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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

PROF. J. M. CHARCOT.—1825-1893.

OBITUARY BY BOURNEVILLE.

TRANSLATED FROM THE ORIGINAL BY D. CAMPBELL
MEYERS, M.D., TORONTO.

(Concluded from Nov. issue.)

In 1882, the desire of the master was realized. A clinical chair for nervous diseases was created for him at the Salpêtrière. It was, moreover, only an official recognition, although somewhat tardy, of an act of devotion which had honored French science for sixteen years. In fact, before this official change, M. Charcot had been given possession, by State aid, and especially by the municipal council, of buildings which had made his service a true neuro-pathological institute. In his opening address, after having expressed his gratitude to the administrative bodies, he said, "Finally, gentlemen, in order to terminate this act of gratitude, a duty devolves upon me which I shall be particularly happy to fulfil. Reviving many former memories, I now come to appeal to those who do me the honor of calling themselves my pupils—all to-day have become masters, or are about to become such—and, giving them once more the assurance of my sincere friendship, I invite them to rejoice with me over the happy success of a work in which they have participated."

In this same address he once more stated that "the widely accepted intervention of the anatomical and physiological sciences was a condition essential to progress." He affirmed "the decisive influence that microscopic investigations have had on the progress of neuro-pathology when directed according to the anatomo-clinical method." He proclaimed that "the principles which govern pathology as a whole are applicable to neuroses, and that in these also, one may seek to complete clinical observation by thinking anatomically and physiologically."

From this time until the present, have appeared, with the works on hypnotism, on the organic diseases of the brain and of the spinal cord, other works on aphasia, from the clinical and psychological point of view, on hystero-traumatism, epilepsy, psychiatry, the amyotrophies, word-blindness, hysteria in the male, etc. Let us mention also the two volumes of the *Leçons du Mardi*, delivered in 1887-1888, veritable master-pieces of the examination of patients, of semeiology and of diagnosis, and the two volumes of "*Clinique des Maladies du Système Nerveux*," which comprise his works from 1889 to 1891.

It has been written, through ignorance or dishonesty, if not through both, that M. Charcot took no trouble to cure his patients. An absurd assertion, because had it been so, he would not have seen the crowd of patients which flocked to him for treatment. Therapeutics, as well as the other branches of the medical sciences, owes numerous contributions to his pen. "We will mention the following: On "The Employment of, and the Objections to, Nitrate of Silver"; on "The Treatment of Acute Articular Rheumatism by the Alkalis"; on "Anaphrodisia, due to the Prolonged use of Arsenical Preparations"; "Expectation in Medicine"; "Objections to the Administration of Preparations of Opium in Albuminous or Chronic Nephritis"; on "The Application of the Actual Caustery in the Treatment of the Paraplegia of Pott's Disease"; on "The Treatment of Menières Disease by the Sulphate of Quinine in large doses"; on "The Treatment of Partial Epilepsy of Syphilitic Origin"; on "Metallotherapy, Electrotherapy"; "The Application of Magnets"; "Ovarian Compression" and "Hydrotherapy." Let us further note the collection of rules which should govern the treatment of hysteria, by which he restored to health a large number of patients, and which generally serve as a guide to practitioners; his admirable memoir on the "Faith Which Cures." Let us add finally that the greater part of his lectures conclude with a method of treatment.

M. Charcot was elected member of the Institute in 1882, replacing J. Cloquet, and was appointed commander of the Legion d'Honneur, in February 1892.

His complete works, of which we have undertaken the publication, and of which nine volumes

have already appeared, would not form less than fifteen volumes if they were finished. In order to show how much his works were appreciated abroad, we would mention that a great number of them have been translated into the German, English, Spanish, Italian, Magyar and Russian languages. No one among his contemporaries, has been so highly honored, a fact which, moreover, reflects immortal credit on French science.

The Salpêtrière had become in a manner his second home. He interested himself in every thing which took place there. It was in this way, although indirectly, that he lent his assistance to the success of the Nursing School. We would not have spoken of it if the attacks, of which he has lately been the object, did not compel us.

The Salpêtrière on account of its population, from the variety of patients which it contains, old people, chronics, lunatics, epileptics and children was chosen by us for the creation of the first Nursing School. Two years as interne, eight years as voluntary assistant in the wards of M. Charcot, devoted to epileptics and hysterics; some services rendered during this period to the *personnel* of the Hospital had given us a certain influence, which contributed to the success of the school. M. Charcot, who knew by experience what was done in the hospitals of London, by generous gifts, in which Madame Charcot and her family participated, encouraged the nurses from the beginning to profit by the means of instruction that were placed at their disposal. It has always been the same since 1878 until the distribution of prizes on the 29th of July last. As a man of progress how could he be disinterested in a work which placed his staff in a better condition to second his efforts? He demanded a great deal from them and he obtained all he wished.

As they saw him carefully examine his patients, giving a great deal of time to them, each one followed his example and devoted all their energies to the work. All loved him. It would have been ingratitude on his part, therefore, if he had not, the occasion offering itself, done justice to all the staff, who modestly and constantly, night and day, helped him so attentively. This occasion presented itself at the celebration of the fiftieth anniversary in the Hospital's service of Mlle. Bottard. In order to show how he appreciated his assistants, we reproduce the passage of a

speech, full of feeling, which, amidst the applause of all, he delivered at that ceremony.

"Thirty years ago, a little more perhaps, have you and I marched side by side, here in this grand asylum of human misery that they call the 'Hospice de la Salpêtrière' treating or consoling the patients as best we could, each one following his special calling. I can then say that I know you well and am able to appreciate your long and laborious career, since I have followed it, in a way, step by step. Indeed I do not hesitate to say and even wish to declare emphatically and proclaim publicly, after having known you as I do, that in my opinion those who suppose that the lay-attendants of the hospitals are incapable of showing, in the exercise of their duties, that absolute unselfishness, that devotion without limit, and those moral qualities, the monopoly of which, according to them, would belong to the attendants of the other system; those, I say, deceive themselves, or they deceive others. A simple laic, in fact, laic according to the tradition of the Hospice, which dates back to 1656 (foundation St. Vincent de Paul), without other stimulus than an imperious sense of duty and personal dignity, increased in you, it is true, by a profound sympathy for the wretched, the incurable, the physically and morally deformed, in a word, the unfortunate of every kind; have you not during more than fifty years, quietly, modestly, and without any other aim than your ardent desire to do good, have you not, I say, led this life of renunciation and self-sacrifice required by the post of honor which has been entrusted to you!"

It was not alone to his modest assistants, attendants and nurses that he and his manifested their munificence; it was also to the aged women, the incurables, to the patients in his wards, and those who had been discharged. How many times we and his other pupils, our friends, have served as intermediaries on occasions of this kind!

His medical teachings to his own pupils, and to all students who followed his course has never been surpassed by anyone. It was not ordinary subjects that he chose, but sometimes those that were entirely original, such as multiple sclerosis, the arthropathies, the pathogenesis of cerebral hæmorrhage, etc. He gave the subject, traced the plan, furnished notes and also the bibliographical references appertaining to the history of the ques-

tions when it was not an analysis made by himself of these works. Knowing German and especially English, which he spoke, he always kept himself well posted in science, and derived pleasure in giving to each one the justice which was due to him; all his works are witnesses of it.

His library also furnished its contingent. It is impossible for us to state approximately the number of theses of doctors, the number of memoirs and theses of professorship to which he contributed his assistance. Was he always recompensed for it as he merited, or with justice? No! But that never deterred him, and his generosity to science never diminished. It had moreover another result, that of creating among the internes a veritable emulation by his scientific liberality. It was in this manner that he created the school of the Salpetrière.

His former internes became his friends, formed part of his family. He helped them in their work, supported them in their struggles; he shared their cares and disappointments, and was deeply touched if one of them became the victim of the injustice of fortune. . . . and of men. Ingratitude wounded him to the quick.

We have tried very imperfectly, to make a rapid sketch of the scientific life of M. Charcot. Time and space are lacking to define and appreciate, at its just value the many phases of his vast genius, but there is one feature that even in this short notice we cannot leave untouched. It is that this great Savant, who justly may be considered as one of those bright but rare lights placed here and there on the route of humanity to guide it in its march towards progress, had at the same time an elevated mind, and was an artist in the highest and most entire acceptance of the word.

He knew the museums of Europe as few knew them, even among those who make a profession of art, and many a time during the familiar chats at his receptions, we have seen him astonish well-known artists by the extent of his special knowledge. He would have made an excellent expert in painting. It was play to him to guess at first glance the signature of any picture, and more than once at his patients, the consultation done, the inquisitive artist, which was never completely suppressed in him, would reveal itself, and, with a word would define—diagnosticate so to speak—the

different pictures that fortune placed in his way. He loved art as he loved science. And he introduced in its study the same logical and clear methods. He did not admire what he did not understand. In his eyes superficial and brilliant artistic qualities had no value if they did not rest upon a deep and serious knowledge of art and its technicalities. He considered the sketch as the fundamental basis of painting and the work as a first condition or masterpiece. He did not disdain color. He had for Delacroix a profound admiration, and guarded as a treasure, in the drawer of his bureau, an original album of this master, filled with water colors and sketches taken in Morocco.

His musical education was not less, following always the same tendencies of his mind; the new school did not attract him. He retained his preference for Glück, Beethoven and Weber.

In literature he had three favorite authors and he never tired of re-reading their work, from which he freely quoted passages in his courses, these, were Shakespeare, Dante and Rabelais.

But it is not without interest to add that, in regard to painting and sketching, he did not content himself solely with admiring; he himself practised, and not without success. The sketches, which he exhibited in his courses, which illustrate his books, have been much admired. On each of his numerous voyages he made many notes and sketches.

At his own home he loved to employ his leisure hours in works of art. He twice copied the celebrated enamels of Léonard Limousin, representing the twelve apostles, one on *faience*, nearly in the figures of the original; a second time, not so large, in enamel on copper, and these enamels formed part of a beautiful *renaissance* furniture in dark wood. He reproduced the *danse des fous* of Albert Dürer on large plates of *faience*, which decorated one of the *façades* of his residence at Paris. He painted a complete porcelain service, the subjects being from original sketches taken in his travels.

Those who visited his two residences, that of the Boulevard St. Germain and Neuilly, can form some idea of the elevated mind which knew how to create such surroundings. One could almost say that he had founded in his home, a veritable school of decorative art. There was nothing ordinary in the sumptuous furniture, in this collection at once so harmonious and so varied.

Everywhere one found his tastes, his preferences; everywhere was revealed the personal and original character of the master. These numerous objects, this furniture itself, among which are found some true artistic master-pieces, have their history; they are souvenirs of travels, or specimens interesting for various reasons; better than that, they are original works made by him or about him. Because, under his inspiration, or, to speak more correctly, under his direction, his wife and his daughter, Mlle. Jeanne Charcot, cultivated, with indefatigable ardor and unmistakable success, the most varied arts. To cite only one example: the decorative paintings of the ceiling in his magnificent consultation room at Paris were entirely executed by Madame Charcot, under the guidance of her husband. He loved art in all its forms, and he knew how to make his apartments a true museum of art, in which the family life is so apparent. But he was neither a collector nor arranger; before everything he wished to enjoy the objects which he accumulated about him. He was an artist, a *dilettante*. Such artistic qualities could not injure the savant, they only perfected him.

In his scientific conversations, in his courses especially, the artist was revealed; he knew how to give to his demonstrations an extraordinary lucidity. In the art of teaching he had no equal, and there his secret was originality. He knew how to give in science an important and legitimate place to the figurative document. Finally, he left two remarkable studies which are well known, "*Les Démoniaques dans l'Art*" and "*Les Difformes et les Malades dans l'Art*," in which art and science each took their part. M. Charcot was certainly, in later times, the greatest personality, whose entire career shows to what point science and art, far from injuring one another, are attached by the closest ties.

All M. Charcot's forethought was directed, latterly, towards his family; to his son Jean in particular, whose scientific future he wished to assure before he died. He is no longer here to act. But the illustrious memory of his father, the recollection of the immense work he has done, will make it the duty of the master's pupils—and they will not fail in it—to undertake the guidance which death prevented him from fulfilling. Jean, besides all the knowledge acquired under the eyes of

such a father, by his love of work, is one of those who understand, if necessary, how to direct themselves. He will profit by the large quantity of material accumulated by the master, and which his modesty prevented him from publishing; by his collection of thoughts and chosen quotations, fruit of his daily readings of medical works and literary men, and of philosophers of all countries, composed with all his paternal love. "Jean," said he to Madame Charcot, "will be happy to turn over these volumes, and they will enable him to understand his father better."

Received in the home of the master for twenty-five years, associated with him in his scientific and administrative struggles, witness of the profound affection which united him to his unhappy widow, whose life was so closely connected with his, and to his worthy children—Jean and Jeanne—who are become our best friends; witness of his happiness in his home, among his pupils, whom he considered as members of his family, we have sometimes trembled at the thought of the misfortune which might happen unexpectedly before its time, in the midst of this affection. This misfortune, alas! has arrived.

When one reads his memoir of the end of 1892, formed with such lofty views, written with such simplicity and elegance on the *faith which cures*, and his recent report on the candidature of Lister at the Academy of Science, so clear, so precise, so equitable, one understands that his career was not finished, that he had preserved the fulness of his intellectual faculties and his genius, that he was still able to endow his country with original works, to inspire and guide new generations. One understands that the man who wrote these pages was not yet done, as the infamous and cowardly letters which troubled him too much, alas! reiterated periodically.

The work of the master is solid, imperishable, not because it rests on a hypothesis more or less exact, on theories, on systems more or less ingenious, but on an exact observation a complete and final picture of the reality. More surely, then, than the bronze which awaits him, his numerous discoveries, which made him a man of genius, will perpetuate his name in the future.

In J. M. Charcot, science loses one of its purest glories, France an ardent and zealous patriot and one of her most noble illustrations.

PROPHYLAXIS IN TUBERCULOSIS.*

BY PETER H. BRYCE, M.A., M.D., TORONTO,
Secretary Provincial Board of Health of Ontario.

Mr. President and Gentlemen,— Remembering that it was only in 1882 that Professor Koch gave the world the results of his investigations into the cause of tuberculosis, and that for several years his conclusions were submitted to the keenest scrutiny of the scientific and medical world before their general acceptance by the profession, it must be a cause for sincere pleasure and congratulation that we see within ten years of his discovery the attention of the medical profession and the general and philanthropic public turned in every direction, searching for measures by which consumption, a disease, having thousands of years of a history, and holding in modern days a pre-eminence amongst its fellows as marked as Milton's historic Satan amongst his fellow-ministers of evil, and which has proved so refractory to hitherto known therapeutic agents, may be in some measure shorn of its annual harvest of human lives, and society saved from an economic loss, compared with which any other cause, excepting perhaps alcohol, sinks into insignificance. I do not purpose to enter either into the history of the disease or to present even a *resumé* of the condensed statistics, which are yearly being collected in England, Germany and France, telling both of the mortality of tuberculosis under its various forms, and of the multiplied evidences of its contagious character; but shall only, before referring to the special subject of my paper, give the condensed results of a brief study of tuberculosis, taken from the mortality returns of the Registrar-General's Department of Ontario.

