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## Original Communications.

### THE NATURE AND TREATMENT OF ACNE.

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A great deal of discussion has taken place respecting the word acne; some have asserted that it is a corruption of the Greek noun "acme," or starting point of manhood and womanhood. According to my own opinion and many others, the word is from the Greek "acne": that is, bloom or efflorescence. Be this as it may, we mean now by acne a disease which is most usually found on the face, shoulders and chest, and which histologically is an abnormal condition of the sebaceous glands, their secretion, and the surrounding cellular tissue. We apply the noun with an adjective when we speak of acne rosacea, and for the purposes of description it is best to retain these names which convey a definite significance, and have been used for so many years.

I should join issue with the description of many of the varieties of acne which are described by all dermatologists, because many are simply the result of a fancy of the author. I allude to such compound words as acne indurata, acne punctata, acne coneformis, etc. Here varieties are commonly found on the same subject, and the retention of their use in our vocabulary is confusing and unscientific. I shall divide the disease into three varieties: 1. Physiological acne; 2. Climacteric acne; 3. Rose acne.

But before proceeding to these varieties, let us glance at the histology and physiology of the sebaceous follicles, which will be found to be intimately associated with the hair sacs. The sebaceous glands are found in every situation of the cutaneous surface, with the exception of the palms

of the hands, the soles of the feet, the last phalanges of the toes and fingers, and the glans penis. They are the only secreting glands which are found on the cutaneous surface, excepting the sweat ducts, and they have their analogue in the mucous glands in the interior of the body. The sebaceous glands are sometimes composed of two or three gland lobules which have an excretory duct, which duct rarely opens immediately upon the surface, but as a rule into the hair follicle. There is an exception in the case of the long hairs, such as we see on the skull, pubis, or axillæ; in these situations the reverse is the case, whilst in the pubescent hairs the small hair follicles open into the wide excretory duct of the gland. The gland sac is always situated in the corium, and never unites with the subcutaneous connective tissue. This is why a molluscum contagiosum tubercle rises so distinctly from the plane of the skin. The interior of the gland lobules is occupied by an amorphous mass of fatty matter, and the debris of numerous cells. The development of the sebaceous glands commences at the third month in man. By remembering this fact we are enabled to grasp the reason that some children are born with a hard, inelastic skin, which constitutes the disease known as Ichthyosis, which is always congenital, and always incurable, because this gland formation is abolished by an inflammation of the skin which attacks the foetus in utero.

The function of the sebaceous glands is to give to the hairs an oleaginous secretion, and to make the skin supple, and also for the purpose of protecting it from external irritation. We see this well exemplified in coal porters and others. The constant contact of dust irritates the sebaceous follicle and their secretion is increased in quantity to such an extent that the faces of these men are quite greasy. The hair sac and the sebaceous gland form together a most ingenious contrivance, but like so many other ingenious contrivances they are put out of order by a multiplicity of causes, and it is to these that I must ask your attention. I am met on the very threshold of my subject with this difficulty: How can I separate lichen from acne? And let me here state that I would not separate them clinically. So intimate is the pathological state that it would be far better if we were to group both these maladies as folliculitis, or in other words inflammation of the follicles of

the skin ; but I am loth to abolish names which we have used for years.

We may get out of the difficulty in this way : By lichen we mean a papule, which consists of an imprisoned hair without an adequate secretion of sebaceous matter : and by an acne spot we mean a condition in which the sebaceous matter is plus and the hair minus. I am aware that this is a new way to look at the maladies, but let any candid observer strip a case of lichen, and he will, in a good light, find the lichen spots to occupy the position of a hair, but he will find these spots do not occur in the ordinary acne situations. Let me be clear on this point ; lichen is usually formed on the limbs, outer aspects, sometimes on the chest and back ; or, in other words, it is found where the pubescent hairs grow abortively, but in such situations as the axillæ, the pubis or whisker regions, where the hairs grow luxuriantly, we never find lichen, whilst acne is found on the nose, cheeks, forehead and chin ; or, in other words, it is found where hairs do not grow.

I must say here that I look upon the following definition of lichen as the only one which we can use. It is a papule which is always umbilicated, which has never an inflamed base, and which is always a lichen spot, it never becomes vesicular or suppurated.

