the principles of the old New England doctor, who achieved a remarkable degree of success in the treatment of typhoid fever. When asked what he attributed his success to, he replied, "When I enter the sick-room, I look my patient over carefully, and if he is cold I warm him: if he is hot, I cool him; and if he is about right, I let him alone; that is, I study to equalise matters as much as possible, and use drugs only when necessary."

A man, simply because he is sick, is not to be starved, nor, on the other hand, can a man who is sick, as a rule, take such articles of food as a well man could be likely to take.

It may be doubtful whether a man when first taken sick, should take a large quantity of food, but one of the articles which he may have is *Indian gruel*, if not made too strong. If, however, you give permission that the patient may have gruel to take, unless you give special directions as to how it shall be made, you will very commonly find that the nurse has prepared a fair specimen of Indian pudding, and and has been administering that for gruel.

In making Indian gruel there should be no more than a dessert spoonful of the meal to a quart of water, and this should be boiled for a long time, keeping the quantity of water good throughout the entire boiling process.

Prepared in this manner it may be made decidedly salt, and then administered to the patient during the first few days of his sickness. There is one article of diet which all persons may take under all conditions, and that is *milk*.

There are those who say they cannot take milk, that it makes them bilious, etc.; but that is not true. A person who is sick may take milk with the greatest possible advantage, because it contains, in a form easy of assimilation, all the elements essential for maintaining nutrition. It is the natural aliment of the young animal, and certainly answers a good purpose for the old animal, provided it is used properly. New milk, I do not hesitate to say, may be taken, as far as disease is concerned, in any and every condition. Perhaps it will require the addition of lime-water, if marked acidity of the stomach is present: and perhaps a little gentian may be requisite to stimulate the stomach somewhat; and it may be necessary to give it in small quantities and repeat it often; but ice-cold milk can be put into a very irritable stomach, if given in small quantities and at short intervals, with the happiest effects. We have now come to believe, contrary to the teaching of our fathers, that *cold water*, even ice-cold water, is a most beneficial drink, and therefore permit our patients to have it as often as they may wish, provided too much is not taken at any one time.

Now, *tea*, which is a wholesome beverage, and, withal, contributes somewhat to scandal, is very com-

forting, especially to a sick woman, and may be given without harm, if it is sufficiently diluted with milk. When made very weak—just strong enough to give a flavor—well supplied with milk, and, perhaps, a little sugar, it gives the patient a trifle of nourishment in a very palatable form.

There is another article which has long been known in the sick-room, and that is *beef-tea*. This is not only agreeable to the taste when properly made, but it is one of the very best methods of administering nourishment. There are many who say that there is little or no nourishment in beef-tea, but it does nourish men, otherwise they could not live as long as they do upon it. I admit that bad beef-tea is not very nutritious; and it is perhaps the exception that patients get good beef-tea. It is this fact, perhaps, which, as much as anything, has led to its disuse. If, however, you will make beef-tea according to the directions I now give you, it will be found to be a most serviceable article among the dietetics of the sick-room.

Take a pound of the very best beef that can be obtained in the market—the butcher will tell you that any kind of a piece answers to make beef-tea of, but that is not true—cut it into small pieces the size of the end of the thumb, place it in a pint basin, cover *cold* water with, and then place the dish upon the back part of the range or stove, where the water will gradually get warmer and warmer, but will not reach the boiling point. Let it stand and simmer in this manner two hours. Then bring it forward, and boil over a quick fire twenty minutes, and immediately after pour the fluid from the beef, at the same time allowing the little particles which become detached to flow off with it. Now, if there is any fat in the tea it is well that it should be removed, for the reason that the bile and pancreatic secretion may be unable to emulsify it, and it may do more harm than good. If you wish to be very precise upon this point, the tea can be set aside, and when perfectly cold all the fat can be removed from the surface in a flake: or the fat may be taken up by dropping a piece of flannel upon it as it floats upon the surface of the warm tea.

It is not a good plan to strain the liquor, because this process will remove more or less of the little particles of beef, which are very essential to the value of the tea. It may now be salted, and given hot or cold, as the patient may wish; and it may be given as soon as the pulse indicates any diminution in the force of the heart's action. What becomes of this article of diet when taken into the stomach? The advocates of the worthlessness and non-essential in beef-tea would answer that it makes but little difference. I believe, however, that it is mostly taken up by the gastric veins, and, at all events, that it is exceedingly palatable and nutritious, and does do something more than simply warm the stomach and make the patient happy for a short time.

In case the patient's stomach is very irritable so that large quantities of any substance cannot be borne, you may resort to *beef-extract* for nourishment.

The proper method of making this article is to take

a pound of the best beef, cut it into small pieces, and place it in a good sized open-mouthed bottle—a pickle-jar is perhaps as convenient as any. Cork the bottle loosely, and then set it into a kettle of water which is to be kept boiling for two hours. If the bottle is now removed, it will be found that it contains a considerable quantity of fluid which may be turned off, and the beef subjected to slight pressure to remove still more.

In this fluid we have a concentrated article of nourishment, and it may be given, after it has been seasoned, either pure or diluted, according to the condition of the stomach. Beef-extract is not nearly so palatable an article of food as rich beef-tea made in the manner described. Ordinarily, however, the tea is badly made, and contains but little beef and considerable water.

Thus, gentlemen, I have considered in this lecture small points which I believe to be of practical importance; and although they have been referred to in a somewhat discursive manner, I trust they will prove to be of some service to you when you come to engage in actual practice.—*N. Y. Medical Record*, Sept, 1875.

DIGITALIS IN BRONCHITIS.

Dr. James Braithwaite writes to the *British Medical Journal*:—

Given a patient past the meridian of life, either very stout, or emaciated from previous bad health, and let him, or more commonly her, have a neglected bronchitis, and we have the following class of symptoms produced: A perspiring skin, a poor and quick pulse, urgent dyspnoea, bluish tinge of lips and skin, and respiration accompanied by loud wheezing sounds. The most successful plan of treating these cases, so common during the present severe winter, is the free administration of digitalis, which may be advantageously combined with the compound spirit of ammonia. The digitalis may be given in doses of ten minims of the tincture every two hours.