As a matter of interest, I have had collated the number of deaths from tuberculosis proper, or consumption as it has been called, in three old settled counties, during the eleven successive years from 1881 to 1891, and have arranged these so as to show the number of deaths occurring in persons of the same family name and the specific year in which each death occurred:—

* Read before the Canadian Medical Association, London, September, 1893.

Deaths from Consumption during Eleven years in three Ontario Counties.

Counties.	Total number of deaths.	Total names.	Total names repeated.	Per cent. of whole deaths occurring of names repeated.	Average number of times each name is repeated.	Total names occurring in the same year.	Percentage of total number of deaths from all causes during 11 years.
Welland.....	404	285	71	25	2.67	In 1 case four occurred.	10.21
Prince Edward.....	330	198	86	43	2.53	In 3 cases three " "	11.3
Lincoln.....	450	330	195	43	2.6	In 23 cases two " "	9.9
						In 22 " " " "	
						In 2 " " three " "	
						In 30 " " two " "	
						In 1 case three " "	

In case this table does not bear sufficient evidence to convince everyone of the real contagiousness of consumption where common residence is prolonged, I have prepared from the total mortality returns of the Ontario Institutions for the Insane for 1892, giving the total deaths in a population of 4,231, the following table, showing the years of Asylum residence and the proportion of deaths from consumption amongst all patients so domiciled and having been confined during the same number of years.

By reference to the Annual Report of the Inspector of Public Charities for 1892, it is found that there were returned from the various hospitals in Ontario 11,404 cases as admitted, and that of these there were 11,008 suffering from

Table giving the total Deaths in Ontario Asylums (exclusive of Mimico) during 1892 from Tuberculosis in a population of 4,231, the total Deaths from all causes being 211.

Period of Residence.	Total Deaths.	Deaths from Tuberculosis.	Percentage of total deaths.
Under 1 year	72	7	9.7
Between 1 and 2 years.....	25	5	20.0
“ 2 and 3 “	40	9	22.5
“ 5 and 10 “	19	10	52.6
“ 10 and 15 “	16	6	37.5
“ 15 and 20 “	15	2	13.3
Over 20 years.....	24	2	8.3
Total.....	211	41	23.4

various enumerated diseases, leaving 396 of which no record is given. An analysis of these diseases gives the following:

Caries.....	127
Necrosis.....	75
Rickets.....	12
Synovitis.....	40
Hip Joint disease.....	78
Tuberculosis of joints.....	19
Tuberculosis of glands.....	4
Chronic bronchitis.....	106
Tuberculosis.....	353

Under tuberculosis, are included diseases returned as hæmoptysis, laryngeal tuberculosis and tubercular phthisis. In addition to the above list of pneumonic diseases, there were 197 cases of acute bronchitis, and 277 of pneumonia. Of course it is impossible to state how many of the latter proved to be tubercular, but we may fairly assume that there were at least as many tuberculous cases as are included in the above list. Of these the first six cases, amounting to 350 cases, may be considered as not being infectious under ordinary conditions, while the latter three classes, including 353 cases of tuberculosis, may be considered as being most infectious. In other words, five per

cent. of the total inmates of our hospitals suffered from this contagious disease. This would mean that there would be one infectious tuberculosis case for every ward of twenty beds. Doubtless most of these cases were charity patients, as it is not a common occurrence for the well-to-do tuberculous patients, to go to the hospital for treatment, and so would be in public wards.

With these abundant facts before us we may properly consider the question not of whether prophylaxis against tuberculosis is necessary and in the demanded public interest, but of whether it is possible in practice, and whether methods scientifically practicable are likely to receive legislative support and popular approval.

It is manifest that as with the other contagious diseases the elements in prophylaxis partake of these qualities, viz., individual, municipal and governmental.

With regard to individual prophylaxis it is manifest that its extent will depend wholly upon the intelligence of any infected person, his habits of life, and the extent to which he is impressed with the duty of protecting others.

As to municipal prophylaxis, its first measures must be largely of an improved local sanitation. Everything from the drainage of soils and disposal of sewage and refuse, and supervision of the construction and plumbing of houses, to the inspection of factory operatives and work-rooms generally where numbers are aggregated may very properly be included under this heading.

Regarding governmental prophylaxis, it may be said that its scope would seem to mainly consist in giving direction, financial support where necessary, and legislative sanction to municipal efforts for the limitation of the disease in such directions as already indicated, and in addition thereto, in more extended efforts, such as institutions intended especially as homes and hospitals for the tubercularized.

In approaching this latter point in the question of prophylaxis, I am free to confess that had I not been an interested and to some extent an active spectator of scientific progress during the last twelve years, and of the close touch which legislation in Ontario has kept with public and professional opinion during this period, I would feel that I was but giving expression to schemes as visionary as modern attempts to discover the

elixir of life, or as the thaumaturgy of the rain-maker of Texas.

When I recall to your recollection the provision which exists for the treatment and care of the insane, of the blind, and of the dumb, the orphanages, industrial schools and various reformatories, the numerous hospitals and charities, the houses of refuge or poor houses, and last, the Act of the past Session, for taking care of neglected or orphaned children, the expenditure for all which, by the Ontario Government alone, reaches annually \$1,453,216.14—it becomes manifest from these *faits accomplis* that there are but two limits to this class of social, municipal, and governmental work, viz., the degree to which the public are informed regarding the need for work in this direction, and the extent of municipal and governmental financial ability.

Some may, indeed, realize what has been to some extent true, that the immediate cause of much of the public provision for the various defectives of our complex social organism has grown from the idea that it belongs to the police functions of the state; but we have only to examine the names on the boards of trustees and directors of any of the numerous institutions in our cities and towns, to realize that it has been still more largely due to the work of humane and Christian ladies and gentlemen, whereby these monuments of a people's happiness and enlightenment have been raised.

So much then for the argument as to the possibility of the scheme, and now a word as to the scheme itself.

It is unnecessary to refer to the various stages in the progress of disease in tuberculized persons it is enough for our purposes to realize two facts, first, that we desire, so far as possible, to establish conditions favorable either to the cure or, at least to the arresting of the progress of the disease; and second, that we desire, so far as possible, to lessen the danger to the healthy public, arising from cases where destruction of tissue with consequent expectoration are present, and at the same time to prolong the life of the unfortunate sufferer, and to make life as pleasant for him as possible in his declining strength.

How then are we to succeed in the first matter? Undoubtedly all will agree that there are climatic conditions, whether at home or in other countries, specially favorable for the residence of consump-

tives. To these the physician will send the patient, if the patient be financially able to bear the expense. Hence we have sanatoria being established and advertised everywhere; and without doubt many of these play an important part in the treatment of the disease.

But what have we in Ontario? Are our climatic conditions here so unfavorable for the residence of consumptives that their transportation for life becomes in every case a necessity if recovery is desired? I think there is no person prepared to go this far; and personally I am convinced from our statistics of deaths, that in the higher altitudes of the Province we have a climate fairly satisfactory for residence in tubercular cases. But we must assume for practical purposes that each county or group of counties can find within their own borders, or within easy access, a locality favorable from the standpoints of altitude, dryness of soil and atmosphere, and protection by hills and evergreens, for the establishment of a county or district home for the tuberculized. It is not necessary here to go into the details of such a home. I assume that it will be what the name implies, a place where the tuberculized may go and live, enjoying every advantage which climate, food, housing, occupation and medical supervision can give for their restoration to health; while at the same time they will not be a menace to the public. My idea on the one side already exists in the practice as seen in the selection, purchase, maintenance and control of our County Refuges; while on the other such home must partake of a more active and progressive industrial character, to which must also be added a more specialized medical treatment.

Except in the matter of these homes being supported by county funds, and so far as their purchase and equipment are concerned, it is my belief that such homes will, to a very considerable degree, be self-sustaining. When we remember how, by necessity, a consumptive father or mother, brother or sister, continues day after day for months, his daily task for the support of himself and those dependent upon him, it is not difficult for us to believe that in the out-done occupations of agriculture, horticulture, etc., a large number of persons can be pleasantly and healthfully engaged; while for inclement weather, work-shops for various industries would supply remunerative occupation.

When such provision for the tuberculized becomes possible through public benevolence and Governmental sanction and support, we may very properly demand that municipal supervision of the places where the tuberculized are employed, shall be exercised. Where aggregation in workshops in any degree existed, it would be then reasonable to expect that such authority would regulate employment in such cases in the interest of the public health.

In order that municipal authorities be placed in a position to take systematic action toward the supervision of the tuberculized it is apparent that householder and physician should notify the town clerk or other proper officer of cases whenever they exist in any house.

That such homes as we have spoken of, if established, would be popular, may be concluded from the success of such private or semi private institutions in Germany and elsewhere—notably one in Westphalia, for epileptics—and that in this direction we may expect results greatly more beneficial both to the patients and the public, must be the strongest reason why such a scheme as outlined herein, should receive the heartiest endorsement of this Society.

BACTERIOLOGICAL NOTES.

BY E. B. SHUTTLEWORTH.

Numerous methods have been proposed for the differentiation of the typhoid bacillus, but, after prolonged trial, they have generally been found untrustworthy. The invisible growth on potato has been most relied upon, and is commonly accepted as sufficiently diagnostic. On an exposure of three or four days, after inoculation, there does not appear to be any visible growth, but, if a little of the moist, shining surface is removed, and examined under the microscope, it will usually reveal the presence of the bacilli, with their characteristic motility. Unfortunately, however, under certain conditions not yet perfectly understood, this invisible growth does not take place, and, to make matters worse, it has been found that some bacilli, other than that of typhoid, will grow on sterilized potato in a precisely similar manner.

Mr. Geo. W. Fuller, S.B., biologist in charge of the Lawrence Experiment Station, Mass., has

given several months' close study to this matter, and, in the report of the State Board of Health for last year, details the results of his experiments. Having fully assured himself of the unreliability of the potato test, he sought for other means of differentiation, and, according to his statements, succeeded in discovering several methods which, taken together, may be accepted as trustworthy and conclusive.

The water of the Merrimack River, from which the City of Lawrence derives its supply, was found to contain at least five species of bacteria capable of forming the invisible growth on potato. The methods given are sufficient for the differentiation of the typhoid bacillus from these, but, as the author rightly observes, there may exist forms in other water to which the tests would not apply.

The modes of diagnosis referred to are, after non-liquefaction, (1) non-coagulation of milk; (2) non-formation, or production of only a very slight amount of acid in milk; (3) production of a turbidity, without gas, in the test originally proposed by Dr. Theobald Smith, of Washington. In applying the first method, the tubes, previously charged with milk of proved sterility, are inoculated and allowed to grow for two days, at 38° C. or four days at 20° C. They are then examined for coagulation, after which they are placed in boiling water for five minutes, and the coagulation, if any, again noted. This treatment with boiling water renders the diagnosis more certain. The confirmation, by direct estimation of the same sample of milk, by titration for acid, using phenolphthalein as an indicator, constitutes the second test. The method of Smith is carried out by the use of a gelatine medium, alkaline, of course, and containing two per cent. glucose, one per cent. peptone, and five-tenths per cent. of common salt. This is placed in U tubes, similar to those used for the fermentation test of urine. The tubes are plugged and sterilized, all air collecting at the top being removed. They are then inoculated, and development allowed to proceed. If the typhoid bacillus is the organism present it will grow into the closed arm of the tubes, producing turbidity, without the formation of gas.

These methods are particularly applicable in distinguishing *B. typhi abdominalis* from *B. coli communis*. The latter organism produces coagulation of milk, and forms an appreciable amount of

acid. The former does not coagulate milk, and the amount of acid produced is very slight, or none at all. In the Smith test the colon bacillus causes a turbidity, as in the case of the typhoid organism, but gas is also produced. Mr. Fuller found that both bacilli reduce nitrate to nitrite in a peptone solution. In examining water for the typhoid bacillus the author follows the practice of other bacteriologists who make a specialty of water analysis, and uses agar cultures, at 38°C., instead of gelatine plates. In this way the growth of many water species is inhibited, and the work of isolation much shortened. Samples may be fished from a colony on such a plate, and at once transferred to Smith's tubes, when the diagnosis may be soon after made and confirmed by the other tests.

Some of the characters of *B. typhi abdominalis* may be usefully reproduced. When grown on agar, for a week, at 20°C., it appears as a plump bacillus, about one micron in length, and six to eight in diameter, and with rounded ends. In bouillon, at blood temperature, after two days, it is rather more slender, and from one and a half to two and a half times larger. Neither spores nor involution forms have been observed. Although the bacillus generally shows lively movements of rotation and translation it is much influenced by conditions of growth, and in agar cultures, at 20°, motility is sometimes sluggish or absent. The bacillus will grow at temperatures ranging from 10° to 45°C., but its optimum is between 37° and 39°. It grows better in liquid than solid media. On gelatine plates, at 20°, after 48 to 72 hours, the deep colonies are small, white, spherical, or spindle-shaped, and sharply outlined. Superficial colonies are larger, bluish white, with slightly irregular outline, and, under the microscope, show ridges or folds. In tube cultures there is a moderately conspicuous, gray growth in the stab, with a thin, gray superficial growth and irregular outline, spreading to the wall of the tube. On the agar plate at 38°, the surface colonies are slightly irregular, bluish white, sometimes, as in the gelatine plate, with a white centre. Deep colonies are yellowish white, and usually oval. The bacillus never liquefies gelatine.

The demonstration of the cilia of bacteria is not only a test of skill in staining, but also of the excellence of a microscope. A clever operator, a good method, and a perfect objective, are essentials

to success. Loeffler's method is generally adopted, but has the disadvantage of not being applicable to all kinds of organisms, and thus requires modifications in the degree of acidity or alkalinity of the solutions used. MM. Nicholle and Morax have recently published (*An. de l'Inst. Pasteur*) a method, based on that of Loeffler, but said to be adaptable to all cases. A mordant is prepared by mixing 10cc. of an aqueous 20 per cent. solution of tannin; 5cc. cold saturated solution of ferrous sulphate; and 1cc. of a saturated alcoholic solution of fuchsin. A little gelatine culture is diluted with water, spread on a cover glass and allowed to dry. A drop of the mordant is put on, heated to staining and then washed. This is repeated three times. Finally, Ziehl's carbol-fuchsin is applied, and heated till vapors arise, as in staining *B. tuberculosis*. The specimen may be now washed and examined.

The necessity for the presence of moisture, in rooms subjected to disinfection, is emphasized by the recent experiments of Chamberland and Fernbach (*An. de l'Inst. Pasteur*), in which dry germs were found to be much more resistant to heat than those which were moist. The former retained their vitality for several hours, at 40° to 50°C., while a few minutes' exposure sufficed to destroy moist organisms. *B. subtilis* was selected as being exceedingly resistant—of course, principally from its spores—and other hardy forms, as *B. anthracis* and *B. typhi abdominalis*, were also made the subject of experiment. The organisms were soaked in water for about an hour. A practical lesson to be derived from this observation is the necessity of spraying the walls of rooms before the application of disinfectants. A rather curious statement is made by the authors—that concentrated solutions of chlorinated lime are less active than those which are diluted ten or twenty times. A 1 in 12 solution, diluted to ten times its volume, was found very effective.