Having cleared the ground as well as I am able of this difficulty, let us ask ourselves what it is which stops the mouth of a sebaceous follicle ? In the greater number of cases the over secretion of the gland is only an expression of general disorder of the whole organism, in which this secretion takes its part. Persons whose skins are thick and greasy, whose hair and nails grow fast, whose heads are scurfy, who are sleepy and stupid, who look muddy and are often the subjects of stomach derangements, are the subjects of acne. Believing that this over secretion does occur, we must follow out the effect of this bloated gland. The first stage is an elevated spot with a black head which can easily be raised from its bed, and, as we all know, if squeezed a column of sebaceous matter bulges up like a maggot, hence the name comedo (with a black head). This black head is simply due to dirt blocking up the orifice of the gland. If we place this secretion on a slide we find nothing beyond epidemic scales and oil globules. According to Gustav Simon, a six-legged parasite with a

long belly is common in these sacs. I have never seen it although I have looked for it many times. If the over secretion of the gland occurs in sebaceous follicles without an excretory duct, we have the round, pearly white bodies which are so common about the eyelids, and in the line of a cut where the ducts would be severed. These white spots are called milium, or better still, white acne.

We pass by an easy transition to true acne. The first stage of comedo is so common that it is really a normal condition of all adult skins ; but where, owing to other causes, this distended sebaceous follicle becomes inflamed, we arrive at a pathological process which will attract much of our attention and task us severely in subduing. The first process is a congestion around the sebaceous follicle, which soon runs into inflammatory action. The source of irritation is due to decomposition in the secretion, and is not a peri-follicular inflammation set up by a distended sac. You can ascertain the truth of this by smelling the contents of a large sebaceous cyst of the scalp which has become inflamed ; the surrounding tissue may be free from any sympathetic process and the contents of such a cyst are most offensive. Many suppurating sebaceous follicles of the face and elsewhere do not give rise to the formation of pus in the neighborhood of the gland, it is essentially an inflammation in the sac—this is the simple form of acne. Where the surrounding tissue becomes inflamed we have other factors at work, such as scrofula or syphilis, and these are the cases which go on for so many years and which cause such frightful disfigurement. I have under my care at the present time several cases where the history is as follows : The patients were the subjects of acne commencing in youth, they have contracted syphilis, and in addition have lived freely and drunk heavily. These cases came to me at intervals, with large bosses of inflamed tissue, especially on the forehead. This tissue as a rule suppurates, and I have in some instances let out as much as half an ounce of pus from one cyst. These are the cases which are designated acne indurata.

There is one kind of cyst which I have not yet found described, but of which I have now seen three examples. The cases which I have met with have all been women, and they have had several semi-transparent cysts on the free edges of the eyelids which looked like boiled sago. I have ex-

perienced some difficulty in puncturing these cysts because of the density of their walls. I allude to them because I have not been able to relegate them to any other malady but acne.

If we are to recognize every altered state of the sebaceous secretion as acne, which I for one would encourage, we must take many diseases into the group. In early infancy we find the foetus covered with a layer of greasy matter, which is the sebaceous secretion that has been accumulating on the child during its intra-uterine life, and we know how much this secretion varies in quantity and consistence. Sometimes it is so tenacious that the nurse has difficulty in washing it off, in others it is absent, then the skin will found be dry and inelastic. When the hair is developing on the crown we often find the sebaceous matter accumulated on the summit in a thick, dirty cake, which gives much trouble, and in those who have an eczematous proclivity this crust begins an eczema, in fact the eczema of infants has its origin, I believe, in all cases in the irritation induced by an altered sebaceous secretion. It is too dense, and that is why cod liver oil internally and applied locally is of such signal service in these cases, it supplies fat to the secretion. Again, during cold weather, when the sebaceous matter is partially frozen like any other oily substance, we shall frequently find round patches of skin dry and scaly, especially on the face, and when this is universal we have what the laity call chapped hands and face, which in etiological phraseology is due to a too thick sebaceous secretion, which is not poured out in sufficient quantity upon the cutaneous surface. We remedy this condition by oil or glycerine, and by avoiding soap, which is an irritant in these cases, because it actually saponifies the secretion which is already too scanty, and we prevent its recurrence by warm gloves. We might reasonably include in our group Ichthyosis which, as you doubtless know, is an absence of sebaceous follicles, either on the whole or a part of the cutaneous surface. When the contents of a sebaceous gland becomes so firm that its constituent elements coalesce we have horn; in point of fact the horns of the lower animals are simply off-shoots of epithelial secretion, and in our own species we find the horns of the skin are neither more nor less than dense sebaceous matter protruding from the orifice of a skin gland.