In these cases, it is the heart which is at fault, the right ventricle being gorged with blood, which it is unable to propel through the lungs. The best test of the truth of this theory is its success, for the pulse will be found to become full and slow, and the breathing relieved, directly the digitalis has had time to act on the heart. Its action is sometimes assisted by the judicious administration of a little alcohol. I prefer common gin. If, however, it be found that these cases of commonly called bronchitis are really dependent, for their non-recovery, at least, upon weak hearts, care must be taken as to the administration of stimulants, for they accelerate the action of the heart, and in the end weaken it. In fact, digitalis slackens the speed, and stimulants increase it, so they to some extent contradict each other. I have had some cases lately in which twenty minims of tincture of digitalis were given every two hours for a whole day,

and then decreased to ten minims every four or six hours. This medicine will be found to be chiefly valuable when the pulse is weak and rapid. In one old lady about eighty years of age, the effect was remarkable, and in another, seen to-day, the pulse has fallen to 76, with corresponding relief to the other symptoms. In another case, in which the pulse was 130 and very weak, it acted magically, but I am sorry I made no note of the exact rate to which the pulse fell. Good support of all kinds may at the same time be given. I like stimulants less and less in this form of disease; if you want a horse to go one mile rapidly and well, the spurs may be used, but for a long journey a steady pace is better.

Some patients are more susceptible of digitalis than others, therefore the effects must be watched, and the dose increased or diminished, as necessary.

PROPER CONDUCT OF MIDWIFERY PRACTITIONERS IN PREVENTING INJURY TO PATIENTS FROM PUERPERAL INFECTION.

DR. J. MATTHEW DUNCAN (*British Medical Journal*, May, 1875), in a letter to the *Obstetrical Society*, of London, makes the following statements: The charge of homicide by infection he regarded as a new one in the history of law, and in the present state of science and practice not substantiated. In ordinary circumstances, he regarded the giving up of practice for a time, with a view of preventing the spread of puerperal fever, as unnecessary. In nearly thirty years of obstetric experience, in private, in hospital, and in consultation practice, he had not as a precaution given up work for a single day. The grand precautionary measures for obstetric practitioners to adopt were: (1) Avoidance of the duties of nurses; (2) Avoidance of using the hands in post-mortem investigation; (3) Antiseptic cleanliness of the hands and of the dress.

CHRONIC FOLLICULAR PHARYNGITIS.

By BERNARD TAUBER, M. D., Cincinnati, O.

To the physician is rarely afforded an opportunity to see this disease until it has existed for several months or years. The patient will complain of dryness in his throat, with or without a disposition to cough or expectoration, or to clear his throat from a foreign body, feeling a lump, a hair, or a pin, etc.; some degree of hoarseness; more or less impairment of hearing and trouble in swallowing. With all these symptoms the patient will enjoy tolerable good health. At a later period all the symptoms will have increased in severity.

The causes of this affection are generally those which bring on a catarrh of the mucous membrane. Public speakers, clergymen, singers, smokers and spirit drinkers are especially liable. In medical literature this affection, from its frequency among

the clergy, is known as the "clergyman's sore throat." It is not confined to this class alone, and the prevalence among them is due to exposure to draughts from open windows, and inequalities of temperature under which they often preach, etc. The appearances present themselves in small circular or irregular projections, either isolated or in clusters, varying from that of a pin-head to a small pea. Their color is deeper red than the surrounding mucous tissue. These prominences consist of enlarged or hypertrophied glands. Usually we notice a narrow line of redness about the base of them. Frequently the patches are close to each other bordered by these red lines. Sometimes the mucous membrane appears sunken, and has a granulated appearance, and may occupy the edges of the arches of the palate. At this stage the patient is not annoyed much—the voice is not much affected; will be no cough, and the expectoration will be a viscid mucous. At a later stage the follicles become more enlarged, the mucous more viscid and adherent. The disease advancing to the posterior wall behind the soft palate, invading the glandular tissue of the vault of the pharynx, often strings of mucous will hang from the posterior wall of the soft palate and extend up to the posterior nares. The patches of enlarged follicles becoming larger, their surface is often velvety. In the interspaces we may notice certain spots of superficial ulcerations, indicating a destruction of the epithelial layer of the mucous membrane. The tonsils and uvula are apt to become irregularly enlarged, and covered with a grayish or whitish secretion. The voice is often affected (though the larynx may not be implicated at first, but eventually it becomes involved), is husky at times and hoarse, or the patient may be aphonic in the morning, but when engaged in conversation the voice gradually becomes clearer. In swallowing solid food there is pain. The patient may complain also of impairment of hearing, because the lower portion of the mucous membrane of the eustachian tube is continuous with the mucous membrane of the pharynx, and the disease may thus be propagated along the tube, and thus affect the structure of the middle ear. By a chronic thickening of these parts, the free opening of the eustachian tube is narrowed, and the access of air into the interior of the middle ear is excluded. Inflammation and enlargement of the uvula frequently co-exists with chronic follicular pharyngitis, and gives rise to a harassing cough and expectoration.

The treatment of this affection must be a chronic one, and seldom the patient will submit to it; therefore it is not always so successful as one would expect. These cases require constitutional and local remedies, and especially the later. Sometimes the effects are very prompt, again very slow. In using astringent solutions the pharynx should be washed out by a syringe or a spray, to detach the strings of mucous adherent to the mucous membrane. This is of great importance. It is good policy not to commence with a strong solution; and apply with a small camel-hair pencil, or a small piece of cotton held in a pair of pharyngeal forceps, and use a solution of nitrate of

silver 30 grs. to the ounce, and increasing it to 60, 120, and 240 grs. to the ounce. The solid stick is employed when we desire to produce a destruction of the parts and maintain it in contact for some seconds.

At the clinics and hospitals in Europe, nitrate of silver is always used in diseases of the pharynx. Should we fail with this treatment, we may adopt the plan to split each follicle with a point of the knife, touching it with a crystal of nitrate of silver. We employ in addition to it the spray of solutions of tannic acid, alum, sul. zinc, or sulp. copper, etc. In order to keep up the astringent effect, we can also assist the local treatment by the use of counter-irritations. Some authorities recommend in obstinate cases, in addition to the constitutional treatment, the use of the iodide of potash; sometimes the bichloride of mercury in small doses is administered with iodide of potash, even if there is no syphilitic taint to expect.—*Cincinnati Medical News.*

ACTUAL CAUTERY.

Dr. Brown-Séquard has lately drawn attention to the use of the cautery, and declares it has not yet been fully appreciated. It need not pain much—less the better in most cases. The minimum of pain is caused by a white heat, which instantly destroys the outer layer of the skin, so that radiation does not penetrate.

Jobert de Lamballe and Valleix have the utmost confidence in the cautery for neuralgia. Charcot has found it the best treatment in Pott's disease. If we are not mistaken, Sir D. Corrigan has for many years used it in spinal cases, but we do not know with what result.