A suggestion which promises some advantages is made by Beneke (*Cent. f. Bakt.*), who recommends that the stab in gelatine tube cultures be made down one side, close to the glass, instead of down the axis of the cylinder. He claims that in this way the various manifestations of development may be more easily made out. Of course, against this, there is the disadvantage that, heretofore, all described characters and illustrations

have reference to the axial stab, and, moreover, the shape of the cup, pocket, or stocking of liquified gelatine is often very characteristic. On the other hand, a side stab affords a means of microscopical examination from the outside which might often prove useful.

Selected Articles.

THERAPEUTIC REFLECTIONS.

The prudent merchant resorts from time to time to an inventory of his obligations and assets, in order that he may diminish the former and increase or enhance the value of the latter. It would surely inure to the satisfaction of the physician and to the advantage of his suffering clients, if he would follow this example. This I propose to do, asking your indulgence if I bring before you true observations and experiences which are not novel to you. Indeed if my remarks call forth a responsive echo in your minds, this will demonstrate that I have truly given voice, as is my intent, to actual observations at the bedside. From such I propose to draw lessons and to elicit discussions, which may enable some of us to leave this hall better armed for the battle with disease and death which we are daily waging.

Enthusiasm in therapeutics is indeed unwarranted, for the history of medicine abounds in the rise and fall of the most brilliant structures, in the explosion of the most plausible theories, and, what is more painful than all else, the overthrow of remedies which have seemed to be so firmly entrenched in the minds of the foremost physicians for so long a period that they seemed impregnable against all attacks. I need but call from the shadows of the past the spectre of venesection. Though hoary with age, and lauded by men whose works are to-day revered, this therapeutic flower withered under the light of modern physiology and pathology.

Another remedy, once the sheet anchor in many serious diseases, has been dethroned and has taken the subordinate though most useful position of a simple anodyne.

Time was when in certain forms of peritonitis opium was the chief remedy, because it "acted as a splint to the inflamed surfaces;" to-day, Lawson Tait's teaching, that it is dangerous and that the opposite treatment by saline purgatives is more useful, is most successfully followed. Let him who grows fulsome in his laudations of a remedy, bear in mind how these mighty giants have fallen and endeavor to rescue the remedy he espouses from a similar fate by judicious tests and unprejudiced comparisons. What is the status of therapeutics to-day? What are the assets with which

the physician may meet his daily obligations to cure the sick?

Let us confess that the materia medica consists chiefly of medicinal agents, whose action on the human body, with the exception of very few, is uncertain, and whose effect upon disease is either neutral or unreliable. How often can we conscientiously say that we have accomplished, by means of any medicinal agent or combination of such agents, the cure or removal of any disease? With the exception of quinine, and perhaps of mercury and the iodides, there is not a single medicinal agent which may be regarded as actually curative. And yet we constantly meet intelligent physicians who insist upon the contrary, and in so doing neglect remedies that are more valuable because their action is clearly explicable upon rational principles. Faith in drugs is almost as frequent among physicians as faith in being drugged among patients. As an illustration I would refer to a case of acute enterocolitis in a child which I saw recently in consultation with a gentleman who is justly esteemed by colleagues and patients. The usual symptoms, fever, a large number of evacuations, loss of sleep and appetite, etc., were present. Upon the antiseptic theory salol had been frequently administered; to meet other symptoms bismuth, Dover's powders, and other remedies. The simple substitution of intestinal irrigation for the salol, together with an abolition of the milk diet, produced a complete change in this case. It may be held that the latter course is that recognized as proper at the present time. But I cite this case to show that it is not so universally recognized as it should be, and to illustrate the difference between medicinal and non-medicinal remedies for the purpose of emphasizing the chief point of this paper, viz., the too frequent neglect of those non-medicinal agents, whose action in disease is so simple, rational and clinically effective, and the unhappy reliance on pharmaceutical preparations whose effect, like that of salol, as an intestinal antiseptic, has never been definitely proven. The vast majority of remedies in our pharmacopœia have no better foundation than salol, and yet they are constantly used upon the strength of so-called clinical observation.

The rock upon which therapeutics has always split, and which continues to menace us because we seem not to profit by the teachings of history, is the treatment of symptoms. In my student days, when venesection was in its last gasp, veratrum viride had in the South gained many adherents. A rapid pulse was the chief manifestation of all fevers; here was a remedy which in small doses perfectly controlled the pulse. A reduction to one-half of its rate could readily be produced. I shall never forget one of the first cases of pneumonia which I treated as house physician of a hospital.

Veratrum was given until the pulse was reduced from 140 to 80, and yet the consolidation continued to the bitter end, and the patient succumbed with a normal pulse. History repeats itself in the application of the coal-tar antipyretics recently so much in vogue.

The temperature may be readily reduced from 105 to 100, and, as in the case of veratrum, we may even have the questionable satisfaction of seeing the patient die with a normal temperature. This striving after symptomatic remedies is the unhappy legacy which our forefathers have bequeathed to us. It is an echo of this mysticism which veiled their idea of disease and which led them to regard the latter as an essence rather than as a manifestation of certain disturbances in the economy which rendered the latter incapable of regulating its functions. Therapeutics would be a simple art in this day of patent medicinal agents, could its aims be merely filled by meeting certain symptoms or certain definite alterations in the functions of the body.

As pathologists it is our function to discover changes in the organs, but as physicians who stand at the bedside of those who implore us to heal them, we can accomplish but little if we are called to act after these changes in the tissues have taken place. As has been well said by another, the physician who is called to combat a case of well-established organic disease with remedies may be likened to the sanitarian who is called upon to prevent an infectious disease by disinfecting the emanation of the patient. The physician who would cure, must assume the task early; in the beginning of that anomalous relation between capacity of the system for work and the demand upon it for work which is really the inception of all tissue changes and which may be prevented by limiting the labor imposed upon the organs. To discover this anomalous relation in its incipency, and to guard against its development into organic disease, is the function of the true physician. The latter must soon discover that in this contest medicinal agents play an unimportant rôle when compared with those methods which we learn by observation of nature's course in health. As an illustration may be mentioned dilatation of the stomach, an organic alteration which is most commonly the result of long-continued insufficiency of its functions. The early recognition of the causes, the adaptation of diet, mode of life, manner of eating, gastric lavage, etc., to each individual case, will conduce far more to the prevention and cure of the organic disturbance than all the medicinal agents, from ancient gentian to modern strychnine, from muriatic acid to pepsin. No physician of experience can gainsay this proposition. It must be patent to the most enthusiastic poly-pharmacist that he accomplishes only an amelioration or removal of certain manifestations of disease—a result which may and pro-

ably does facilitate a restoration to health, but is rarely if ever the direct means of such restoration.

In the large preponderance of acute diseases, among which may be numbered all infectious diseases, the administration of these medicinal agents is not only entirely symptomatic, but in many instances absolutely harmful. Take as an example a case of appendicitis. The tendency to treat such a case as localized peritonitis and to meet the symptoms tempts the average practitioner to prescribe morphia to subdue pain, ice or poultices to the right iliac regions, food to satisfy the bugaboo of coming failure of the vital powers, and an antipyretic to reduce the temperature. This is not a fancy picture but a chapter from personal experience. Coming into contact with such a case as a consultant, how can the latter take his bearings? Like a mariner in a fog he is handicapped, pain is absent, temperature perhaps normal, all is serene, except the anxious countenance, perhaps vomiting, and the attendant's fear that some ill may be brewing. Here the remedies employed have hidden the enemy's movements, the physician has become the ally of the disease; diagnosis and prognosis become difficult, and valuable time may be lost. I am sure many of my hearers have passed through this experience. Am I presuming too much then, if I counsel that in the early stage of disease, the warning of Italy's lamented clinician, Cantani, be constantly before our eyes, "Nil Nocero." To make a clear diagnosis is important for a favorable issue. It is better for a patient to suffer some discomfort than to have his life jeopardized by remedies which obscure the real issues of the case. Later in the case, too, it should be our constant endeavor to avoid damaging the system which is staggering under disease and cries out for every possible aid on the part of the physician. In this day of powerful symptomatic remedies, veratrum for the pulse, antipyretics for the temperature, pilocarpin for the secretions, morphia for the pain, chloral for sleeplessness, all agents which strike mighty blows at the manifestations of disease, often lead to disaster by lulling the physician into a false sense of security. And yet how eagerly they are resorted to, daily observation teaches but too sadly. It may be urged in defence of such a course that the patient and his friends are importunate to have the pain, the fever, etc., combated. Medicine is a business, said a gentleman in a recent discussion on antipyretics, and we must yield to the demands of our patient to be relieved of his fever. It has doubtless been your experience, as it has been mine, that much can be accomplished by placebos, by mild remedies, by gentle reassurance, and by taking the friends into our confidence.

When there is severe pain, as in some cases of appendicitis, I prefer to keep the patient gently under the influence of chloroform until a decision for or against operative measures can be reached.

In a case of perforating appendicitis at Long Branch, two years ago, morphia administered by an able colleague was discontinued, chloroform substituted for twelve hours with intervals, until Dr. Wyeth arrived. The patient was not aware of his arrival, nor of the laparotomy performed on her until an hour afterwards. She made a good recovery. Ten year's ago the belief had become all but unanimous that the only direction in which therapeutic effort was conducive to the patient's benefit lay in following the tendency of nature in each disease. *Vis medicatrix nature* is an old rallying cry of the profession, but one which did not gather many steadfast defenders. At one time a complete therapeutic Nihilism, emanating from the Vienna school, threatened to become its expression. But when the chemist evolved those potent therapeutic sledge-hammers which could beat down symptoms, the gentle hand-maiden Nature was thrust aside, and the patient was beaten down with the symptoms. To-day a reaction is happily setting in. Once more are heard warning voices that bid us follow Nature's prompting. To join these and to re-echo them in these halls, is the purport of my paper to-night. For instance, rest is the first prompting of nature in diseased conditions. What can be more simple and obvious than rest in inflammatory conditions? The surgeon puts an inflamed joint into a splint and trusts to nature, i.e., the restorative powers of the system to heal the disease. May not an acutely inflamed kidney be treated in a similar way? Its functions must go on, in this respect it differs from the inflamed point. But the intelligent physician, knowing that the chief function of the kidney is to eliminate urea, so arranges the patient's diet that this work is reduced to a minimum; knowing that other functions of the kidney may be vicariously taken up by the skin and bowels, he endeavors to utilise these vicarious eliminants for the purpose of relieving the inflamed organ from labor. And yet we find the contrary so often that I may be pardoned for emphasizing here the necessity, nay the duty, of doing in internal diseases what is so obvious and so successfully done in external diseases. Only recently I saw a case of acute nephritis with a well informed physician of ten years' graduation from a most exacting school, a hospital physician too, who treated the case with digitalis and acetate of potassium as diuretics, because the secretion was reduced to nineteen and a half ounces, paying no attention to the physiological aids which nature points out.

In acute conditions rest must be provided; in chronic conditions rest, judiciously alternated with gentle exercise of the functions of the diseased organs, is indicated, and will prove far more useful than medication. Let me not be understood, however, as despising the latter. There are few to whom I should be willing to yield independence

upon our well-tryed medicinal agents. But I spurn them if their action is based on empirical observation alone, the *ipse dixit* of one or more men.

Those medicines alone which evince their presence in the system by certain definite signs, have my confidence. When quinine is administered in sufficient doses to cinchonize the patient, I know, without fear of contradiction, that whatsoever effect is produced on the paroxysm may be attributed to it; when it is used in small doses three times a day, for so-called malaria, I spurn the remedy as I do the disease. True malaria will as surely yield to cinchonization before the paroxysm, as spurious malaria (the so-called civic or international malaria) will fail to yield to it. This much I may say positively, from a long experience on the banks of Southern rivers.

(To be continued.)

SHOULD EXPERIMENTS ON ANIMALS BE PROHIBITED BY LAW?

Under the above title, Dr. Armand Ruffer has published an article in the current number of the *Liberty Review*, in which he again discusses, "as dispassionately as possible, the morality and utility of experimentation on (living) animals." He thinks that "the storm of the last Church Congress has blown over," and that a time is therefore come for a calm survey of the results.

There were many physiologists who regarded the prospect of the debate at Folkestone with grave apprehension, and were disposed to think that experimentalists like Mr. Victor Horsley would be ill-advised if they threw down the glove in such an arena. It was feared that there would be no fitting tribunal to judge of the matter, perhaps not even a just moderator to ensure fair play; and that ill words might be spoken on both sides with little or no good result. In such a temper as this some eminent physiologists declined to be present, among them one whose experiments upon dead animals had been held up to execration as vivisection of the worst kind, and who to this day has not thought it worth while to publish any correction of the blunder. But they will have changed their minds; we now see that fierce words are not always mischievous, and that violent disputation does not always darken counsel. We confess that in the earlier years of the antivivisection crusade the physiologists had not carefully avoided all cause of offence in word; we thought some harm had been done at first by too polemical a tone on their part, and we still think so; but our opinions are modified. Their indifferent attitude towards the antivivisection party in later years we see was misinterpreted, not by thoughtful opponents, who were beginning to see in this

attitude the calmness of conscious moral strength ; but arrogant and ignorant opponents, who became puffed up and insolent.

The fearless challenge to these persons and the exposure of their methods produced a great effect upon the Congress as a whole, and even produced something like a panic among the antivivisectionists themselves. Those of them who are unaccustomed to the restraints of good manners, who are aware of no obligations in respect of truthfulness, and who feel themselves at liberty to indulge their tempers by reckless aspersions upon others, have been dismayed, not by the revelation of their own hollowness—of this, unfortunately, they cannot judge—but by the discovery that they are not always to be treated with contempt, but at due times with chastisement. Of these people we hope nothing and fear nothing ; we look entirely to that great body of men who happily preserve an equitable mind ; and we note with as much pleasure as surprise that among these a marked re-action has taken place ; the current quips at the expense of physiologists have ceased, and an impression is abroad that the case of the physiologists is stronger and that of the abolitionists far weaker than they had supposed.

For such readers—readers open to moral and rational conviction—Dr. Ruffer's paper is well fitted. On the whole it is as dispassionate as it claims to be, but we think such phrases as the "unscrupulousness of professional agitators and so forth," are better henceforth avoided ; many thoughtful and scrupulous men are opposed to us in this matter ; if there were not the agitators would soon disappear.

Dr. Ruffer sets forth the well known arguments with care and point. He repeats that if therapeutics are to advance, and advance must be (1) by experiment upon man, or (2) by experiment upon animals ; and that new methods and agents are not to be tried on man until we gain upon animals some knowledge of their working. "In the end," he says, "the experiment must be made on man, but when this is done let us have all the trumps in our hands." The author deals next, and deals ably, with the very proper objection, that we cannot argue from the lower animals to man. Dr. Ruffer seems to us to answer this objection sufficiently ; some of his freshest sentences are those in which he shows, amid the many superficial differences of pathological processes in living creatures of various classes, that "at bottom, life, both in the vegetable and animal kingdoms, is influenced in the same way by the same reagents." This proposition Dr. Ruffer illustrates by effective instances. Dr. Ruffer also enforces the tremendous truth that "a year's delay in any advance of medicine really means the sacrifice of thousands of lives." That experiments upon living animals do aid us largely in interpreting the laws of life and

death, Dr. Ruffer of course re-asserts, but we believe this point is no longer contested ; the antivivisectionists—we mean our thoughtful and considerate opponents—now stand on the plain issue that, granting any success of the method, the means are not justifiable. This, if we mistake not, is the position of the *Spectator*. To us there can be but one reply to such a proposition.