The common boils are always due to retained

secretion in a hair and sebaceous follicle. The retention may be due to special callings, such as working amongst tar, which plugs up the orifices, or we find friction producing the same effect. That is why boils are so common on the buttocks of an oarsman or a rider, or around the neck and outer aspects of the limbs, where there is most friction. Carbuncles are due to inflammation of a group of sebaceous glands occurring in those whose general health is feeble from some exhausting cause, such as old age or diabetes. The number of orifices seen oozing on a carbuncle represents the number of sebaceous glands involved in the process. The slough which comes away represents the glands itself and their contents. There is one other condition which I must allude to, that is "molluscum contagiosum." We in this country do not doubt that this is a contagious disease. On the continent they dispute the fact; but there is so much clinical testimony to support the accuracy of the contagious view, that it is impossible not to accept it, although the actual contagium has not yet been discovered. That this interesting disease is due to the invasion of a sebaceous gland by a parasite I do not doubt. The button holes on the pearl button-like little tumors, are the orifices of sebaceous glands. I might also allude to the meibomian cysts of the eyelids, to the steatoma of the skull and of other regions as maladies which are due to an abnormal state of the sebaceous glands. The varieties of balanitis and pruritis vulvæ are, many of them, simply due to a want of integrity in the sebaceous secretion.

After this very wide digression allow me to go back to what is accepted as acne, acne vulgaris if you like. Young men and women come before us at about the age of 13 or 14 for spots on their faces. You find these spots are situated in those parts where good hairs are not produced, such positions as the forehead, cheeks, nose. The inner surface of the external ear is a very common situation for them. These spots consist of black headed pimples, some of which may be in several degrees of inflammation, and if we strip our patients we shall find other and similar spots on the shoulders, over the sternum, and very often on the outer aspects on the arms and legs, and commonly on the buttocks, but the grouping is exaggerated on the face and shoulders. They often itch considerably when they first appear, it is this

itching which caused Mr. Hutchinson to write a paper on what he called Prurigo Astivalis, or Prurigo Adolescentium. The prominent features of this condition were a collection of abortive pustules occurring by preference on the face and upper extremities, and commencing usually at the age of puberty. Are not these tendencies exactly what we find in acne? I should have liked the words Pruriginous acne better. Be that as it may, we have to recognize a form of acne which does itch a great deal. I am anxious to impress this fact, because it has been disputed whether acne does ever itch.

I will now enter into the subject of those constitutional conditions which modify the progress of acne, and in the first instance I should select scrofula as the most common and pronounced of these influences. It is a peculiarity in all scrofulous manifestations that the process of inflammation is slow, and as a consequence not associated with very high constitutional disturbance. We often meet with large collections of pus in the scrofulous which are almost painless, and which are not attended by any elevation of temperature. We see this in the abscesses about lymphatic glands, and it is for this reason that we use the terms "cold abscess." Scrofula is, again, a diathesis, which as a rule is developed during the period of life when the tissues are the most active, that is to say, in the period of growth. We speak of senile scrofula, a well marked series of manifestations, which we meet with in advanced life. We owe Sir James Paget a tribute of gratitude for having been the first to isolate these conditions. Now, do we not find in patients with a skin which is thick and greasy (two conditions essential for the production of acne), and who have a scrofulous tendency, the most pronounced case of what is known as acne tuberosa; in such cases we shall find masses of slowly progressive inflamed tissue around the sebaceous follicles, inflammation which is edious in its progress and most obstinate to treat, and we shall find this state most commonly at that period of life when we most frequently meet with acne, that is from 14 to 25. But we shall also find later on in life some cases which are precisely the same, only they are not so general in their distribution.

Syphilis lends its characteristic colour and progress to acne, and it is most important in any case

of skin disease to remember this fact. The constitutional forms of skin disease, when crossed with syphilis, form a group which are more difficult to diagnose and treat than any other condition of the cutaneous surface. Acne is in no way an exception; frequently you will meet with an acne patient who has contracted syphilis, and in addition to the usual course of the disease, you will be baffled by a stain which is left behind when the acute local disturbance has passed away. I have a gentleman under my care at the present time who has copper-colored staining of the skin which has existed now for two years. I have some notes bearing upon the question of the influence of inherited syphilis upon the course of physiological acne, and I am disposed to believe that the influence of the disease in this form has a most important influence upon the progress of many cases of acne.