Dr. Brown-Séquard would much extend its use in general paralysis of the insane. He firmly believes in the possibility of a cure provided the morbid alterations, not only of the brain proper, but of the medulla oblongata and of the spinal cord, had not advanced too far. There is a morbid state in which he finds the power of the actual cautery especially great: it is coma. In chorea he had effected a permanent cure by this method within a week, in one case which had resisted all ordinary means of treatment,

The cautery is very powerful in epilepsy, especially when the disease is due to a blow upon the head, or is caused by congestion or inflammation of the membranes of the brain. In summing up the cases of organic or functional disease in which the actual cautery is of service, Dr. Brown-Séquard mentions pain in any region, but especially neuralgia; congestion or inflammation in the brain, the spinal cord, the lungs, the heart, and other viscera; serous effusion into the joints, the pericardium, and the pleura; paralysis agitans; neuroses, especially epilepsy.

The rule to be followed in determining the place of application is to choose that part of the skin which is nearest to the pain. In locomotor ataxy the sensation is referred to the periphery, consequently apply the iron there: but this rule is not absolute. In locomotor ataxy apply the iron to the lower limbs, at the spot where the pain is felt, or over muscles

attacked with cramp. In cases, however, of myelitis or of spinal meningitis as associated with congestion or inflammation of the fibrous tissue uniting the vertebrae, the best place of application is over the tender spots of the spine.

No special instrument need be used; if the poker is resorted to it should not be applied over a large surface or pressed hard, if it is desired to avoid giving pain. Lines and occasionally points should be made rapidly. The outer layers of the skin are dried up, and fall off after a few days. No sore or scar remains, so that there is no danger of disfiguring the face, or any other part. The most convenient instrument is one consisting of a steel or platinum bulb about the shape of an olive, but much smaller. To act safely in a cavity like the mouth, or on a restricted part of the skin, a very small steel bar or shaft may be used, which, when heated, is pushed inside a protecting bulb.

As regards the frequency of the applications it necessarily varies greatly. In cases of neuralgia five or six lines are to be made three or four times, at intervals of two or three days. A single application is usually sufficient to allay the pain of locomotor ataxy. This treatment must be repeated many times for inflammations or serous effusions, especially when chronic. In neuritis the method may have to be persisted in for years.

ANÆMIA.

(*The Lancet*, August 7, 1875).—Dr. Julius Pollock calls attention to that form of anæmia which is met with in young unmarried women and is usually associated with some disorder of the catamenial function. He relies chiefly upon steel to effect a cure; but if the tongue is coated and the digestion much impaired, the more astringent forms of iron, such as the sulphate or the perchloride, are often not tolerated at first; and the ammonia-citrate, the *mistura ferri comp.*, or the ferrum redactum, will be the best to begin with. In a large number of cases he has found nothing so successful as a combination of the ammonio-citrate of iron and rhubarb in suitable doses, with equal parts of some bitter infusion and peppermint-water. Sometimes the addition of two or three grains of the carbonate of ammonium seems to be useful. He makes rather a point of the rhubarb, although it is so disagreeable to take, believing it to assist the action of the steel, especially when the stomach is out of order. If the patient is very nervous, ten grains of the bromide of potassium may be added with advantage to each dose of the mixture. If the rhubarb in the mixture does not act enough upon the bowels, it will be necessary to prescribe some aperient pill to be taken at bedtime. Preparations containing aloes are of service, and may be combined with steel. Pepsine is often useful with the meals. The diet should be light and simple; beer had better be avoided in most cases, and a glass or two of light claret may take its place with advantage. Claret is certainly better than port, although that wine is so often recommended. A moderate amount of exercise out of doors, when the wea-

ther permits, should be insisted upon, but anything like fatigue must be avoided. A tepid bath in the morning and a rub down afterwards with a rough towel is a good thing. In a few weeks, more or less, the steel and rhubarb mixture may be left off, and fifteen drops of the solution of perchloride of iron given after each meal in a wineglass of water.

GALLIC ACID IN ALBUMINURIA FOLLOWING SCARLATINA.

(*The American Practitioner*, August, 1875).—Dr. J. T. Jameson reports two cases of albuminuria occurring as a sequel of scarlet fever, and in which he employed gallic acid with marked success. In one case, a child at 6 years, caught cold during convalescence, and a day or two after the face became oedematous; there was pain in the head, and slight fever; the urine was quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a teaspoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided, and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor oil to regulate the action of the bowels.

MISCELLANY.

American Dentistry in 1796.—The following is a copy of an advertisement issued in 1796 by one Josiah Flagg, surgeon dentist, who

“Informs the public that he practices in all the branches with improvements, [*i. e.*] Transplants both live and dead Teeth with great conveniency, and gives less pain than heretofore practiced in Europe or America:.....Sews up Hare Lips:.....Cures Ulcers:.....Extracts Teeth and stumps or roots with ease:.....Re-instates Teeth and gums that are much depreciated by nature, carelessness, acids or corroding medicine:.....Fastens those Teeth that are loose (unless wasted at the roots): regulates Teeth from their first cutting to prevent fevers and pain in children: assists nature in the extension of the jaws, for the beautiful arrangement of the second Set, and preserves them in their natural whiteness entirely free from all scorbutic complaints. And when thus put in order and his directions followed (which are simple), he engages that the further care of a *Dentist* will be wholly unnecessary:.....Eases pain in the teeth without drawing:.....Stops bleeding in the gums, jaws, or arteries:.....Lines and plums Teeth with virgin Gold Foil or Leads:.....Fixes gold Roofs and Palates and artificial Teeth of any quality, without injury to and independent of the natural ones, greatly assisting the pronunciation and

the swallow when injured by natural or other defects. A room for the practice with every accommodation at his house, where may be had Dentifrices, Tinctures, Teeth and Gum Brushes, Mastics, &c., warranted approved and adapted to the various ages and circumstances: also Chew-sticks, particularly useful in cleansing the fore Teeth and preserving a natural and beautiful whiteness: which Medicine and Chew-sticks are to be sold wholesale and retail, that they may be more extensively useful.

"* * * Dr. Flagg has a method to furnish those Ladies and gentlemen or children with Artificial Teeth, Gold Gums, Roofs, or Palates, that are at a distance and cannot attend him personally.

Cash Given

for Handsome and Healthy Live Teeth
at No. 47, Newbury-Street, Boston (1796)."

The document is ornamented in one corner by very formidable and antiquated instruments, while in the other are to be seen tooth-brushes quite of the modern pattern. It has been preserved by a descendant of one who, as may be seen on the back, purchased a brush and tincture from Josiah Flagg in the year 1800.—*Boston Medical and Surgical Journal*.

BURNS AND SCALDS.