Dr. Ruffer could not overlook the repartees about the butchers and the sportsmen ; perhaps his paper would have been incomplete without them, well worn as they are. Yet we must admit these retorts do not touch the heart of the matter, being of the nature of mere *tu quoques*, that is, effective in a polemical and not in a philosophic sense. The meditative man may effectively reply that butchers and sportsmen are survivals of barbarism whom he does not defend, or whom he will leave for the present out of the question ; that shooting and hunting are becoming every year more difficult of attainment, and are being largely supplanted by athletic sports ; or, again, that vivisection revolts his conscience, while hunting and shooting do not ; his conscience being, so far as he is aware, in a healthy state.

It is some answer to this objector to contend that use and wont are largely concerned both in the direction of public opinion and in the formation of the private conscience, and that aversion from vivisection will diminish when the public are as used to it as they are to the infinitely greater liberties of the sportsman. Still, this answer is not sufficient ; an aversion is felt by reasonable people, which is stronger than mere unwontedness can account for ; and how comes this state of feeling ? The explanation is no doubt this : that ordinary men take short views of things, and even imaginative men, like Tennyson, for instance, take short views of things of which they know nothing. This may not lie in lack of imagination, but in that their ideas are, in certain directions, unformed.

A bishop wants a strong voice ; animal food produces a strong voice ; then, says the bishop's wife, let a sufficient number of proper animals be killed for the bishop at once. A country man has a wholesome passion for fresh air, exercise, and adventure, and he is a lover of Nature ; to hunt a fox satisfies these passions, so the fox is hunted accordingly. "Sensible men" especially take short views of life, and "sensible men" see at once that the end attained is well worth the sacrifice. On the other hand, the physiologist does not by the sacrifice of an animal bring direct aid there and then to a certain person ; he may sacrifice the animal and other animals month after month, and year after year, with no immediately obvious service ; the physiologist takes a far longer view of his part of life than the ordinary man does or can do. His imagination is fixed upon great

future redemptions and immediate benefits, if any, are attained by the way; at the same time physiologists remember the dangers which lie in long views of life, at least as well as ordinary men remember those which lie in shorter views; they know that, as the largest-hearted philanthropists may neglect the fortunes of their own households, so they themselves might be tempted to ignore the sufferings which have to be passed on the way to future results. They think that the pressure of opinion within their own circle would have been sufficient to prevent pain, to check needless sacrifice, and to economise experiments to the utmost; nevertheless, they are loyally submitting to laws which, although unduly vexatious in some respects, are reasonably intended to secure these ends with due consideration of their own needs, their own honour, and, above all, of the public weal; in return they ask for no more than the ordinary courtesies of life.—*E.I. Br. Med. Jour.*

CLASS-ROOM NOTES.

In acute obstruction look to the small intestine; in chronic, to the large.—*Prewitt.*

Mild, persistent jaundice is a strong point in favor of hepatic cirrhosis.—*Robinson.*

For the early stage of chronic rhinitis, you may use some detergent wash; later, astringents, as alum, glycerite of tannin or cauterization.—*Spencer.*

When, in the acute asthenic fevers, you find a great diminution or absence of chlorides in urine, you should not fail to make a very grave prognosis.—*Curtman.*

Obstetrics was in labor long, but her child—gynecology—has grown up to a lass of beautifully grand proportions. she, like other children of the present day, is larger than her mother.—*Ford.*

If any one of you, in your researches, ever discovers the real cause of, and formulates a perfectly successful treatment for, infantile constipation, you will cover yourself with glory.—*Robinson.*

The man who operates just because the patient will let him, or because there is a fee in it, or uses the knife just to shine, is surely no surgeon. He's only a cutter. Pray you never do this.—*Tuholske.*

More or less fetor in the lochia was formerly regarded as unprejudicial or as a necessary coincidence, but not so now. When phenol douche fails, then have recourse to a one or two per cent. solution of hypochlorite of sodium as a douche.—*Ford.*

The main indication for trachelorrhaphy after labor will be found in the persistence of the lochia rubra. I prefer to do it about the eighth or tenth

day thereafter, as immediately after delivery the tear is with difficulty made out, and the operation involves needless risk of infection.—*Ford.*

In ovariectomy as in other belly operations, your success will depend upon your ability to recognize and meet many facts which exist, and conditions that may arise. First and foremost is your mastery of asepsis in the case; prominent, are time and amount of anæsthetic consumed.—*Tuholske.*

In diabetes mellitus the following combination seems to do good:—

R.—Acidi arseniosi, gr. 1-24.
Lithii carbonatis, gr. ii.
Extracti gentianæ, gr. iii.
M.—Ft. capsule No. 1.—*Steer.*

I think that, in those subject to hepatic colic, and who suffer frequent returns, a pill composed as follows, to be taken three times a day, will do good:

R.—Fel bovis inspissati, gr. ii.
Pancreatin, gr. ii.
Ext. nucis vomicæ, gr. $\frac{1}{8}$ —*Robinson.*
—*Méd. Fortnightly.*

PUERPERAL ECLAMPSIA: THE EXPERIENCE OF THE BOSTON LYING-IN HOSPITAL DURING THE LAST EIGHT YEARS.

Treatment varies as to whether the invasion is during pregnancy, during labor, or during the lying-in period.

1. *Ante-partum eclampsia.*—The aim is to arrest the convulsion and restore the function of the kidneys without arresting the pregnancy. In hospital practice, in a certain small proportion of cases, well directed efforts will be successful. Briefly stated, the following methods are employed: Ether is used at the first symptom of attack; ether being preferred to chloroform. Chloral hydrate is used as a nerve sedative between the attacks. Morphia is not approved of. To excite the action of the skin chief reliance is placed upon the hot-air bath—or, in mild cases, heaters—with pilocarpine guarded by brandy. Unless the skin responds promptly, the eliminative action of the bowels is invoked by elaterium or croton oil; when the patient is not too unconscious to swallow, milk is given with brandy, if indicated. Cream-of-tartar water is given freely and digitalis in small doses, as heart- tonic and diuretic. Acetate of potash is also used to some extent. If unable to swallow, the patient is stimulated by brandy, digitalis, and nitro-glycerine subcutaneously. Venesection has not as yet seemed indicated.

When it appears best to deliver, as is generally

necessary in severe cases, manual dilatation is preferred. Podalic version and manual extraction are resorted to, unless the head is engaged. During delivery the patient is thoroughly protected from any possible chilling. Thirteen *ante-partum* cases are grouped together, without regard to duration of pregnancy, with a maternal mortality of 46 per cent., and a fetal of 69 per cent.

2. *Inter-partum eclampsia*.—In these cases delivery is accomplished as soon as possible. After delivery chief reliance is placed on chloral, pilocarpine, hot bathing, or hot-air bath, mild diuretics, and mild stimulation.

In eight such cases the mortality was 25 per cent., both as regards the mother and the foetus.

3. *Post-partum eclampsia*.—The practice of the Boston Lying-in Hospital, in cases where during labor there are symptoms threatening eclampsia, is to allow the labor to terminate naturally, if normal; treatment being directed to allaying nervous symptoms and mildly stimulating the kidneys. In fifteen such cases reported one mother died from œdema of the lungs, convulsions coming on eight hours after delivery with death five hours later, after a number of severe convulsions. The foetal deaths were two, one from cerebral hæmorrhage on the third day, and the other was non-viable.

In grouping all these cases a maternal mortality of 25 per cent. is reached, and excluding non-viable children a foetal mortality of 33½ per cent., if only the *ante*- and *inter-partum* cases are counted. Taking all the cases the foetal mortality is 18 per cent.

Post-partum hæmorrhage probably occurred in many of these cases, and it has been the practice of the staff not to check the bleeding at once, in the belief that the lowered blood pressure consequent on a reasonable hæmorrhage is favorable to recovery.

As regards the number of the convulsions, the mothers who recovered had an average of 5.3 convulsions, while those that died had 10.8. Prognosis, however, depends more upon the time when convulsions occur, upon their severity and frequency, upon the length of the labor, the depth of coma, and the degree of kidney insufficiency, than upon the number of the convulsions.

The author strongly emphasizes the necessity of prophylactic measures against puerperal eclampsia.—M. S., *Am. Jour. Obstet. ; Archiv. of Gyn.*

THE TREATMENT OF HABITUAL ABORTION BY CHLORATE OF POTASSIUM.—As far as I am aware, there have as yet been no published cases where the treatment of habitual abortion by chlorate of potassium has been successful, or even mentioned. I have, therefore, recorded the histories of the two following cases in the hope that they may be use-

ful to brother practitioners, who, I trust, will try the remedy in their own practice should opportunity offer. Both cases were remarkable in that, although there had been nine premature confinements in the one instance and three in the other, yet after persevering with the chlorate of potassium the delivery of a living child at full term was the result in each case. In my own case there is another interesting point, viz., that although I was continually trying to impress on the patient's mind my absolute certainty of success, yet until she had well passed the eighth month of pregnancy she had no faith in the treatment whatever, for it was her firm conviction that, after miscarrying three times, she would never go the full nine months. As will be seen, the result was agreeably surprising to her. I may mention that this treatment was suggested to me by Dr. Sutherland, of South Shields, whose case is narrated first.

CASE I.—A married woman consulted Dr. Sutherland at the end of December, 1892, with regard to her condition, she being then about two months pregnant. The history was that eleven years previously she had her last living child, but since his birth she had been prematurely delivered—in the majority of cases at the sixth month—of nine stillborn children. She was at once ordered ten grains of chlorate of potassium three times a day, and she continued to take it, with an interval of a fortnight in April, until the beginning of August of this year, when she, being then at full term, was delivered of a living child. There was a distinct history of syphilis.

CASE II.—A married woman came to see me on April 2nd of this year, telling me that she was about four months pregnant, and that she had had three premature confinements, but never one at full term. She was, however, most anxious to have a living child, and was willing to do anything or take anything if only her wish could be gratified. I ascertained that during her first pregnancy she had had a fall at about the eighth month, with the result that labor supervened and a child was born, which lived for two days. She again became pregnant, and at the eighth month, although she could find no cause for it, was again delivered of a child, which was in this instance stillborn. She became pregnant a third time and went seven months only, the child being in this case, too, stillborn. After obtaining from her the above facts, and bearing in mind Dr. Sutherland's case, I advised her to commence at once with the medicine I should give her and to continue it until labor set in. She expressed herself as being perfectly willing to do so, so I commenced with ten grains of chlorate of potassium in water three times a day, telling her at the same time to let me have a specimen of her urine each time the bottle was renewed. On May 11th I found a

distinct haze of albumen present in the urine, so I stopped the chlorate of potassium and ordered her ten minims of tincture of perchloride of iron in water three times a day for about ten days. At the end of that time the albumen had completely disappeared, so the chlorate of potassium was re-commenced. In June I again found it necessary, for a similar reason, to give the tincture of iron the preference for a fortnight. She then resumed her original medicine, and took it constantly till August 11th, when labor commenced, and she was safely delivered of a strong and healthy living female child at full term. She made an excellent recovery, and the infant is all that she could wish. There was no history of syphilis in this case.—Edward F. Pratt, L.R.C.P., Lond., in *Lancet*.

CORPORAL PUNISHMENT IN SCHOOLS.—After considerable experience of childish misbehaviour and of moral and physical methods of chastisement, public opinion, as represented upon the School Board, has arrived at the decision that corporal punishment may be administered by duly qualified and prudent schoolmasters. Though we do not admit that corporal punishment is at all indispensable to the educational armamentarium, yet as long as juvenile human nature continues to be what it is we may expect that its instincts and inclinations will in a great many cases prove to be too strong and wayward for mere moral suasion. We find this wilful tendency [even among the educated and in the adult. To expect more self-control or more intelligence in children would be unwarranted presumption. We can, therefore, support unreservedly the very moderate motion passed at a recent meeting of the London School Board—namely, that head teachers should be allowed to administer punishment when necessary and also to transfer the right in respect of "slight" punishment to properly qualified assistants. Without an arrangement of this kind, the authority of a teacher is limited to mere remonstrance, a means of control which many children would not understand, and which others of them would laugh at. If teachers are appointed to maintain discipline we must in reason and in very decency trust them. We should, for our own part, wish to have some definite interpretation of the term "slight punishment." We presume that it would be merely a punishment sufficient for its intended purpose. Floggings, in the ordinary sense of the term, such as were common in the time of Nicholas Nickleby, are now, of course, utterly unheard of in the days of the enlightened and highly trained teachers into whose care the education of the "rising generation" is entrusted. Such forms of maintaining school discipline excite as much contempt in the mind of the present-day schoolmaster as the proposal to bleed a patient

suffering from typhoid fever would do in the mind of the present-day physician. Some further information on the subject of methods is in any case desirable, but we imagine that there need be little doubt that schoolmasters, having now more, though not unqualified, liberty in the matter, will use discretion in the choice of time, means, and points of application.—*Lancet*.

VASOMOTOR ATAXIA.—1. By the term "vasomotor ataxia," it is proposed to designate the condition of instability of the mechanism of circulation present in certain persons, and characterized by abnormal readiness of disturbance with tardiness of restoration, of the equilibrium of the cardio-vascular apparatus. The manifestations are most strikingly displayed in the terminal vessels, and occur chiefly under the action of external influences, especially cold; of toxic agents; and of emotion. The stimulus may be applied centrally or peripherally, but in each case the resulting phenomena indicate a defect of central inhibition.

2. Vasomotor ataxia is in many cases congenital; in some inherited; the condition is not rarely present in several members of a family.

3. In some cases the phenomena are of parietic, in others of spasmodic character. Usually the two kinds of phenomena are displayed in varying degree in the same patient. Whether spasmodic or parietic, the symptoms are suggestive of incoordination.

4. In exophthalmic goitre, especially such cases as are produced by emotion or are markedly intermittent, is found the extreme type of the parietic variety of vasomotor ataxia.

5. The form of Raynaud's disease known as "local syncope" furnishes an extreme type of the spasmodic variety, while "local asphyxia" exhibits both spasmodic and parietic phenomena.

6. Between these extremes are numberless gradations down to the slightest departure from normality, while even the extreme symptom-groups represent merely exaggerations of phenomena that under certain conditions occur in normal individuals.

7. Dermographism is an essential feature of vasomotor ataxia, and in most cases factitious urticaria can be readily produced by cold or by pressure, or by both; mottlings of the skin, certain peculiar markings of the nails, telangiectases, and stigmata, are common.

8. There is usually a hæmorrhagic tendency, as shown by ecchymoses, petechiæ, epistaxis, hæmoptysis, hæmatemesis, hæmaturia, and retinal hæmorrhage.

9. Even in the absence of hæmaturia, red blood-cells are often found in the urine; uric acid, urates, and oxalates are likewise common; the presence of albumen, tube-casts, and cylindroids,

is less common, and is usually intermittent. Glycosuria has been observed.

10. In many striking cases there has appeared to be morbid alteration of the thyroid gland.

11. The action of the heart is usually rapid, irregular, and easily disturbed; palpitation is usually common, and in some cases intermittent tachycardia has been noticed. Hæmic and functional murmurs are not uncommon.