You are doubtless aware that a disease has been described as lupoid acne, or sebaceous acne, and I have seen several cases where the sebaceous follicles have been raised above the surface of the skin; these follicles have occurred in patches which have spread from their centres, and sometimes attained great size and caused much disfigurement. The persistence of this form of eruption, the manner in which it advances, and the rough follicular surface of the mass (it looks like the under surface of a nutmeg grater), stamp it at once as a new growth invading the sebaceous follicles, and being a very near relation of lupus erythematosus and acne rosacea.

But by far the majority of cases of acne are not associated with either of these diatheses. I have stated before, and I must again repeat, that three factors are essential to the production of acne:

- I. A thickness and greasiness of the skin.
- II. Activity in the sebaceous and hair follicles.
- III. An abnormal state of the glandular secretions.

The thickness and greasiness of the skin indicate that we have a large development of the sebaceous glands. We find these conditions in the greater number of cases in those with dark, sallow skins, but there are some fair haired people with thick greasy skins. Mr. Hutchinson has in his work on the Pedigree of Disease, a work which came as a revelation to me, a paragraph on acne as a revealing symptom, and in answer to the question, What

does acne in its various forms imply? he has these suggestive words: "We should, I think, have to reply that in the first place it denotes original and heritable peculiarity in the structure of the skin; next, that its common form in young persons usually implies greater or less disturbance of tone in connection with the sexual system." But does not acne imply still more? Do we not find in all our cases of physiological acne a laziness (if I may be allowed the expression) on the part of every excretion of the body, and an altered character in this secretion? These patients are often the subjects of indigestion, and, as they say, bilious; or, in other words, the secreting glands of the stomach are slow in action. The feebleness of the action of the liver modifies the glycogenic process. Are they not again constipated, and does not this constipation point to an altered state of the secretion from the intestinal mucous membrane? If the patients are women, we find the menstrual secretion is scanty and often much changed in character. Again, very many of these patients complain of sexual debility manifesting itself in many degrees, at times even amounting to impotence. If we take a higher flight we shall, if we know them intimately, discover that they are slow of perception, very often unusually lazy, and intolerable sleepers. And not a few from the want of activity in the excreting organs glide into gout as they become older.

Let us ask ourselves one other question: What is it that determines the introduction of acne, and what its decline? We know as a matter of universal observation that, as the sexual life of the organism approaches, the human being develops a second crop of hairs on the pubis, axillæ and limbs, and in the male sex on the cheeks, chin, and upper lip, and where this activity spends itself in the production of vigorous hair, the condition is a natural one, but where this process is spent in such situations as the cheeks, the nose, forehead and chin, where hairs are not produced we find acne spots appear. In women you will find the situations where the hair grows on the male sex very often occupied by acne, and in our sex where the facial hairs are not developed from some inherited peculiarity, acne may occur in the whisker regions. I am supposing in these cases that the skins are thick and greasy. There are happily many hundreds of human beings who cannot produce acne.

When once this acne is established it undergoes very many changes. If we watch our cases attentively we shall find any cause which depresses the vitality of the patient, causes the acne to become more pronounced. In women it is very common for a few acne spots to appear on the face during each menstrual period. In men excessive sexual indulgence has the same effect, and masturbation may produce precisely the same result. It is this latter part which has induced some to attribute (without any data I should say) all cases of acne to masturbation. The changes under the lower eyelid which we see occurring at each successive menstrual period, are due to the increased pallor of the skin of the face owing to the loss of blood, and is not in any way increased pigmentation. It disappears too quickly for such to be the case.

The association of the advent of sexual potency and acne has induced the laity to attribute these spots to chastity, and I have even heard this view supported by our own brethren. But there are manifold debilitating influences other than these which foster acne spots. The exhaustion induced by study, by late hours, by bad living, by too close confinement, by want of exercise in the fresh air; each one of these will occur to us all as being more general in their influence upon acne spots than the exhaustion induced by sexual indulgences or bad practices. It is very interesting to note in passing, how dermatologists have looked upon the causes of acne from different standpoints, those who are disposed to view the human race from a gloomy view attribute the disease to sexual excess or masturbation. Whilst the optimist attributes it to excessive chastity and over-continnence.