Dr. J. MORRIS, in the *Sanitarian* (December number), makes some very useful remarks on burns and scalds and their treatment. He characterises the old method of treatment with carron oil as crude and useless. In Dr. Morris's opinion it is not so important to consider the mere local treatment as the general management of the sufferer at the time of the accident. For burns of the extremities, Dr. Morris says, no immediate application is so serviceable to relieve pain as hot or cold water, and, strange to say, they act equally well. The cold bath, as practised by Hebra, is best, if appliances are at hand. Carbolic acid has been much commended as a local anæsthetic. Possibly a solution of it in water, in combination with morphia, might act still better. All earthy applications, such as chalk, calaminaria, &c., should be avoided, as being not only therapeutically inert, but also antagonistic to the process of restoration. Local stimulation, such as the application of turpentine, or a solution of nitrate of silver, as practised at St. Bartholomew's Hospital, may be proper treatment in the second stage of burns.

Dr. Morris sums up as follows the chief suggestions he makes in the course of his paper:—

First. Remove the clothing by cutting it from the body.

Second. Wrap the patient in blankets.

Third. If pain be excessive, administer chloroform, ether, or large doses of opium, and let the necessary dressing be made while the patient is in a state of partial or total insensibility.

Fourth. Produce anæsthesia of burned or scalded parts by the application of a solution of carbolic acid and morphia. (This solution can be made in almond or olive oil.)

Fifth. After this, wrap the patient in masses of cotton batting.

Sixth. Avoid brandy, and give coffee as a stimulant.

We have no doubt that if these simple rules are only followed, much suffering may be relieved, and many lives saved that would otherwise be lost through the ignorance and mismanagement of attendants.—*The Doctor*.

LARGE DOSES OF BROMIDE OF POTASSIUM IN THE TREATMENT OF EPILEPSY.

Very favorable results are reported from the use of this drug by Dr. Otto, who relates a series of thirty three severe cases of epilepsy. Most of them had seizures daily, or oftener, and twenty-nine had also some form of mental disorder. In fourteen patients the attacks ceased from the day the medicine was given, and in most of them did not recur for eight months. In seventeen patients the attacks became less frequent, ceasing entirely in three of them when larger doses were given. In the rest the attacks were less frequent, intervals of six months occurring. One patient died six weeks after beginning treatment; in two, attacks recurred after the remedy was left off. The mental condition of all was much improved. Of the whole number four remained free from attacks, even after the medicine was stopped. Most of the patients easily bore 185 grains daily, and our author advises against exceeding 230 grains. In recent cases he gives about 150 grains daily, divided into four doses, adding a little opium if it produces diarrhœ. The long continuance of this quantity, however, or a gradually increased dose, produced disturbance in the sensorium and motor paralyzes, from which, however, the patients recovered completely when the remedy was discontinued. When used for two or three weeks skin lesions were always manifested, comprising acne, pustules resembling furuncles, and ultimately quite an extensive superficial ulceration of the skin. These, then, and the nervous lesions are the indications for discontinuing or diminishing the doses, for the disturbances of the alimentary canal can be overcome by giving it in sufficiently diluted solutions. The author considers the bromide the efficient ingredient of the salt, as bromide of sodium and hydrobromic acid acted in the same way, while other potash preparations were without influence upon the disease. He believes that it acts by removing the irritability of the central ganglia and the peripheral nerves, and so averts the seizures.—*Archiv for Psychiatric. Memorabilien*, April 8. 1875.

PURPURA HEMORRHAGICA TREATED BY HYPODERMIC INJECTION OF ERGOTINE.

Dr. Andrew K. Minich relates an interesting case of dangerous purpura hemorrhagica, occurring pretty suddenly in a child seven years old, who had previously been healthy. The case was treated successfully with hypodermic injections of ergotine. When the patient was first seen the condition was quite

alarming: blood was issuing freely from nearly all the mucous orifices of the body, and there was bloody vomiting and profuse epistaxis; the parotid glands were infiltrated and swollen with blood, while large purple ecchymoses appeared underneath the skin. A grain of ergotine was injected hypodermically, and repeated twice within 24 hours, with the effect of completely arresting the hemorrhage, and in a few days the child was perfectly well.

The pathology of this malady is somewhat uncertain. Some have been disposed to attribute it to fatty degeneration of the capillary vessels. But the prompt action of ergot upon the affection, whatever its nature may be, could scarcely be explained on the above supposition. Minich suggests *vaso-motor paralysis*. Ergot produces *vaso-morto spasm*; thus "we have explained to us somewhat satisfactorily how it is that ergot will cure this affection."—*Phila. Med. Times*, May 9th, 1875.

THE USE OF COLD IN SCARLATINA.

In the *Lancet*, September 4th, Dr. J. T. Eddison says, quoting several cases showing the value of cold in the disease:—

All sorts of objections have been, and still are, urged against the use of cold in scarlet fever. Danger is said to arise from "driving in the rash," from internal congestion, from the rapid loss of body temperature and consequent depression, and it is also said that the risk of renal mischief is thereby increased. If it were proved that the occurrence of nephritis is more frequent after treatment by cold, it would be a very valid objection to the practice of it, and the real truth can only be learned by an examination of a large number of cases. From my own experience I am inclined to disbelieve that any harm results in this way. The fear of the occurrence of nephritis from this cause originates, no doubt, in the generally accepted opinion that the affection of the kidneys so commonly occurring after scarlet fever is due to "draughts," or "catching cold," or leaving the bed too soon. I think this opinion is not founded upon sufficiently good grounds, and that every one in the habit of seeing cases of scarlet fever must often have seen nephritis beginning before, as well as after the patient has left his bed, and as often in cases kept in warm stuffy rooms, as in those in which fresh cool air has been freely admitted to the sick chamber. "Catching cold" is made to do duty as a cause of so many conditions for which we can find no better explanation, that it is adopted at once and without hesitation, in order to account for any otherwise inexplicable phenomena. There appears, at any rate, to be no good ground for assuming that cold bathing increases the chance of an attack of nephritis and in the two cases here reported the urine did not become albuminous after repeated bathing. Objections on the ground of the trouble and increased expense in nursing are scarcely worth consideration, if it is true, as I believe it is, that this mode of treatment is better than any other. The difficulty is perhaps less in treating scarlet fever than in dealing with other cases,

because the patients are usually young and easily lifted in and out of the bath, but when from the weight of the patient, or the weakness of the attendants, it is impossible to use the bath, the patient may easily be packed in wet sheets, with or without pieces of ice placed here and there, or india-rubber bags or large bottles filled with ice may be placed around the patient. The bath gives better results than any other plan, when it can be thoroughly carried out, and the most satisfactory way is to begin with the bath at 98° or 100° and cool down gradually to about 70°. It is, of course, better that the temperature of the patient and of the water should be frequently taken, but the hand is generally a good enough guide as to the water, and the appearance of the patient always indicates the improvement in his condition. This is well illustrated in the case of S. F.—(aged eight) near the end of the fifth day. The little patient was then drowsy and delirious, the temperature being 104°, and three-quarters of an hour in a bath, beginning at 90° and cooled down to 68°, resulted in the cessation of delirium and drowsiness and a reduction of the temperature (in axilla) to 95°. In the case of M. A. S.—(aged four), a similar bath for one hour reduced the temperature from 105.3° to 95.6°. There was no dangerous depression or bad symptom whatever, from this low temperature. In scarlet fever, as in other allied disease, the cardiac impulse, and the character of the heart sounds are safer guides as to the condition the heart and of circulation, than is the pulse at the wrist, the latter being often very deceptive.