12. Among other symptoms and morbid associations observed are drug idiosyncrasies, urticaria, local œdema, angina pectoris and pseudo-angina, hyperidrosis, asthma, hay-fever, vertigo, migraine, and other forms of headache, transient hemiplegia, menstrual irregularities, intermittent polyuria, rheumatism, chorea, epilepsy, neurasthenia, gastralgia, and membranous enteritis—most of which are doubtless related as effects of a common cause or as secondary results.

13. The development of pulmonary tuberculosis in some cases is probably a sequence of vascular and trophic disturbance in the lung.—Solis Cohen, in *Phil. Med. News*.

THE OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS. — The value of operation in the treatment of peritoneal tuberculosis in children has been much disputed, and even yet is by no means generally allowed. The numerous cases benefited by laparotomy have been challenged as to correctness of diagnosis and the indications which predict a favorable result not thoroughly understood. The report by Conitzer of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute. The children varied from two and a quarter to nine years of age. Four cases were of the exudative form, in which there was a diffuse superficial inflammation of the peritoneum, with numerous very small tubercles upon the parietal and visceral membrane, and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the patients, too, had grey-colored stools, though not otherwise icteric. The other three cases were of the dry adhesive form, in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum. The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up of the wound. No washing or manipulation of the cavity was done in any case. The four exudative cases all made a lasting recovery. In each microscopic examination of the tissue showed characteristic tubercular structure, giant-cells, and in two cases the presence of bacilli. The three other cases all showed caseous tubercular nodules with bacilli. One case recovered from

the operation, and after four and a half months was still relieved from much of the pain and discomfort, though not at all well. The other two cases died with little or no relief.

After discussing these cases in detail he draws the following conclusions: 1. Peritoneal tuberculosis is spontaneously curable: the dry form in very few, the exudative form in a very large number of cases. 2. All forms may be cured or at least relieved by laparotomy, even when other treatment, including puncture, has failed. 3. The results of the operation depend upon (a) the form of the disease, the best results being obtained in the cases of effusion; (b) the duration of illness; (c) eventual complication. 4. The operation is contra-indicated in advanced cases or those with marked tuberculosis of other organs. 5. No explanation can be given of the reason or manner of the curative effect.—*Boston Med. and Surg. Jour.*

DEEP INCISION OF CERVIX AND PERINEUM IN LABOR.—Dührssen (*Archiv für Gynäk.*), publishes a highly important monograph on this subject, with statistical tables. He maintains that the practice is invaluable when labor is impeded by resistance of the soft parts alone. As long as the patient is not already in a septic condition, there is no danger provided that strict antiseptic precautions be taken. The practice saves the patient from the risks of Cæsarean section, induction of labor, and craniotomy in all cases where undilatability of the soft parts is the obstacle to delivery. In 27 cases in Dührssen's experience, where this obstacle was overcome by incisions and craniotomy avoided, labor was concluded with the forceps in 24, by turning and extraction in 2, and by bringing down the feet and extraction in 1. Only one mother and one child were lost. Hence, as compared with perforation, the mortality is for the child 96.3 per cent. less, and for the mother it is almost similar, since in 28 cases of perforation the same obstetrician lost one mother. Out of 29 cases of perineal incisions alone, excluding all subjects with obstacles to labour outside the soft parts, the mortality for the mother was 6.9 per cent., and no child was lost. Incisions are most urgently indicated when rigidity of the soft parts exists in elderly primiparæ, or when complicated by eclampsia or premature rupture of the membranes. The supravaginal part of the cervix must be fully dilated, a dilator being used if necessary. External pressure must be employed when the head lies high in the pelvis. In cutting into the cervix four incisions must always be made, and they must extend to the vagina. The posterior should be made first, the anterior last. Suture after delivery is unnecessary. The perineum requires a unilateral deep incision between the anus and tuber ischii. The wound must be very carefully sutured after delivery. Pro

follows this kind of incision. Out of 21 of Dührssen's cases of deep incision of the cervix, 15 patients bore another child about a year and a half later. The labors, which included three miscarriages, were generally easy.—*Br. Med. Jour.*

ALLEGED VICARIOUS MENSTRUATION.—Windmüller (*Centrabl. f. Gynäk.*) and others warmly debated this question in the course of a discussion on Grassow's paper on amenorrhœa at the Hamburg Obstetrical Society. Windmüller stated that a lady, aged 42, had never seen any vaginal "show" for thirteen years, when periodical hæmoptysis set in and occurred every four weeks, continuing till the present time. The lungs and larynx, as well as the sputum, had repeatedly been examined for organic disease with negative results. There was no hysteria. Seeligman had seen periodical hæmatemesis follow disappearance of the menses. Hot water vaginal injections were prescribed; the normal catamenia returned and the hæmatemesis ceased. He could find no evidence of gastric ulcer. Aly disputed this assertion, and Olshausen considered that amenorrhœa was simply caused by the anæmia which resulted from gastric ulcer. Schrader did not believe in vicarious menstruation. Women with amenorrhœa looked on any kind of hæmorrhage as vicarious menstruation; investigation often proved that the bleeding was merely a coincidence. He often saw amenorrhœa in pupil midwives; it lasted long, and was never accompanied by any vicarious hæmorrhage. Grassow said that such cases were due to altered conditions of life and to psychical impressions. He had seen vicarious menstruation in cases where local conditions had caused the suppression of hæmorrhage from the uterus. Rütgen stated that cases of this condition were chiefly recorded in French literature. He knew of three young girls who repeatedly had hæmoptysis at the menstrual period. Twenty years since a lady, aged 40, used to cough up cupfuls of blood at every period. The patient was still alive and free from any sign of pulmonary disease; she was very hysterical. Voigt had seen similar cases, and in one, still under treatment, there was no sign of any disorder of the lungs or larynx.—*Br. Med. Jour.*

TREATMENT OF SPRAINED ANKLE.—Dr. V. P. Gibney advocates (*The New York Polyclinic*) the treatment of sprained ankles by the use of strips of adhesive plaster. Dr. Gibney owes his indebtedness for the new method to a little book by Mr. Edward Cotterell, of the University College Hospital London. It was not until the end of 1888 that the treatment advocated in brochure was fully digested and put into use by Dr. Gibney. He had all through his previous surgical career looked upon a sprain as a kind of mystery "not

always so bad as a fracture but sometimes more tedious," requiring fomentations for a little while, then a fixed dressing of plaster of Paris or silicate of sodium, crutches perhaps, and rest and massage afterward. He had never been attracted toward these methods, and he had come to expect a "stiffish" joint in nearly every case that came under his charge. His first case to be tried according to Cotterell's plan was that of a lady who had wrenched her right ankle severely. The usual external features of a sprain were present; no dislocation or fracture could be out. Dr. Gibney first cut strips of rubber adhesive plaster about half an inch in width and long enough to completely encircle the foot. Then, with the foot well raised, he strapped it (the ankle) and the lower third of the leg with these strips, very much as if he had had an ulcer to treat. The first strip was carried over the outer side of the foot from near the base of the little toe. The second strip crossed the first, the third lapped over the first, and the fourth overlapped the second, and so on until at the conclusion he had practically constructed a Scultetus bandage of adhesive strips extending far enough to include the lower third of the limb. Over this he placed a cheesecloth bandage to help the plaster strips to adhere to one another and to make the dressing more tidy. The patient was told to put on her stocking and shoe and to walk about the room. The walking was accomplished with some diffidence, but with no real difficulty. She was made to walk the next day and went out shopping without any bad results. The recovery was without relapse, and the usefulness of the ankle joint was unimpaired.—*Kansas Med. Jour.*

DIAGNOSIS AND TREATMENT OF GASTRIC ULCER.—J. Boas, of Berlin, Germany (*Medical Record*), uses the usual means of arriving at a diagnosis establishes it by the presence of localized pain in the epigastrium and upon the examination of the stomach contents. Pain, however, may be rarely absent and the hyperacidity may be present in carcinoma when the growth is on the base of an old ulcer. He has found after many observations that a dorsal point of tenderness exists almost as frequently as the epigastric point, and the point is so sharply circumscribed that for diagnostic purposes it has far more value than the point in the epigastrium. The point is found to the left of and on a level with the tenth to the twelfth dorsal vertebra rarely higher or lower. It lies usually directly against the vertebra, rarely some distance from it. In a few instances the point is on both sides. In no other disease, and especially no other disease of the stomach, is the point found with equal constancy. In cases of cholelithiasis there is a painful spot to the right of the twelfth dorsal vertebra. He uses an instrument called the "Ægesimeter," by which the pressure made can

be measured. A painful point due to ulcer will not bear nearly as much pressure as one due to other causes. His treatment consists of rest in bed, limited diet and the administration of large doses of nitrate of silver in *solution*. He uses gr. iij to f̄iv of water at first and gradually increases the strength. The next bottle having gr. iiivss and the third vi. gr. to f̄iv. The dose is a table-spoonful diluted with a wineglassful of water and taken on an empty stomach. Some obstinate cases will not be relieved by this treatment. In these he gives no food by the mouth, but feeds by enemata. The yolk of two eggs, half a pint of milk, one tablespoonful of wine or brandy and a table-spoonful of flour are warmed and given every three hours. The return to solid food is gradual, liquids being first given.—*Univ. Med. Mag.*

PNEUMONIA.—Dr. H; C. Wood, in *Boston Medical and Surgical Journal*, says: There is pneumonias which are one thing, and there are pneumonias which, therapeutically, are another thing. Pneumonias therapeutically may have no more relation with one another than a pneumonia has with a dysentery, and are no more to be treated as the same disease, though we label them with the same name. When I speak to you about the treatment of pneumonias I do not mean the treatment of senile pneumonias nor of asthenic pneumonias; I mean the treatment of frank, sthenic, hard pneumonia, that comes upon a man as with the bound of a lion. I say here that I am certain that when our forefathers bled these cases they saved lives that we now lose. I am out of date perhaps; I am behind the times in one way, and I am ahead of the times in another way. The pendulum is beginning to swing a little towards venesection; but the thought I want to leave with you is that by means of this drug (*veratrum viride*) we can get all the good that comes from venesection. You bleed a man, you depress him, lower the immediate activity of the vital forces, but you also take away power, and by and by, when the fight comes, that man is exhausted. Venesection has the dangers that surround tartar emetic. Remember that the abdominal vessels in a man will after death contain all the blood in his body and not be full. We forget very often that it is the abdominal vessels that dominate the circulation. Some of you must have seen in the operation of ovariectomy a woman dying, blanched upon the table, revived by a dash of hot water into the abdomen. The woman revives out of her syncope because hot water contracts the abdominal vessels. When we give a man *veratrum viride* we dilate his abdominal vessels—we bleed the man into his own belly. By the action of this drug we get the influence of venesection; but instead of withdrawing the blood entirely from the body, we put it in a reservoir, whence we can pour it back when the proper time comes.—*Medical Brief.*

We are indebted to our friend, Dr. C. W. Tompkins, of Jasper, Fla., for the following poetic clipping from a late issue of the *Jasper News*. Dr. Tompkins has had it printed on the back of a number of his statements:

Once upon a midnight dreary,
The doctor slumbered weak and weary
And all the town could hear
Him snore.

While he lay there sweetly napping,
Suddenly there came a tapping
Like a ramgoat madly rapping
His hard head upon
The door.

"Get thee up" a voice said loudly,
"Come in haste," it added proudly,
Like a man who owned a million or
Much more.

But the doctor never heeded,
Back to dreamland fast he speeded,
For such men as that he needed
In his practice
Nevermore.

For long months that man had owed him,
Not a cent he'd ever paid him,
And the doctor now will dose him
Nevermore.

—*Atlanta Med. and Surg. Jour.*

THE ACTION AND USE OF DIURETIN.—Dr. Herrick's experience seems to warrant the following deductions:

1. Diuretine is a diuretic acting by direct stimulation of the renal epithelium, and best suited to cases in which there is a general dropsical effusion.
2. It is the best medicinal remedy for removing dropsical fluid due to valvular disease of the heart, after digitalis and pure cardiac tonics have failed.
3. It can be advantageously combined with digitalis and pure cardiac tonics.
4. It probably has a direct effect upon the heart as well as upon the kidneys, slowing and strengthening its action and improving its rhythm.
5. Diuretine has oftentimes a beneficial effect in other circulatory diseases with dropsy, as myocarditis, aneurism, and arterio-sclerosis. Its action is here more uncertain than in valvular disease.
6. In the dropsy of nephritis it can be used without danger of irritating the kidney, the effects in acute nephritis being more certain than in chronic nephritis. Where the renal epithelium has undergone too extensive degeneration, the drug may fail to act.
7. In the dropsy of portal obstruction, and especially of cirrhosis of the liver, it usually fails to give good results.
8. It occasionally causes nausea, vomiting, diarrhoea, palpitation, headache, and slight fever rarely, skin eruptions follow its use.
9. The maximum daily amount that can be given with safety is 150 grains; the average daily

amount is 50 to 120 grains, given in divided doses. When combined, in heart cases, with cardiac tonics, smaller doses of diuretin can be employed.

10. It should be given in solution in water or milk, or pill or capsule, without acids, and by preference between meals.—*The Pacific Record.*

DYSMENORRHOEA, MENORRHAGIA, AND LEUCORRHOEA.—Goodell (*Practice*) recommends the performance of rapid dilatation of the uterine canal for dysmenorrhœa due to acute anteflexion and stenosis. If there has been menorrhagia, curetting is also done for the purpose of removing granulations from the endometrium. Always after curetting, the uterine cavity is irrigated with a 1.2000 bichloride of mercury solution through a double canula, and every loose particle washed away. A strip of iodoform gauze is then carried up to the fundus and packed into the canal, and a suppository of iodoform (grs. x-xx) placed in the vagina. Curetting and packing with iodoform gauze is also useful in cases of endometritis associated with copious leucorrhœa. Dr. Goodell has performed rapid dilatation about 400 times for dysmenorrhœa, in addition to the combination of this operation and curetting for other conditions, and has not yet seen any bad results from it. The presence of active inflammatory tubal or ovarian disease is a contra-indication of the operation.—*Univ. Med. Magazine.*

FOR THE REMOVAL OF WARTS.—For the removal of warts, Dr. R. B. Morrison, of Baltimore, Md., prescribes the following :

R—Hydrarg. bichlor. gr. v.
Acid. salicyl. ʒ j.
Collodion ʒ j.

He sometimes increases the bichloride of mercury to thirty grains in the same quantity of collodion, if the milder application does not answer. It is applied every day once, the upper crust of the previous application being removed before a fresh one is made. Four such applications generally soften the wart to such a degree that gentle traction removes it painlessly, the further dressing being any simple ointment.

A CASE OF PARALDEHYDE HABIT.—This is reported by Dr. Frank Elkins. The patient, a man of 65, was admitted as a voluntary patient to the Royal Asylum, Edinburgh, on 23rd November, 1892. Two years before admission he commenced to use paraldehyde for the relief of insomnia, from which he had long suffered. A habit was soon established, and the dose of the medicine increased, until shortly before he entered the asylum he was taking sixteen ounces of paraldehyde a week. He had lost two stones in weight, and was so weak that he had to be fed

like a child. The action of the heart was weak and irregular, the appetite abnormally large, and the patient suffered from hallucinations of sight and hearing, and from delusions of an unpleasant character. He proved himself a most troublesome patient, but was discharged in good health on 21st February. Marked improvement appeared to date from the administration of sulphonal.—*Ed. Med. Jour.*

CHLOROFORM AS A HEMOSTATIC.—As a general hæmstatic for controlling of external bleedings, arterial, venous, or capillary, chloroform is most valuable. Applied on a dossil of lint or cotton wool to the bleeding surface, it promptly stays the blood, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and recommence the bleeding. It is peculiarly suitable for all abdominal operations, as it has no tendency to excite inflammation either in the part to which it is applied or to any of the surrounding tissues.