I have one other form of acne to bring before your notice. "The acne of the climacteric period of life." I have made a separate group of these cases because they stand out in many ways as a distinct picture. This is the story. Women who had, during their age of adolescence, acne, arrive at the period of life when the menstrual function ceases, or in other words when their functions as women come to an end. And at this period of life they very often grow a crop of hair, of variable lengths on the upper lip, or cheeks, but more commonly on the chin, and we find in those who have thick follicular skin—that a crop of acne differing neither in etiological or pathological nature from the acne of youth. The common occurrence of

this form of acne on the chin has given rise to the term "chin acne," and it produces a great deal of disfigurement, and is a common condition.

I am anxious to enter on the subject of treatment with a reference to the cause, and I should like to enter my protest against the vigorous treatment of this disease generally advocated. Imagine what we do; we rub into the sebaceous follicles a strong sulphur ointment or lotion with a toothbrush sometimes, and as if to irritate a gland in a high state of inflammation, we scrub vigorously these spots with a piece of flannel and soft soap. Do we wonder that under such a line of treatment our patients pass from one consulting room to another. Such vigorous treatment may open out the orifice of the gland and let out the secretion, but sometimes it does more, it penetrates the gland, sets up inflammatory action in its interior and obliterates the gland entirely, with what result? That an area of skin lubricated by that gland becomes dry and scaly. I know of one instance of a gentleman who had simply obstructed sebaceous follicles on his nose, and he rubbed in from his own prescribing a strong sulphur ointment which set up an acute erythema of his nose, obliterating a great many of the sebaceous follicles, and for a long time he had to supply this deficiency by applying grease. I watched the case for twelve months but he made no progress towards improvement. If we think for a moment of the indications for treatment, we shall not commit this error. In the comedones, you will improve the condition of the sebaceous gland by washing the face with good soap and rain water every night. Cold water is the best because it stimulates the gland and makes it contract, and in the morning let the face be gently sponged with a very mild stimulating lotion.

The following recipe is a very excellent one :

R Hydrarg. perchloridii . . . gr. ii  
 Tinct. Benzoin Co., . . . . . ʒii  
 Emulsio. Amygdala, ad. . . . . ʒvi M.

And give the patient internally a medicine with the double acids in infusion of gentian, three times a day, and a claret glass of Pullna water every morning.

The selection of food is of importance. Cut out of the dietary pork and veal, and hashes and stews, pastry, and an excess of sugar. Make your patients eat whole meal bread and good butter three times

a day, and some good sound red wine, and what is most important, plenty of salt. Ask them to stimulate their skin by cold spongings; to sleep in a pure air, and oxygenate their blood by exercising several hours a day in the fresh air.

Where your patients have a family history of scrofula or other signs denoting the malady, let them have in addition to the above remedies cod liver oil.

Where there is a syphilitic tendency mercury must be used, and iodide of potassium forbidden, the latter remedy will induce acne, as will bromide.

The local condition often requires very careful management. Where a sebaceous follicle is suppurating, encourage the pus-forming process by hot applications, and as soon as you are sure it is present let it out, but make a very small opening or you leave scars.

In some acne spots the collection is in a closed follicle, a blind boil as people say, and your remedy here is to puncture where the inflammatory growth is heaped up around a sebaceous follicle.

The following solution used by Sir Erasmus Wilson is most valuable :

R Sp. vini rect. . . . . ʒv  
 Aeth. sulph. . . . . ʒiij  
 Mix and add—  
 Gum Mastichus . . . . . ʒxxv.  
 Dissolve these two.

Then add—  
 Iodinii. . . . . ʒij.

This must be painted on the papule, and let it remain on, which it will as a thin film, until the scale falls off. It will be necessary in some instances to abolish a sebaceous follicle which is frequently filled with pus. This can be effectually accomplished by touching the mouth with the acid nitrate of mercury of the Pharmacopœia.