BROMIDE OF IRON IN CHOREA,

Professor Da Costa, of Philadelphia, in a recent clinical lecture on this subject (*Medical and Surgical Reporter*) says: "Having now used it for three or four years, my experience, from the treatment of a large number of cases, giving abundant opportunity to witness its good effects, induces me to like it better than any other one article in the treatment of chorea. It should be given in increasing doses, never commencing with less than five grains for a child, and rapidly increasing the dose to twenty. It may be given in plain syrup and water, in the form of a pill, or better, in an effervescent powder. It not only affects the chorea, but also impresses the nervous system as a sedative, quieting it, and giving the patient rest. It is also a valuable agent in treating the incontinence of urine in children. It was in a case of this kind, complicating chorea, that I first observed its value; being surprised and pleased to see that, as the symptom which led to its administration improved, the chorea also diminished and soon disappeared. Since then I have used it almost continuously. Local chorea, or clonic muscular spasm, such as twitching the eyelids, etc., in hysterical women, are sometimes cured by this drug after the failure of other remedies. In answer to the question whether it is the bromide

or the iron that benefits, I think it is the combination; that neither *alone* accomplishes the result: for you will find it to benefit cases that have previously taken iron without improvement; and as regards the other bromides, we certainly cannot claim for them any especial value in chorea, as they frequently disappoint us. The remedy occasionally fails, as all remedies sometimes do in this obstinate affection, but it certainly is one of the most valuable agents we possess for the treatment of chorea."
—*New Remedies, July, 1875.*

LIQUOR FERRI PERCHLORIDI IN CANCEROUS ULCERATION OF THE UTERUS.

Dr. Gibb (*British Medical Journal*) states that he was induced to employ the solution of the perchloride of iron in such cases from observing its beneficial action in an obstinate case of hemorrhage arising from enlarged vascular granulations in the uterine cavity. He gives the history of four cases in which the application of the solution was more or less useful, but he draws a distinction as to the chances of success between the cases where the cancer is hard and embraces the whole of the uterus, and those where the disease is epitheliomatous, spreading over the vagina, and throwing out toward the surface exuberant vascular fungoid granulations.

In the latter Dr. Gibb thinks that the application of cotton-wool soaked in the solution of iron clears away the greater part of the diseased growth, allows reparative efforts to be made by the comparatively healthy structures underneath, and hastens cicatrization. When the disease is purely epithelial and chronic and rodent in character, and confined to the surface, the treatment described has done most good, and appears to Dr. Gibb to cure even bad cases.

The application rarely causes pain, except where the solution has accidentally flowed over the adjacent parts, which have been thereby blistered and painfully excoriated. He therefore takes care to limit the application to the diseased part alone. He has always used the strongest pharmacopœial solution undiluted, as he wishes to secure a caustic action. At first he applied it on a piece of sponge or lint, but finally he found cotton-wool to answer best, as this soaks up any quantity that may be required, parts with it easily, and can be moulded into any form, so as to fill a cavity or cover over and adhere to any growth.

THE EXTERNAL USE OF TINCTURE OF IRON.

In the *British Medical Journal*, Dr. A. C. Foster writes:—

In simple cutaneous erysipelas, and also in the milder phlegmonous variety, this agent possesses the decidedly specific effect of subduing, almost at once, the morbid action. I have applied it in numerous instances, and always with the most satisfactory

results. So far as my experience goes, it is, in these cases, incomparably the best remedy ever used. It seldom happens that more than one painting of the same spot is required, and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine; and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's hair brush, has been sufficient to effect resolution, while in similar cases we find frequently that leeches, poultices, and evaporating lotions fail to prevent the formation of matter. Again, the remedy may be applied most advantageously in acute rheumatism, where any particular joint is especially swollen and painful, and also to the inflamed surface surrounding an unhealthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well-known remedy, ink, as a domestic application in ringworm, has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient.

DIARRHŒA MIXTURE.

℞ Olei ricini, ʒ xxiv;
Sp. chloroformi, ʒ iss;
Sol. morphiæ mur., ʒ i;
Pulv. gum. acaciæ, ʒ iiss;
Syrupi, ʒ ss;
Aq. ad ʒ iv.—M.

A dessertspoonful every hour and a half until the bowels are quieted.

PURGATIVE IN DYSPEPSIA ACCOMPANIED BY CONSTIPATION.

℞ Mass. hydrarg.,
Ext. colocynth. comp., aa gr. xxx,
Pulv. ipeacac., gr. iii.—M.

Ft. in pil. no. xii.

Two of these are to be taken every second or third night, and followed by a Seidlitz powder the next morning.

CHLORAL SUPPOSITORIES.

The production of a chloral suppository containing a sufficient proportion of this drug to cause sleep has heretofore been deemed impossible. M. H. Mayet, pharmacien, of Paris, has, however, devised the following formula, by which he manages to get forty-five grains of chloral in each suppository:

℞ Ol. theobromæ, gr. xxx;
Cetacei,
Pulv. chloral., aa gr. xlv.

For one suppository.

These suppositories are of good consistence, and may be easily put into use.

RESPIRATORY PERCUSSION.

In the last number of the *American Journal of the Medical Sciences* Dr. J. M. Da Costa describes a method of physical examination of the chest, by means of which he claims that the diagnosis of pulmonary affections may often be greatly facilitated. By respiratory percussion is meant percussion after a full inspiration or a full expiration, the breath being suspended for the moment while the examination is being made. For the sake of furnishing a standard for comparison between health and disease, a description is given of the sounds produced by respiratory percussion in the normal subject. The general effect of percussion after a full inspiration is to increase the resonance and the volume of sound, and to raise the pitch. Percussion after expiration appears to be of less practical importance, though it occasionally affords valuable information. Its effect is to diminish the resonance and lower the pitch.