As an antiseptic application it is more powerful than bichloride of mercury solution. The addition of gum resins has been suggested, but they would detract from the value of the application instead of increasing it, for the reasons which will occur to any person familiar with the use of solutions of gum resins.—*Medical Press.*

CARDIAC ASTHMA.—Dr. Ferrand, *Le Bulletin Medical*, recommends the following treatment :
General treatment.

1. Each morning two soup-spoonfuls of
R Iodide of sodium, grms. 25 (ʒ vj).
Infusion of elder flowers, grms. 300 (fl. ʒ x).
2. Every evening, before eating, two soup-spoonfuls of
R Bromide of sodium, grms. 25 (ʒ vj).
Syrup of aconite, grms. 50 (fl. ʒ viiss).
Infusion of hops, grms. 250 (fl. ʒ viij).

—*Lancet Clinic.*

ATROPINE IN LEAD COLIC.—Dr. F. Rowland Humphreys reports in *The Lancet*, a number of cases of lead poisoning treated successfully with sulphate of atropine and iodide of potassium. The author concludes that in lead poisoning atropine in full doses (1) relieves the colic and the pain in the head in the most rapid manner ; (2) it keeps the bowels freely open ; (3) it assists in the return of the bodily powers ; (4) it assists, directly or indirectly, in the removal of the lead by iodide of potassium.—*N. Y. Med. Rec.*

WHAT WOMAN CAN DO.—A Kentucky woman who concluded her medical studies this spring brought home in one arm a diploma and in the other her week old babe. Another woman, in Kansas, not long ago celebrated her election as town mayor by giving birth to a child on the same

day. Which either proves the superiority of women over man by way of versatility and endurance, or it may be accepted as a protest by nature against modern attempts to set insuperable barriers.—*N. Y. Med. Rec.*

THE CONTAGIOUSNESS OF PUERPERAL FEVERS.—From the classical article of Oliver Wendell Holmes, which was published in 1843 and which has just been republished, we take his eight conclusions, which will be most interesting to the younger brothers of the profession who may believe that antiseptic midwifery is something very new. "Honor to him to whom honor is due."

1. A physician holding himself in readiness to attend cases of midwifery should never take any active part in the *post-mortem* examination of cases of puerperal fever.

2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.

3. Similar precautions should be taken after the autopsy or surgical treatment of erysipelas, if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.

4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some weeks at least have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.

5. If within a short period two cases of puerperal fever happen close to each other in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.

6. The occurrence of three or more closely connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is *prima facie* evidence that he is the vehicle of contagion.

7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger.

8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come

when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune, but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession should give way to his paramount obligations to society.—*Annals of Gynecology and Pediatrics.*

THE SAVAGERY OF FASHION.—Not a whit too early, but rather too late, has come the protest issued a few days ago by Mr. W. H. Hudson against the indiscriminate killing of birds for the sake of their plumage. Fashion of late has been forgetfully merciful in this matter. Birds for ladies' wear have not commanded a market, and perhaps a few struggling species owe their still recognisable existence to this cause. Unfortunately there are signs that the grateful period of oversight has expired, for again we hear of a coming "rage" for "wings." In other words, our mothers, wives, and daughters are being persuaded into a return to the old practices of self-decoration, which it appears were only for a time in abeyance. What these implied may be judged from the fact that many species of brightly feathered birds, according to present ornithological records, are already on the verge of extinction. Little wonder is it that this can be said when we reflect upon the heedless barbarity and wanton waste of life which commonly characterise the methods of the bird-killer, his unconcern either for close time or any other season, for the kind or number of his victims (if only he succeeds in making a living by them), and for any form of remonstrance which does not touch his pocket. The appeal to which we have referred was made to women, for whose adornment so many ruthless depredations have been made upon the treasures of nature. Most of them who have any pretensions either to feeling or intelligence will, we are assured, admit the force of that appeal. It is, indeed, a monstrous thing that has evoked it. Forms of life inimitable in beauty as in adaptation, gems of nature's workmanship, antique, enduring, irrecoverable if lost, are to be wantonly destroyed—why? In order that a dress or a bonnet may for some pleasant hours attract a little social attention. A more Goth-like idea of refinement it would be difficult to find. The force of trade interest lately acquired for seals a right to protection. Even the same force, wherever it is instructed by science, and supported by the most rudimentary sense of humanity, demands a similar right for the feathered creation. It is sincerely to be hoped that the purchasing public and our legislators alike will early recognise this right, and will provide against any attempt to infringe it.—*Lancet.*

RHEUMATISM AND ARTERIO-SCLEROSIS.—Dr. Manteuffel discusses the relation of so-called rheu-

matism in the lower extremities and vascular disease. The pains complained of are situated in varying parts of the feet and legs, the feet are cold, and numbness may be experienced. The skin looks pale, and is often desquamating in minute scales. Sometimes patches of characteristic erythematous œdema may be seen with an increase in the symptoms above described. In these cases the pulse should be carefully examined. Differences may be present, and the arteries may be found degenerate. These manifestations are not to be confounded with articular affections, nor with sclerosis of the veins. No varices or pigmentation are present. Localized œdema is, of course, not to be mistaken for more general œdema due to venous obstruction. It may be difficult to distinguish this affection from neuralgia, and in cases of arterio-sclerosis the nerves may also be involved. For proof from morbid anatomy the author refers to cases of angio-sclerotic gangrene slowly developed and preceded by pains. He cites a case of gangrene in a girl, nineteen years of age, with diseased arteries, in which rheumatic pains had long preceded the gangrene. As to whether these rheumatic pains are a preliminary stage to gangrene cannot be denied with certainty in some cases. If the collateral circulation is sufficient, gangrene occurs, but this last stage is often not seen. The author warns against local massage in these cases of arterio-sclerotic rheumatism. Some patients whose disease is written of as rheumatism, or even hysteria, thus really suffer from arterio-sclerosis.—*N. Y. Med. Rec.*

MEDICINE AND SURGERY AMONG ANIMALS.—

Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek dark and airy places, drink water, and sometimes plunge into it. When a dog has lost its appetite, it eats that species of grass known as dog's grass, which acts as an emetic, and purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. Animals suffering from chronic rheumatism always keeps, as far as possible, in the sun.

The warrior ants have regularly organized ambulances. Latrielle cut the antennæ of the ant, and other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee be wounded, it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth.

A dog, on being stung in the muzzle by a viper, was observed to plunge its head repeatedly for several days in running water. This animal eventually recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook where its food was taken

to it. This animal recovered. A terrier hurt its right eye. It remained under a counter, avoiding light and heat, although it habitually kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper surface of the paw, which it applied to the wounded eye, again licking the paw when it became dry.

Animals suffering from traumatic fever treat themselves by the continued application of cold, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, we are, he thinks, forced to admit that hygiene and therapeutics, as practiced by animals, may, in the interest of psychology, be studied with advantage.—*Farm Folks.*

THE TREATMENT OF INTESTINAL HÆMORRHAGE IN TYPHOID FEVER.—Dr. E. Maragliano, Professor of Clinical Medicine at the Medical Faculty of Genoa, maintains that the occurrence of intestinal hæmorrhage during an attack of typhoid fever is not such a grave complication as is generally believed. Not only has he never lost a single patient from the acute anemia due to the accident—a statement which will probably be received with surprise by many a practitioner—but he is even of opinion that the occurrence of hæmorrhage rather exerts a favorable influence on the subsequent progress of the disease. Indeed, the mortality among the cases under the Professor's care in which hæmorrhage took place, was on the whole lower than among those which did not show this complication. This Prof. Maragliano brings forward as an argument in favor of his contention that bleeding is never injurious in infectious diseases, in spite of what may be said to the contrary, a certain quantity of the specific virus being thus removed from the organism.

In respect of the alleged influence of cold baths in increasing the liability to enterorrhagia in typhoid fever, Prof. Maragliano has found from experience that intestinal hæmorrhage is of less frequent occurrence in cases of enteric fever which are treated by Brand's method than in others. Patients who suffer from hæmorrhage are usually those in whom the treatment has been commenced too late, as, for example, those who are taken to the hospital when the disease is already far advanced.

The following is the method of treatment recommended by Prof. Maragliano in cases of enterorrhagia in the course of an attack of typhoid fever: The physician should remain by the side of the patient until all signs of hæmorrhage have disappeared. An ice-bag is to be applied to the abdomen especially over the right iliac fossa which is the seat of the hæmorrhage. A hypodermic injection of one gramme (fifteen minims) of ergotine is at once to be made. From four to five

grammes (sixty to seventy-five minims) of ergotine should be injected in the course of a few hours, for smaller doses will not produce the desired effect.

In addition to the above, one of the following cachets is also to be administered every hour :

R--Powdered Opium gr. ij.
Subnitrate of Bismuth ʒ ij.

Mix and divide into twelve cachets.

Should the exaggerated peristaltic action of the intestine and the hæmorrhage persist, the dose of opium is to be increased until twenty centigrammes (three grains) are taken in the twenty-four hours. Experience has shown that the action of full doses of opium is very well borne by typhoid patients.

Prof. Maragliano has succeeded in every case in arresting the hæmorrhage by these means and sometimes even more rapidly than was to be expected.—*N. Am. Prac.*

PLACENTA PRÆVIA.—Tarnier, *Jour. des Sages Femmes*, demonstrated in May, a case which he held to be highly instructive. On May 10th, a sempstress, who had been delivered normally thirteen times, and was approaching term, sent for the midwife, as great œdema of the extremities had set in. On the 14th hæmorrhage occurred, and recurred severely on the 15th. The midwife diagnosed placenta prævia, and immediately plugged the vagina with strips of the cotton dresses which lay about in the patient's room, dipping them first in sublimate. Tarnier declares that as time was pressing, she did right, though rupture of the membranes would have been best. The stuff employed was of course not absorbent cotton, and free flooding occurred in the night; the midwife plugged the vagina again, and the patient was sent into hospital. Mlle. Landais, the hospital midwife, found that there was no more bleeding, so left the case at rest. Strong pains occurred very soon, and about two hours after the application of the second tampon a single uterine contraction expelled "in half a minute" the tampon membranes, child, and placenta. The infant was dead, the mother little the worse for her dangerous labor. Tarnier notes that the hæmorrhage might have been attributed to the conditions which caused the œdema. There was no albuminuria. He does not, as is above explained, condemn the tampon in placenta prævia, there being no fear that the plug might change external into internal bleeding. Clots form behind the plug and tend to close the open vessel.—*Br. Med. Jour.*

A CASE OF SPONTANEOUS RUPTURE OF THE SYMPHYSIS DURING DELIVERY.—Oehlschlager (*Centralblatt für Gynäkologie*), gives an interesting account of a twenty-years old I-para who came under his care suffering from eclampsia. Albumin was found in the urine, and some œdema was

present. Patient had within one year shown symptoms of rhachitis. Forceps being applied to the head high in the pelvis, a somewhat strong traction was made. During the delivery the symphysis ruptured with a distinct sound, and immediately showed a separation of perhaps 3 cm. After this the delivery was easy, and a living child was extracted. The eclampsia did not return. A strong bandage of leather was put around the patient's hips. No fever appeared, and in three weeks she was discharged. When last seen the two ends of the symphysis were about 1 cm. apart, but this did not interfere with the movements of the woman. The author knows of no similar case, either in his own practice nor that of other physicians.—*Am. Jour. of Med. Science.*

THE USE OF COCAINE.—1. Amount of cocaine used must be in proportion to the extent of surface it is desired to anæsthetize. In no case should the quantity exceed one grain and three-quarters.

2. Cocaine should never be used in cases of heart disease, pulmonary disease, or in persons of highly nervous temperament.

3. In injecting cocaine, the intradermic method is preferable to hypodermic. By injecting into, not under mucous membrane or skin, the risk of entering a blood vessel is avoided.

4. During injection the patient should always be in a recumbent position; in operations upon the nose and throat, the head should not be raised until anaesthesia is complete.

5. It is of great importance that cocaine should be pure, since its combinations with certain other alkalies result in poisonous compounds.—*Brooklyn Med. Jour.*

IRRITATIVE COUGH OF PHTHISIS.—Dr. F. P. Henry, of Philadelphia, in the *Kansas City Medical Index*, indorses the following formula, which has been employed for many years at the Episcopal Hospital at Philadelphia :

R—Potassii cyanid., gr. j.
Morphinæ acetat., gr. j.
Aceti sanguinariæ, ʒ ij.
Syr. tolut., ʒ j.
Aquæ, q. s. ad. ʒ iij.—M.

Sig.—One teaspoonful every three hours.—*Med. Bulletin.*

TO KEEP LEECHES.—The bottom of the vase or jar containing them should be covered with small pebbles and a sprinkling of sand. If a few stones bearing vegetation can be obtained from the bottom of a stream or pool, these are very useful to put in the jar. The water should not be entirely changed; syphon off a little, and add more fresh water. Keep jar in a temperate place.—*Bul. of Pharmacy.*

Correspondence.

LODGE PRACTICE.

To the Editor of the CANADA LANCET.

DEAR SIR,—The question of "Lodge Practice" and the best means of doing away with it, has been prominently before the minds of the medical practitioners of Toronto for some time. A meeting was called, and the following gentlemen were present:—Drs. A. R. Macdonald, J. B. Moran, T. J. Moher, Geo. Acheson, J. A. Stevenson, and James Hird. Dr. Macdonald was elected chairman, and Dr. Acheson secretary.

After all had expressed themselves as thoroughly in sympathy with the proposed plan of getting rid of the evil of lodge practice, it was moved by Dr. Stevenson, seconded by Dr. Moher, and *unanimously* carried,

"That we, the undersigned physicians, residing and practising in the town of Trenton, Ont., do hereby pledge our honor not to enter into any contract with any society, club, lodge, company, or corporation, to give medical attendance, advice, or medicine, to the members thereof, for any stated period at a fixed rate per member, or for a lump sum per annum, or to do what is commonly known as 'lodge doctoring'; or to give our professional services to such on any other terms than to the general public: providing that this agreement does not affect existing contracts terminating at the end of the current year."

At a subsequent meeting Drs. J. T. McKenzie and H. H. Hawley were present, and agreed to the resolution; and on November 1st it was signed by the following medical men:—

A. R. MACDONALD, A.B., M.D.

JOHN A. STEVENSON, M.D.

J. B. MORAN, M.D.

J. T. MCKENZIE, M.D.

THOMAS J. MOHER, M.D.

GEO. ACHESON, M.D., M.A.

H. H. HAWLEY, M.D., M.R.C.S.

It was also unanimously determined not to make examinations for life insurance in any company or fraternal benefit society for a fee of less than two dollars.

We trust that the profession as a whole, will unite in an endeavor to stamp out the pernicious contract system, and that our example here may

stimulate others to assist in bringing about a much-needed reform.

I have been authorized as secretary to make this communication to your journal.

Yours respectfully,

GEO. ACHESON.

Trenton, Ont., Nov. 21st, 1893

IPECACUANHA IN HÆMATEMESIS.—Dr. Burland, writing in *The Lancet*, gives some cases in which severe and apparently hopeless hæmatemesis was checked by large doses of ipecac. He says:—I have selected these three cases on account of their exceptional severity. I would emphasise the necessity of keeping the patient motionless with the spine arched forwards by means of hard pillows placed beneath the dorsal column. Nothing whatever should be given by the mouth except the ipecacuanha; this should be fresh, and a few drops of tincture of opium ought to be added to sufficient glycerine to mould the mass into a bolus. Especial care should be taken that no fluid is given either by the mouth or the rectum for at least two hours after the administration of the drugs. The patient's strength should be supported by nutrient peptonised enemata, and stimulants should be taken in the same manner. Brandy given by the mouth is almost invariably rejected and keeps up the vomiting. I am persuaded that in ipecacuanha administered with the precautions I have named there exists a remedy of singular potency in the treatment of hæmatemesis.

A CASE OF PNEUMONECTOMY, performed by Dr. Lawson, is reported in the *Brit. Med. Jour. Med. and Surg. Rep.* The operation was commenced by the removal of the interior third of the second and third ribs; the parietal layers of the pleura were opened, and after separating a number of extensive adhesions, the apex of the lung was pulled out. It was then transixed with a needle and strong silk; firmly tied and removed. The pneumothorax which developed, gave very little trouble; the respirations being at first forty-four, but soon dropped down to twenty-four. The pulse also showed a similar course. The highest point reached by the temperature was 101.8. This occurred in the second week, and lasted five or six days, with complete morning remissions. By the end of the third week the wound had entirely healed.

THE CANADA LANCET.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER 23 Rue Richer, Paris.

TORONTO, DECEMBER, 1893.

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TREATMENT OF CHRONIC ALCOHOLISM.

Drunkenness or inebriety has existed so long, and is so common that every layman knows the disease, though he does not recognize it as a disease, which it undoubtedly is; one of the *morbia habits*, among which may also be placed, opium inebriety, chloroformism, cocainism, chloralism, ether inebriety, arsenic inebriety, the antipyrin habit, cologne water habit, tea, and coffee inebriety, and not a few others.

The type of alcoholic inebriety has changed considerably in modern times. We can all remember the steady moderate drinker of the past, and all history and literature points to the fact that men drank, certainly much more commonly, and certainly very differently, from what they do now. In place of the old moderate drinker we are getting the impulsive maniacal drinker, who, after a longer or shorter preliminary stage, becomes an excessive user of spirits. It may be that for years, and, indeed, for the remainder of the patient's life, often not a short one, he has his regular *sprees*, which in time come with almost the regularity of the changes of the moon, or the seasons, though the tendency seems always to shorten the period of abstinence. As time goes on the *sprees* are recovered from more and more slowly, and recur more frequently, till, under the wear and tear of such a life, acute organic affections follow, complex brain and nerve-degenerations appear, for which medical treatment is now constantly demanded. Crothers says that, "A clini-

cal study of the accurately grouped histories of a large number of cases brings ample confirmation of the fact that inebriety is a *disease* with a distinct and largely traceable causation, a uniform development and progress, a uniform symptomatology and termination."

Many other types of the disease are noted, but the one for which there is, perhaps, most hope, under medical treatment, is that class whose drink storms come on with, or date from, some state of nerve or brain exhaustion.

Such cases must be impressed (a very difficult matter, as they rarely see, until it is too late, the danger in which they stand), with the gravity of this *disease*, and the need of physical remedies, and, above all, of the absolute necessity of consulting their physician when the desire to drink comes on, rather than the recourse to the easier, and at the time, more pleasant means of overcoming the depression under which they are suffering, the taking of alcohol, which always ends in a break up.

The question of restraint in cases of inebriety, is a very serious one. Unfortunately, legislation in this matter is sadly inadequate. The consent of the sufferer is always necessary to this restraint. Now, recognizing the drink craze as a disease, how illogical to expect the sufferer to act with firmness and good judgment in his own case. As well might you expect the habitual thief to wish for his own detention, as the habitual drunkard to consent to his incarceration in the asylum for the cure of his disease.

The habitual drunkard is a pitiable case, and his own volition should be little attended to, and a certain amount of wholesome compulsion is absolutely demanded. The time is undoubtedly coming when the Government will have to recognize its responsibility in this matter, as they now do in cases of insanity, and undertake the care of a large class who are now allowed to harm themselves whenever they can get the necessary alcohol. One thing is certain. A few weeks at sanitarium and private asylums, are positively useless. The disease, if curable, is not curable in so short a time, nor without careful and skilful medical treatment. Months and years are necessary to elapse under treatment before the sufferer is able to take his place in the world again, able alone to cope with his weakness.

NITRO-GLYCERIN IN EPILEPSY.

According to Eliot Bates, of New York, and others, the hypodermic use of nitro-glycerin is of great utility in relieving the paroxysms of epilepsy.

The beneficial results which follow the administration of nitro-glycerin in angina pectoris, such as the rapid relief of those headaches accompanied by small wiry pulse, pallor of the face and sudden faintness, and often the relief of a severe neuralgia, led to the question, can nitro-glycerin be utilized to relieve the arterial spasm of the epileptic attack, thereby to establish consciousness, relieve the convulsive movements, prevent the after exhaustion, and to prevent, as far as possible, the ill-effects of the anæmia of the brain?

The utility of this drug and nitrite of amyl has long been recognized at the beginning of an attack as soon as the least suspicion of aura arises, *i. e.*, to abort the attack—but its use after the attack has been established, when the sufferer lies with rigid limbs and unconscious, has not been advocated prior to Dr. Bates' paper upon the subject. He uses the hypodermic method of medication, and finds it most successful.

In the first case the patient had been afflicted for four years. At this time he lay as he had fallen, rigid, and totally unconscious, with violent muscular convulsions, and all the concomitant symptoms of an epileptic attack.

A hypodermic injection of one-hundredth of a grain of nitro-glycerin was given, and before the needle was withdrawn total relaxation took place, consciousness was restored, and the patient asked for a glass of water.

In the second case, seen four times, the method proved of great value, as the patient was a terror to all from his violence during the attacks. The use of the drug was followed by an immediate restoration of consciousness. The method has been pursued in twelve cases without a single failure. In all the cases the after-effects of the attack were markedly lessened, the patient recovered without the fatigue and general demoralization usual to epilepsy. It is not claimed by Bates that the method is curative. It does shorten the attack, saves fatigue, and he believes has some in lessening the frequency of the attacks.

The after treatment consists in the administration of the bromides in a bitter infusion, hops being preferred, and the use of minute doses of nitro-glycerin.

THE INFLUENCE OF THYROID ON THE NUTRITION OF THE SKIN.

We have heard a great deal of late months, about the curative effects of thyroid feeding in that formerly incurable disease, myxœdema. There can be no doubt, from the accumulated evidence of scientific observers, that thyroid feeding does induce a very marked change in the nutrition of the skin, not only in myxœdema but also in sporadic cretinism. Byron Bramwell reports, *Br. Med. Jour.*, that in 11 cases of myxœdema, and 3 of sporadic cretinism, the effect of the treatment was always desquamation of the skin, particularly of the palms and soles, varying in amount according to the greater or lesser quantity of the gland taken by the patient. Influenced by this consideration, he determined to try the same remedy in psoriasis.

The results have been well marked, and very encouraging. Several cases were treated, sometimes by a quarter of a raw thyroid, finely minced and concealed in rice paper given daily, and sometimes by five drops of Brady & Martin's thyroid extract, also given daily. Only two cases were not entirely cured, one of them being complicated by frequently recurring attacks of epilepsy, for which the patient was taking, during the whole course of thyroid treatment, full doses of bromide of potassium, which was probably the cause of the failure. In the other case, though the lesion disappeared from time to time under the thyroid treatment, it more than once reappeared. Dr. Bramwell sees no reason to doubt that this plan of treatment will be of great value in various skin diseases, especially in exfoliative dermatitis.

MEDICAL NOTES.

FOR GRANULAR EYELIDS, Dr. G. S. Ryerson, *Therap. Gazette*, recommends the following, applied at night, *Coll. and Clin. Rec.*:—

R—Hydrargyri oxid. flavi, . . . gr. iv.
Zinci oxid., . . . gr. ij.
Thymol, . . . ℥ ij.
Camphor., . . . gr. ss.
Cocain, muriat., . . . gr. ij.
Vaseline, . . . ʒ j.—M.

Dr. Gilles de la Tourette claims that a diagnosis between hysterical EPILEPSY and that due to neo-

plasm can be made by the examination of the urine. He has found that there is an increase in the elimination of urea and phosphates during a convulsion due to a tumor, while the amounts excreted during an attack of hysterical epilepsy are diminished.

FOR GENERAL PRURITIS, sodium bicarbonate in combination with lithium bicarbonate has been recommended for internal administration; and for Itching of the Genital Organs, compresses of diluted carbolic acid have been employed. For Pruritus Vulvæ, Dr. Mejsel, *Hospitals-Tidende*, in *Cinn. Lancet-Clinic*, advises the following:—

R—Potassii bromid., gr. xxx.
 Lupulin, gr. xxx.
 Hydrargyri chloridi mitis, . ʒ ijss.
 Olei olivæ, ʒ j.—M.

Sig.—For external use. Shake well before applying.

A soothing application in ECZEMA, *Med. and Surg. Reporter*:—

R—Bismuthi oxid.,
 — subnitratiss, āā ʒ j.
 Acidi oleici, ʒ j.
 Cerae albæ, ʒ ij.
 Adipis lanæ, ʒ x.—M.

Fiat unguentum.

THE MEDICAL PROFESSION IN UPPER CANADA, 1783-1850.—Dr. Canniff's book goes to press in January, 1894. We predict for it a great success. *The Week* says:—Perhaps no one in Canada is better fitted to tell the story of the medical profession of his own country than the talented author of that historical work, the "Settlement of Upper Canada," and of the competent professional treatise, "The Principles of Surgery." To love of country, thorough knowledge of her conditions and history, lengthened experience as a medical practitioner, wide and intimate acquaintance with prominent members of his profession, and ready access to records of other days, Dr. Canniff adds the enthusiasm of the student and the requisite literary qualifications. A moment's thought of the past brings up the historic figure of Dr. John Rolph, and the cherished memory of Dr. Christopher Widmer. How important and

attractive such a work can be made, is suggested by a glance at the table of contents of the proposed volume, "The Medical Profession in Upper Canada—1782-1850." Here the work of pioneer medical men, the proceedings of early medical boards, numerous biographical sketches and records of events in our early history are foreshadowed, together with an appendix of appropriate historical documents. The profession and the public look forward with interest to the coming volume, and many prominent Canadians have already ordered early copies.

THE THERAPEUTIC ACTION OF SULPHONAL.—Kost *Archiv. f. exp. Path. und Pharm.*, reports nearly two hundred cases in which he employed sulphonal as a hypnotic. He prescribes it especially for combating nervous and febrile insomnia and that form accompanying certain physical disorders. The dose for a man is from two to three grammes, for a woman one gramme. Larger doses have given rise to serious after effects, such as vomiting, diarrhea, followed by obstinate constipation, heaviness of the head, paralysis, painful micturition and albuminuria. According to experiments instituted by Kost, these deleterious effects are to be attributed to alterations of the kidneys and they are the result only of large doses. He concludes with the following observations:

(1) The maximum dose for a man is from two to three grammes, for a woman one gramme; these doses ought not to be exceeded except to combat intense excitement.

(2) When one is obliged to continue the use of the drug for a prolonged period, intermissions of several days should be made from time to time.

(3) The drug should be suspended as soon as such symptoms as nausea, vomiting or gastric pain appear.

(4) Administered with these precautions, sulphonal is a harmless drug.

NIGHT AIR.—Before we can hope to fight consumption with any chance of success, says *Good Health*, we have to get rid of the night air superstition. Like the dread of cold water, raw fruit, etc., it is founded on mistrust of our instincts. It is probably the most prolific single cause of impaired health, even among the civilized nations of our enlightened age, though its absurdity rivals

the grossest delusions of witchcraft era. The subjection of holy reason to "hear-says" could hardly go further. "Beware of the night wind; be sure and close your windows after dark!" In other words, "Beware of God's free air; be sure and infect your lungs with the stagnant, azotized, and offensive atmosphere of your bedroom." In other words, "Beware of the rock spring, stick to sewage." Is night air injurious? Since the day of creation that air has been breathed with impunity by millions of different animals—tender, delicate creatures, some of them—fawns, lambs, and young birds. The moist night air of the tropical forests is breathed with impunity by our next relatives, the anthropoid apes—the same apes that soon perish with consumption in the close, though generally well-warmed atmosphere of our northern menageries. Thousands of soldiers, hunters and lumbermen, sleep every night in tents and open sheds, without the least injurious consequences. Men in the last stage of consumption have recovered by adopting a semi-savage mode of life, and camping outdoors in all but the stormiest nights. Is it the draught you fear or the contrast of temperature? Blacksmiths and railroad conductors seem to thrive under such influences.

DOCTORS' FEES IN ENGLAND.—English fees have lately been ventilated in the London High Court of Justice, *Med. Stand.* Dr. Keetley, Senior Surgeon of the West London Hospital, sued Prof. Banister Fletcher for \$2,000 for attendance upon the latter's son, who was badly hurt in the terrible railway disaster at Burgos some time ago. Prof. Fletcher paid \$500 into court, declaring that to be an adequate payment for the services rendered. Dr. Keetley testified that he thought \$150 a day was a fair remuneration for his undivided attention, even for a day's work in London. He received \$75 a day whenever he attended court for an insurance company with which he was connected professionally. Dr. Alfred Cooper testified that, in his opinion, the charges were moderate in the extreme. For himself he should charge \$2,000 for a trip to Paris, and \$150 or \$200 a day while he remained there. For going to Burgos he should charge \$5,000. For bringing a patient home from Burgos and taking care of him during a three days' journey, he should charge \$2,500. For devoting his whole time to a patient in London,

he should not consider \$40 an hour an excessive charge. Other surgeons gave similar testimony, and finally the jury decided that Mr. Keetley was entitled to \$1,750, a verdict that gave him a substantial victory.

[Good, say we. It is time the world was educated to understand that a first-class doctor should be worth as much per day as a first-class lawyer.—ED.]

A NEW METHOD OF POLITZERIZING.—Everyone who has tried it knows how difficult it is to get the patient, whom it is intended to "Politzerize," to swallow at the proper moment (*Med. Times and Hosp. Gaz.*). Under these circumstances, and as this plan of clearing the Eustachian tube is just now very much in vogue, our readers may be glad to know of a novel and vastly more simple way of attaining the object in view. In Politzer's method, as is well known, in order to prevent the air insufflated into the nose from escaping through the pharynx instead of passing into tympanic cavity, the patient is asked to sound certain vowels or to swallow a mouthful of water, because in uttering certain vowel sounds, and during the act of deglutition, the soft palate is applied to the posterior wall of the pharynx. The naso-pharyngeal cavity, however, is only partially occluded by these means, and that for a very short time. Dr. Roydan therefore suggests that the patient be directed to take a deep inspiration and then to blow out the air through a small aperture between his closed lips. So long as the patient blows the velum palati remains in contact with the posterior wall of the pharynx, and Politzerization can be performed without the slightest difficulty.