The practical application of the respiratory method of percussion would appear to have a very wide range. In all chest affections, where percussion is used, the modification may be employed with advantage. It often serves to clear up a diagnosis where the ordinary physical examination leaves the case doubtful, or where the usual signs tend to mislead. Thus, in bronchitis an abundant accumulation of secretion in the air-passages may obscure the breath sounds, and even give rise to a certain degree of dullness on percussion. But if the suspected region is percussed while the breath is held, after a full inspiration, the percussion-note again becomes clear, and the doubt is removed. On the other hand, should the dullness remain unchanged after inspiration, we may infer that the pulmonary tissue has suffered damage. In acute lobar pneumonia respiratory percussion may reveal commencing resolution before any crepitation has appeared, and thus become available with respect to prognosis. In certain cases of organic heart disease, where the symptoms lead to a suspicion of tubercular complication, this method of percussion, by causing the local congestion in the lungs to disappear, will greatly assist in the diagnosis. In pleurisy, with effusion, where the fluid is at the lower part of the lung, and some doubt exists as to whether it may not be a case of chronic pneumonia, by means of respiratory percussion the diagnosis may be rendered perfectly certain. If after a forced inspiration the percussion develops a sharply defined line between the region of dullness below and that of resonance above, it is an effusion; while if the dullness changes in part, or remains unchanged without being well-defined, we may be sure that the lung is consolidated. Again, in those cases where in connection with an effusion in the pleura we get a blowing respiration at the back, with dullness on ordinary percussion, and it is a question whether pneumonia co-exists with the pleurisy, a full inspiration expands the lung tissue, if it be simply compressed or condensed, and the percussion sound becomes clear and resonant.

Obviously in phthisis, too, respiratory percussion may be made of great service in determining the existence of a deposit that is very slight in amount, or in ascertaining the degree of progress of the disease, by magnifying, as it were, the ordinary percussion signs, and by enabling us more accurately to define the limits of the disease. If both lungs are about equally affected, the presence of deposit will be denoted by the fact that respiratory percussion does not give an increased, but rather a diminished resonance, and after a forced expiration the dullness will be markedly increased. In the case of cavities the effect of a full inspiration upon the percussion sound is to change the tympanitic, cracked pot, or amphoric notes to simple dullness, together with a higher pitch and feeling of greater resistance.

In pneumothorax respiratory percussion may be made available, it is claimed, to ascertain whether perforation between the lung and pleural cavity still remains pervious or not. If a full inspiration increases the resonance, the former is probably true; while, if the resonance remains unchanged after inspiration, the aperture has closed. This, however, is not stated with complete certainty, and the necessity for further investigation is admitted. In emphysema the vesiculo-tympanitic note elicited by ordinary percussion is either not at all changed after forced inspiration, or but very slightly so in case the emphysema is not marked.

TREATMENT OF SPASMODIC ASTHMA BY THE SUBCUTANEOUS INJECTION OF MORPHIA.

J. Keith Anderson, M.D., writes to the November number of *The Practitioner* as follows regarding the use hypodermically of morphia for the relief of asthmatic spasm:—"Some six months ago, in a case of spasmodic asthma of long standing, in which the usual antispasmodic and depressant remedies had proved unreliable, I ventured to make trial of the subcutaneous injection of morphia. The results were so extremely satisfactory, that I have applied the same treatment to the cases which have since then come under my care. The plan is so simple and so obvious, that I cannot but think that it must have occurred to others besides myself. Having, however, found no mention of it in the text-books or elsewhere, I am emboldened to present it to the consideration of the profession.

"I have now used the treatment on twelve occasions, and the result in all cases has been a complete and perfect relief from the embarrassment of the respiration. The rapidity with which the distressing symptoms are controlled is very striking. In from five to ten minutes after the injection has been administered, the patient finds himself well, *per saltum*. There is no perceptible interval between the agony of breathlessness of one moment and the perfect calm and rest of the next. I have seen a man who had been laboring to speak—jerking out his words syllable by syllable—suddenly rise to his feet, and, with easy and unembarrassed respiration, finish his remarks in an uninterrupted flow. So soon as the

morphia gets fairly into the current of the circulation, that moment the spasm is relaxed, and the patient is at peace, with nothing but his exhaustion to testify to the sufferings he has undergone.

"The dose which I have used has been in all cases one-sixth of a grain of the hydrochlorate of morphia in a strong solution. In no instance has its use been followed by any more unpleasant result than slight nausea. This effect has not occurred on more than one or two occasions, from which I infer that the relaxation of spasm is by no means dependent on its production.

"In no attack has there been any tendency to the recurrence of breathlessness after the first effects of the morphia have passed off. I have even been inclined to believe that its use has been succeeded by an unusually long immunity from further attacks.

"I may add that those who have once experienced the rapid and unfailing relief of the subcutaneous injection are no longer content to await the action of the more uncertain remedies to which they had formerly been accustomed to resort."

HOW TO STRAP THE BREAST.

Strapping the mammary gland is of avail to prevent and arrest lactation. But, remarks Dr. W. W. Munson, in the *New York Medical Journal*, strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half-way between the nipple and lower margin, draw the gland well up, and attach one end high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Don't skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape, without burrowing beneath the plaster, pushing it off, and making a hot, disagreeable, irritating poultice. Several thicknesses of soft cloth should be placed over the nipple (when pervious), to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess.

DIGITALIS IN BRONCHITIS.

D. J. Braithwaite (*British Medical Journal*) strongly recommends the use of digitalis in the treatment of bronchitis accompanied by debility. This form of bronchitis is most frequent in persons past the meridian of life. If neglected, the patient soon presents the following symptoms: perspiring skin, poor, quick pulse, urgent dyspnoea, bluish tinge of

lips and skin, respiration accompanied by loud wheezing sounds.

These cases, so common during the winter, are most successfully treated by the free administration of digitalis, alone or combined with compound spirit of ammonia. In these cases the heart is at fault; the right ventricle being gorged with blood which it is unable to propel through the lungs. Ten minims of tincture of digitalis may be given every two hours. It will be found that the pulse becomes full and slow, the breathing relieved, as soon as the digitalis has had time to act. Good support of all kinds is given to the patient. The doctor recommends that the effects of the drug be carefully watched, and the dose increased or diminished as indications require.—*Detroit Medical Review*.

DR. CHEYNE AND DR. WINTER IN BATH, FIFTY YEARS AGO.