MEDICAL NOTES.—*Med. Summary:*

Glycerin has decided power in preventing fermentation in the stomach.

Dr. HARE says that hydrochloric acid is only indicated in dyspepsia where the digestion is very slow, preceded by fermentation.

Dr. CAULDWELL has stated that one full dose of picrotoxine, 1.40 gr., at bedtime is sufficient to control the night sweats of consumptives.

Dr. G. W. DURGA, of Le Raysville, Pa., states in the *Medical Bulletin* that cimicifuga is of value in states of mental depression occurring in subjects of uterine disorder.

Dr. H. M. WALDRON, of Fairfax, Va., says that *Ustilago maidis* is a specific in old men who complain of a burning sensation after urinating, grt. 10 to $\frac{3}{4}$ of water, teaspoonful every two hours.

INCONTINENCE of urine, when due to slight disorder of genito-urinary or nervous system, may be relieved by *Rhus aromatica*, beginning with 5 to 10 drops and increasing to 15 or 20 four times daily.

THE ADVANTAGES OF A PHYSICIAN DISPENSING HIS OWN MEDICINE.—This is a subject which has been discussed, *Storrs, Med. Age*, to a great extent, both pro and con, for a long time. The principal reasons which have been given in favor of every physician being his own druggist, may be mentioned as follows: 1. To make a physician more independent. 2. On account of the habit of substitution prevalent among certain druggists. 3. To make sure of exhibiting pure and fresh drugs. 4. To prevent refilling of prescriptions without the physician's knowledge. 5. To show his disapproval of the practice of counter prescribing and the selling of patent medicines. 6. To center the pecuniary profits upon the physician. 7. To assure cleanliness in the preparation of medicines. 8. To educate the doctors to practical pharmacy. 9. To inspire confidence in the patient. 10. To check the growing use of proprietary medicine by the profession.

SALICYLIC ACID AS A VERMIFUGE.—Ozegowski, *Norwing LekarSKI*, recommends the use of salicylic acid for the expulsion of tape-worms. On the day preceding the treatment the patient fasts and takes an ounce of castor oil in the evening. On the following morning another half ounce of oil is taken at seven o'clock. Beginning at eight o'clock one gramme of salicylic acid is taken every hour for four hours. If the tape-worm is not expelled within an hour after the fourth dose has been taken, another dose of castor oil is prescribed, when the parasite is generally discharged. Only one failure is reported in twenty cases in which this remedy was employed.

THYROID GLANDS.—Owing to the interest that has lately been shown in the use of thyroid glands in the treatment of myxoedema, etc., and to afford physicians an opportunity of determining the value of this agent, Messrs. Armour & Co., of Chicago,

offer to supply gratis a small quantity of "Desiccated Thyroid Glands" to members of the profession, upon application, for experimental purposes. The facilities of this firm for preparing the article are certainly unequalled, and the opportunity seems to us one which is worthy of attention, and should be taken advantage of in the interests of medical science.

ULCER OF STOMACH.—To combat the nausea and vomiting, *Wolff*, a pill containing extract of belladonna, gr. $\frac{1}{8}$, and silver nitrate, gr. $\frac{1}{2}$, may be used with advantage; the latter is said to exercise a curative influence on the ulcerated surface, and by being converted into an insoluble chloride, diminishes or neutralizes the hydrochloric acid present in the stomach.

ECZEMA OF THE SCROTUM.—Chrysarobin beginning with two per cent. vaseline ointment, and increasing if possible to ten per cent., is preferred to pyrogallol by *Veiel*. The latter, however, is useful where infiltration of the skin gives way too slowly to tar preparations. When either of these drugs is used the surrounding skin should be protected with a zinc jelly.

FOR URTICARIA OF CHILDREN.—*L'Union Med.* :

R.—Chloral hydrat.,

Camphoræ pulv.,

Acaciæ pulv., āā ʒ ij.

Triturate until liquefied, and add

Cerat simpl., ʒ j.—M.

Sig.—Apply topically.

A LINIMENT FOR EXCESSIVE SWEATING OF THE HANDS.—The following formula is attributed to the *Jour. des Science Médicales de Lille*: Borax and salicylic acid, each, fifteen parts; boric acid, four parts; glycerine and alcohol, each, sixty parts. The hands are to be rubbed with the liniment three times a day.

PARALYSIS AGITANS.—Dr. Sacaze (*La Sem. Med.*) reports the case of a man, thirty-eight years old, in which the administration of sodium borate in doses of from fifteen to forty-five grains, in three or four equal parts in the course of the day, was followed by the most striking improvement in the symptoms of paralysis agitans that had developed after a fall upon the shoulder.

TREATMENT OF ANGINA PECTORIS.—*N. Y. Med. Rec.* Inhalation of chloroform, or a few drops of nitrite of amyl; 1-100th grain of nitro glycerine, internally; placing the feet in hot water, mustard to the precordial region; dry cups between the shoulders; hypodermic injections of morphine and atropine, administration of stimulants and anodynes.

WHOOPIING-COUGH.—Dr. Nageli asserts, *Dublin Jour. Med. Science*, that a paroxysm of pertussis may be aborted by drawing the lower jaw downwards and forwards; and that the course of the disease is favorably affected by suppressing the attacks. Spasmodic cough due to other causes may be similarly restrained.

DR. DAVIS says if pus is found in the urine of a woman, *Coll. and Clin. Rec.*, the following treatment will be found very beneficial: The bladder should be douched with a solution of creoline of the strength of a drachm to a pint of warm water twice a day; and ten grains of salol or fifteen grains of boric acid should be given internally three times a day.

IRON IN ANÆMIA.—Dr. Smart, *Br. Med. Jour.*, arranges iron preparation in the following order of effectiveness; (1) ferri sulphas; (2) ferri carbonas saccharatus; (3) ferri proto-chloridum; (4) (4) ferri phosphas; (5) ferri peroxidum hydratum; (6) mangani ferri peptonas; (7) bi-palatinoids, equivalent to Bland's pills; (8) ferri citras.

For dandruff, *Med. Rev.*:

R—Resorcine, ʒj.
Beta naphthol, ʒj.
Tinct. cinchon. comp., ʒiij.
Spts. myrciæ, q. s. ʒvj.—M.
Sig.—Apply twice daily.

CALENDAR OF DISCOVERY OF INSTRUMENTS OF PRECISION.—*Med. Rec.*, the stethoscope, in 1816, by Laennec; the clinical thermometer (perfected), in 1850; the ophthalmoscope, in 1851, by Helmholtz; the laryngoscope, in 1851, by Avery; the sphygmograph, in 1863, by Marey.

THE results obtained from Bromidia have been excellent. It combines all advantages of other hypnotic preparations without their disadvantages. The fact that it produces no unpleasant sensation

on awaking renders it specially valuable.—*Chicago Med. Stand.*

Gelsemium will often do more good, *Med. Summary*, in irritable bladder than any other remedy. It is especially adapted to those women of hysterical type troubled by irritability at the neck of the bladder, calling for constant urination.

"WHAT a pretty dimple that boy has," said a lady visitor, as she patted the doctor's hopeful. To which the infant replied: "You think that is a pretty dimple? Well, you dess ought to see the one on my tumnick."

Freckles can be removed, according to Hager, *Med. Summary*, by the application every other day of an ointment composed of white precipitate and subnitrate of bismuth, each ʒj; glycerine ointment, ʒss.

READY relief from lumbago, it is stated by Dr. Didama, may be obtained by the use of large dry cups along the ridge of the lower spinal muscles. The cups of a conical shape, similar to a urinary deposit glass, are preferable.

Many cases of nausea may be promptly relieved, *Med. Summary*, by a mixture of four drops of creasote in two ounces of lime-water. Dose, a teaspoonful every fifteen minutes.

GALL STONES.—*Times and Reg.*:

R Ætheris ʒvi.
Ol. terebinth ʒiv. M.
Sig. Gtt. x-xx. in capsul. ter die.

EVERY physician should have temperature charts. Drop a post card to T. A. Slocum & Co., 186 Adelaide St. W., and receive a supply gratis.

Nicolaief recommends, (*Pract.*) in grave cases of diabetes, 30 grains of salol three times a day.

The *Med. Rec.* recommends hot injections of tannin and boric acid for dysentery.

Colorado and New Mexico are believed by some to have the best climate for asthmatic patients.

It is stated that bicycle riding has proved curative in several cases of persistent sciatica.

Books and Pamphlets.

A MANUAL OF MEDICAL TREATMENT OR CLINICAL THERAPEUTICS. By I. Burney Yeo, M.D., F. R.C.P., Professor of Therapeutics in King's College, London. In two 12mo. volumes, containing 1275 pages, with illustrations. Complete work, cloth, \$5.50. Philadelphia: Lea Bros. & Co. 1893. Toronto: Carveth & Co.

A very excellent work. The author has the correct idea in approaching the subject from the side of the disease and not from the side of the drug or remedy, surely the more natural method. In his preface the author says (with more point than we can hope to do, so we give his words):

"It is clear that any, or every part, of the natural history of a disease may bear, directly or indirectly, on its treatment, but some parts far more than others; and it would be most unphilosophical and unedifying to discuss the therapeutics of a disease without, at the same time, considering the true nature of the phenomena we are endeavoring to control.

"It is by examining into the mode of *causation* of disease, by investigating the true nature of the morbid changes which underlie the *phenomena* of disease, and by an exact knowledge of the properties and mode of action of the agencies we introduce for the purpose of influencing favorably its course, that what are termed *rational indications* are arrived at.

"These *indications* are based on observed facts; they have no concern with dogmas of any kind. Dogmatic medicine, no matter by what name it is known, is a thing of the past. It is wholly inconsistent with scientific methods, and it would be an unjustifiable waste of time here to discuss it. It will continue to have an attraction for certain minds, and that attraction will be found to be quite independent of the ordinary processes of reasoning, or the ordinary laws of evidence."

We have had occasion to refer very frequently to the pages of Dr. Yeo's book in the preparation of some notes on Therapeutics, and can assure our readers that it is one of the best books for the practitioner we have yet seen. The latest and most rational methods of treatment are discussed, and considerable attention is paid to diet and regimen. The general practitioner cannot afford to be without a copy.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHIL- OLOGY AND DERMATOLOGY, in three volumes. Edited by Prince A. Morrow, A.M., M.D., Clinical Professor of Genito-Urinary Diseases, former Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. D. Appleton & Co.

The subjects named being so comprehensive in their grasp, it is not to be expected that any individual writer could be so fully informed as to warrant him in assuming to put forth for the medical public anything so pretentious as a treatise, claiming for itself so much of the exhaustive, that the reader may fairly look upon it as his ultimate resource. With this lofty end in view, the editor has associated with himself a number of contributors, each eminent in his specialty.

Vols. I. and II. are at hand and afford indication that the design has not been too ambitious for accomplishment. Apparently no stone has been left unturned to furnish all the practical knowledge of those subjects, that to-day's advanced science can supply.

To the busy man, a satisfying book of ready reference is a desideratum, and beyond these volumes he does not require exploration.

For the sake of brevity, much of bibliography is omitted, and in its stead pains are taken to trace disease in its anatomical and pathological relations to the foundation stones. For example, the dissertation on Cystic Calculus sets out with an accurate description and well executed plates of the structures involved in the various operations.

Both volumes are profusely and artistically illustrated, many of the illustrations being colored. This latter feature will be specially appreciated by readers of the volume on Syphilology.

Much attention and space are given, and rightly, to diagnosis and treatment. The treatise should be in every medical library, and will disappoint no purchaser.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, for the use of Students and Practitioners. Third edition, thoroughly revised and enlarged. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc. Philadelphia: Lea Bros. & Co. 1893. Toronto: Carveth & Co.

The present edition of Dr. Hyde's work on Diseases of the Skin brings the subject up to the

latest date. Much good work has been done during the past few years in dermatology, both in Europe and America, and the author has freely availed himself of all that is given in the transactions of scientific bodies on both continents.

The new edition contains considerations on no less than 35 new diseases, and as the last edition was in '88, the rate of advancement in this department of medicine may be easily understood.

The chapter on Tuberculosis has been wholly re-written and considerably enlarged, furnishing an exposition of this important subject from the point of view of modern bacteriology and histology. The edition contains 5 plates and 22 woodcuts, entirely new and original, in addition to the plates appearing in former editions.

The work is too well known to need our commendation, and yet we take the opportunity to heartily commend it to student and practitioner, as a full, scientific and reasonable work on the subject of which it treats.

HAND BOOK OF MASSAGE. By Emil. Kleen, M.D., Ph.D., of Carlsbad, Bohemia. Translated from the Swedish by E. M. Hartwell, M.D., Ph.D. Philadelphia: P. Blakiston Son & Co. 1892. Toronto: Carveth & Co. \$2.75, pp. 316.

This is the standard work on Massage and a translation will be very welcome to a large number of English readers who are interested in the subject. The book seems a fair one, not running into extravagant praise of massage as so many of the works of enthusiasts do.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in red Morocco, with flap, pocket and pencil loop. Price, post-paid, \$1. Published annually by the Illustrated Medical Journal Co., Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for *thirteen* months from the first of *any* month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records.

CHEMISTRY AND PHYSICS; a Manual for Students and Practitioners. By Struthers, Ward and Willworth. Philadelphia: Lea Bros. & Co. Toronto: Carveth & Co. 1893.

This is one of the Students' Quiz Series, edited by B. B. Gallaudet, M.D., New York. It has all

the merits of such books, as well as their de-merits. It is a ready-made note book, useful in the lecture room and study.

THE MEDICAL NEWS VISITING LIST FOR 1894, for 30 patients a week. Philadelphia: Lea Bros. & Co. Toronto: Carveth & Co.

The old and well-known list, contains much valuable information, of which we may note: Methods of examining urine, Important incompatibilities, table of Eruptive fevers, Poisons and antidotes.

PUBERTY AND THE CHANGE OF LIFE. By J. C. Webster, M.D., M.R.C.P.E., assistant Professor of midwifery and diseases of women, University of Edinburgh. Edinburgh: E. & S. Livingston.

A useful text book, explaining to women the changes which take place at the periods of puberty and "change of life."

THE OPERATIVE TREATMENT OF ENLARGEMENT OF THE PROSTATE. By C. W. Mansell Moullin. London: John Ball & Son. 1892.

Three lectures delivered at the Royal College of Surgeons, based upon the records of upwards of 140 cases.

THE HYGIENE OF THE EAR. By Dr. V. Cozzolino, Professor in the Royal University of Naples. Translated from the 5th Italian edition by James Erskine, M.A., M.B., Glasgow. London: Balieri, Tyndall & Cox. 1892.

A MANUAL FOR BOARDS OF HEALTH AND HEALTH OFFICERS. By Lewis Balch, M.D., Ph.D., Secretary State Board of Health of New York; Health Officer of Albany; Emeritus Professor of Anatomy and Professor of Medical Jurisprudence, Albany Medical College. Banks & Bros., New York.

THE IDEAL PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's), 1894. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

This work is now in the 43rd year of its publication. It contains much valuable and useful information.

A rectal aliment, consisting of two eggs, six ounces of water, twenty grains of pepsin, and ten grains of salt, is advised in the Detroit Emergency Hospital Report. It is thoroughly agitated and warmed before introduction.