At the time Dr. Cheyne and Dr. Winter were the two principal physicians at Bath, they adopted very opposite modes of practice; but the former gave some credence to his prescription of milk-diet by making it the principal article of his own sustenance. On this occasion Winter wrote him the following stanzas:

"Tell me from whom, fat-headed Scot,
Thou didst thy system learn:
From Hippocrates thou hast it not,
Nor Celsus, nor Pitcairn.
Suppose we own that milk is good,
And say the same of grass—
The one for babes and calves is food,
The other for an ass.
Doctor, one new prescription try
(A friend's advice forgive,)
Eat grass, reduce thyself, and die,
Thy patients then may live."

Dr. Cheyne's answer:

"My system, Doctor, is all my own,
No teacher I pretend:
My blunders hurt myself alone,
But yours your dearest friend.
Were you to milk and straw confined,
Thrice happy might you be;
Perhaps you might regain your mind,
And from your wit get free.
I can't your kind prescription try,
But heartily forgive:
'Tis natural you should bid me die
That you yourself may live."

TREATMENT OF ALOPECIA BY ELECTRICITY.

Dr. Waldenstrom has attempted to remedy the loss of hair from the scalp by this means. He applied in one case one of the poles to the superior ganglion of the great sympathetic, and the other upon that portion of the scalp from which the hair had fallen. At the end of six weeks the hair was replaced. Another patient treated in the same manner showed a not less favourable result at the end of two months of electrization. In spite of this double success, Dr. W. does not feel authorized to extol the remedy without further trial. He only states his belief that the treatment is a promising one, and hopes it may have a thorough examination.—*Medical Times*.

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A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND.

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MONTREAL, FEBRUARY, 1876.

WESTERN HOSPITAL, MONTREAL.

The quarterly meeting of the governors of the Western Hospital was held in the Mechanics' Hall, on the 1st February, Major H. Mills, the President, being in the Chair, supported by the Vice-Presidents, William Workman, Esq., and Hugh McLennan, Esq. There was a good attendance of the Governors. The Secretary, Mr. James Coristine, informed the meeting that communication had been had with Mr. Robert Hamilton, of Quebec, from whom the Corporation of the Western Hospital had purchased their property, with a view to his freeing entirely one-half of the property, and placing his mortgage upon the other half. This was done so that Major Mills might be able to, at once, proceed with the erection of his building on ground entirely free from debt. Mr. Hamilton, he stated, at once expressed his willingness to accede to this request, as soon as a mortgage on the whole property, which was due, was liquidated, provided, in addition to the mortgage which he would have on the remaining portion of the Hospital, several of the governors would give their personal guarantee. He was happy to state that all the conditions had been fulfilled, the day previous the mortgage due, with interest to date, had been paid. Mr. William Workman, Mr. Hugh McLennan and himself had given their personal guarantee that the balance due on the land purchase would be paid, and that morning Mr. Hamilton had instructed his agent in Montreal to prepare the necessary papers, releasing the eastern half of the property from any encumbrance whatever.

Mr. James Jack, the Treasurer, submitted his statement. The amount of subscriptions collected to date was \$19,522.04, all of which had been expended upon the land, with but a very small exception. He also handed in a statement of the unpaid subscriptions, amounting to a little over \$12,00. He considered about \$10,000 of this perfectly collectible, the balance were subscriptions whose amounts were to be taken out in services of various kinds, and from those who had since become insolvent. He consi-

dering that taking the "hard times" into account, the amount collected was exceedingly gratifying.

Major Mills said that it was owing to the steady and unwearied perseverance of some half-dozen earnest workers that the Western Hospital stood in the very satisfactory condition which had just been detailed to them; on his part, he begged to assure the Governors that he hoped to proceed at once with the erection of his building.

Mr. Wm. Workman said he firmly believed in the necessity of this Hospital, which, from its magnificent position and surroundings, and nearness to the large manufacturing districts, would do a large amount of good. There were many, he knew, who ridiculed the idea of the Western Hospital ever being a success, but he was satisfied that they would have a different opinion after looking at the financial statement which had been submitted by the Treasurer. He was well satisfied that friends would crowd around us, and that abundant subscriptions would be forthcoming, just as soon as ever the walls of Major Mill's building would commence to appear.

Mr. Hugh McLennan stated that he felt convinced that any little antagonism, which might apparently have manifested itself by the friends of the General Hospital, against the Western, would soon disappear—for they had both the same noble object in view—the relief of human suffering; and, as to the necessity of the new institution, he had no doubt whatever in his mind.

Dr. F. W. Campbell said it was an old maxim that history repeats itself, and the opposition to the Western Hospital in Montreal, by some of the friends of the Montreal General Hospital, was only what had occurred in several cities which he could name when the extension of Hospital accommodation was wanted. He named, among other cities, Glasgow, in Scotland, where the old Royal Infirmary, had manifested for several years the strongest opposition to the erection of a new Western Infirmary in that city—but its necessity being manifest, its friends persevered and in October, 1874, he had the pleasure of going through the Glasgow Western Infirmary, which two days later, was opened for the reception of patients. These two institutions strongly antagonistic year and a-half ago are to day working harmoniously, guided by different organizations. And so he believed it would be here. It was impossible that an institution like the General Hospital, that, for fifty years had performed such a noble work, could continue to oppose the new Hospital, and he firmly believed that the days of obstruction were passed, and that a bright future was before the Western Hospital.

Mr. M. C. Mullarky, said he felt deeply interested in the movement. He thought that those whom Providence had blessed with worldly goods were bound to devote some of it to relieve the suffering of their fellow-creatures. He sat down by asking the Treasurer to put him down for another subscription equal to what he had already paid.

Mr. C. P. Davidson was present, and gave information as to the legal business, which he had conducted for the Corporation the day previous.

Previous to the adjournment, Major Mills, intimated his intention of having his plans for building prepared at once, and submitting them to the Officers of the Institution.

Mr. A. C. Hutchison is acting as the architect.

THE MORTALITY OF MONTREAL.

Our readers do not need to be told that Montreal is an unhealthy city; that everybody, the world over, unfortunately knows too well, but perhaps they may or do not know the depth of our degradation, do not know how very far down we are in the mud. We are indeed *almost* in despair, nay not *almost*, *we are indeed in despair*, that anything ever will be done to lift us up in the scale to anything even approaching respectability; we hesitate to say what position we occupy, comparing our mortality with other cities, for it is disgraceful, with all the healthiness of our position, that we should be so very near the bottom of the list. Few cities of the old world, with their crowding and their filth, show such a ratio as we do, and we believe that on this American continent we have the disgraceful honor of having the largest death-rate. The total mortality for the year 1875 was 6,311. Seven hundred and eighty-four were from small pox, and, as regards nationality, 653 were French Canadians, 103 British Canadians, 2 Irish, 4 English and 4 Scotch, and 18 were divided among other nationalities. Is it not shameful that so many of our French Canadian fellow-citizens should be slaughtered by the neglect of vaccination, for there is not the shadow of a doubt but that it is to this neglect that so large a mortality is due. Its opponents hold doggedly to their anti-vaccination views, and the injury they have done and are doing is incalculable. Perhaps in the future there may be a change, but we despair.

SIR GEO. D. GIBB, BART.

As we go to press we learn that this distinguished Canadian and old Montrealer, is in a condition of health as to cause his friends great uneasiness. We hope for the best but fear the worst from what we hear.

PERSONAL.

Dr. Buller, M.R.C.S.E., late Resident Surgeon Royal London Ophthalmic Hospital, has located himself in Montreal, with the intention of practising as an oculist and aurist.

Dr. Proudfoot, who has practised in Montreal for the past three years, with the most marked success, as an oculist and aurist, has been appointed ophthalmic and aural surgeon to the Montreal Dispensary.

REVIEW.

Physicians Visiting List for 1876. Philadelphia, Lindsay & Blakiston: Montreal, Dawson Brothers.

We have used this list for the past twelve years, and have found it more than convenient—in fact, indispensable. We urge its employment by our readers. It is arranged for twenty-five, fifty, and one hundred patients a week.

Chemia Coartata; or Key to Modern Chemistry.

By A. H. KOLLMYER, A.M., M.D., Professor of Materia Medica and Therapeutics at the University of Bishop's College, Professor of Materia Medica and Pharmacy at the Montreal College of Pharmacy, and late Professor of Chemistry, &c. Printed and published by J. Starke & Co., 54 St. Francois Xavier Street, Montreal.

This little work, concisely compiled, admirably arranged, and beautifully published, has been sent us by its author, and we confess that its perusal has been a source of real enjoyment to us, for, with comparative ease, we have been able to refresh our minds upon a subject which constant occupation had rendered somewhat rusty. The preface tells us that the main object of the author has been to compress into as small a space as possible everything connected with the study that deserves attention, and to give no more explanatory matter than is actually required to render each subject perfectly intelligible, and in this aim we think he has succeeded. We strongly recommend it to all students, and also to those who may wish to revive their knowledge of chemistry. The following letter, which Dr. Kollmyer has received from Dr. J. Baker Edwards, the well-known chemist, shows the high estimation in which he holds the work:

(Copy.)

January 1st, 1876.

MY DEAR SIR,—I have carefully and critically examined and studied your work "*Chemia Coartata*," and have much pleasure in assuring you that I consider it a most valuable addition to our list of Chemical text books, and a useful work of refer-

ence in the medical library. Its excellent arrangement, conciseness and completeness, testify to the experience and skill of the author, while its typographical execution and finish reflect credit on the publisher.

I consider it supplies a long-felt want in our medical literature, and I shall have great pleasure in recommending it to the medical and pharmaceutical classes under my instruction.

I am, yours very truly,
J. B. EDWARDS, Ph.D., D.C.L.,
Professor of Chemistry and
Government Analyst,
Montreal.

To Professor A. H. Kollmyer.

Lectures on Skin Disease, delivered at St. Vincent's Hospital. By E. D. MAPOTHER, M. D., Professor in the Royal College of Surgeons of Ireland. With Illustration. Second Edition. Dublin: Fannin & Co.

We have to thank our esteemed friend, Dr. Mapother, for sending to us through the post a copy of the volume the title of which heads this notice. The lectures originally appeared in the *Dublin Medical Press and Circular*, and then gave much satisfaction to a large number of readers; indeed the demand for their re-publication in book form emanated from those who thus perused them, and who deemed them well worthy of being preserved in a more permanent form. We can, after a careful perusal, endorse this opinion, for we have enjoyed the reading of the various lectures exceedingly, and consider that a fund of very practical and, therefore, very valuable information is to be obtained from them. Not only is the treatment of skin affection most concisely given—but the various pathological conditions which underlie these lesions are described, and that this condition must be clearly comprehended before a scientific treatment can be adopted seems, to our mind, perfectly clear. There are many to whom a perusal of this volume would be interesting and useful, and we have no doubt it can be obtained by addressing Fannin & Co., Dublin, or through any respectable book store in the Dominion.

Dr. H. Lenox Hodges' Note Book for Cases of Ovarian Tumors and other abdominal enlargements. Philadelphia: LINDSAY & BLAKISTON, 1875.

This note book is in some respects more complete than that of Spencer Wells, but fails in not drawing attention to the progressive symptoms, a lack which we hope will be remedied in future editions,

as the present one is sure to be exhausted in a short time.

The spaces allotted to each head of Date, Pulse, Temperature, and Respiration is very much more than what is required, and leaves too small a part of the page for the observation of Symptoms, Remedies and History.

The book is well gotten up, and printed in large clear type, but would have presented a more elegant appearance had it been printed upon tinted paper.

To those engaged in gynecological work, no note book can more fully supply suggestions and data for enabling them to arrive at a correct diagnosis and appreciation of the case in hand.

We cordially commend it. It can be ordered through the Messrs. Dawson Bros., of Montreal.

Pulmonary Tuberculosis, its Pathology, Nature, Symptoms, Diagnosis, Prognosis, Causes, Hygiene and Medical Treatment. By ADDISON P. DUTCHER, M.D., late Professor of the Principles and Practice of Medicine, in the Cleveland Charity Hospital Medical College, Ohio. Philadelphia: J. B. LIPPINCOTT & Co. Montreal: DAWSON BROS., 1875.

This work is fully up to the medical knowledge of the day, and is written in a pleasing and attractive style. There are many subjects having a decided bearing upon the causes of this most appalling disease that have been handled with skill and ability by the able author of this work. The author has not feared to advance new views, nor yet to glean facts from the best authors extant, so long as he could accomplish the one object of his labors, viz., to impress upon the mind established truths, and awaken an interest in the diagnosis and treatment of consumption.

To properly appreciate the work it must be carefully read, and we can confidently recommend it to our readers as the very best work they can resort to for a thorough acquaintance with the subject.

The author dwells with emphasis upon the value of "Thompson's gingival line," as aid in the diagnosis of tubercular phthisis from some forms of bronchitis, also upon the value of the microscope in deciding important and doubtful cases. The chapter upon the Mind, and also that upon Alcoholic Liquor, which closes the work, are such as are likely to commend themselves to the physicians and the general well-wishers of our race.