I should be sorry to convey the idea that acne is easily cured; far from it. I question whether we ever cure acne in the strict sense of the word. The exciting cause runs on for some years, and you cannot check it. You may safely promise your patients that they will be better in the future, and you can always do them great good by following the lines which I have laid down for treatment. Tell your patients the acne spot is only a danger signal, hung out in a conspicuous place so that we may see it, and that this danger signal must like other such indications be attended to.

## MEDULLARY CARCINOMA OF THE LIVER AND SINGLE GALL STONE.

ALEX. FORIN, M.D., C.M., MELROSE, ONT.

On December 10th, '85, I was called to see Mrs. M. æt. sixty-five. Complained of pain on right side over region of liver, sensitive to slight touch, pain not increased by pressure. Upon enquiry, found that patient had had a fall on the evening of Dec. 6th but with no serious result; on turning over in bed on the morning of the 10th had experienced a sharp pain which could not be located except in right side. I gave Hydrarg. Chlor. mit. gr. vi. followed by saline, also warm applications externally. In two or three days she had recovered almost entirely, prescribed Acidi Nitro Mur. dil. in. x. Tr. Nuc. Vomicae m. v. after each meal. On March 6th, '86, was again called to find a recurrence of the sharp cutting pain, described as of a cramping nature, in the liver. I then diagnosed a large gall stone in the gall bladder that had made two attempts to pass through the duct, but had fallen back into the bladder. I prescribed ether sulph. and turpentine one hour before meals continuing the former mixture after meals. The severe pain did not long remain, but left a soreness. In making examination thought I could feel nodules, and on making enquiries, found that her father had died of a cancer, and a brother died from what was called by some catarrh of stomach, although others say cancer was the cause of death. I expressed my fears of cancer to the husband but charged him to keep it from the knowledge of the patient. On March 25th, patient had a return of severe pain which persisted some days; my idea was that the gall stone had become engaged in the duct. I gave opiates, and warmth externally; considerable nausea and vomiting occurred which increased the pain. Although patient was not confined to her bed, she was gradually growing more feeble but not emaciated to any extent, being quite fleshy. On April 2nd, noticed signs of jaundice and ascribed it to impacted gall stone, and involving of substance of liver by the cancer. The bowels were kept open. The appetite was fair. Being necessitated to leave for a week or ten days, I did not see patient until April 16th, when I found her still moving around, but weaker and jaundice more marked. Put her on olive oil treatment, two ounces per diem, seem-

ed to improve and spent a portion of each day (weather permitting) driving or walking out of doors, but withal a gradual failing was perceptible. I expressed myself anxious for a consultation and Dr. W. J. Gibson, of Belleville, was called in. After a most thorough examination into the history of case and condition of patient, he agreed with my diagnosis of impacted gall stone, but finding the left lobe considerably enlarged downwards and to the left a doubt was expressed whether it was distended gall bladder or a tumor, malignant or otherwise in substance of the liver. Patient never having experienced any chill, this excluded pretty well any inflammation, and absence of fluctuation excluded abscess, although from the fleshy condition present a very satisfactory examination was not easy. Dr. G. not seeing the necessity of changing treatment I continued it with the addition of a tonic before meals, and ale and porter, but patient gradually sank. The fæces were the characteristic white or blue clay color, urine highly charged with bile salts, jaundice persisting, appetite gradually failing until May 13th, when patient died.

A post-mortem examination being held I found the whole liver involved with medullary carcinoma. It was firmly adherent all around. The left lobe had reached over into the left axilla, it was adherent to stomach which had been perforated, and the result of the breaking down of the liver was that its detritus emptied into stomach giving rise to a black vomit which I could not account for ante-mortem. Drs. Gibson and Yonker, of Belleville, with myself, afterwards dissected the liver and made an incision through right lobe and found it all involved, but firmer in region of gall-bladder as if tumor had started at that point; the gall-bladder was contracted; upon opening it we found the walls about three-eighths ( $\frac{3}{8}$ ) of an inch in thickness and firmly contracted upon a single gall stone, which had partly entered the duct. The gall stone was about the size and shape of a robin's egg, weighing when dried forty three grains. Now the questions arise: How long has this gall stone been forming? Was the irritation caused by it the direct cause of the cancer? Has this cancer formed since the first attack of pain, Dec. 10th?

It seems strange that the gall stone was present and did not cause any irritation perceptible to

patient previous to 10th Dec. Excepting the attacks described above, patient had always been very healthy and active. The gall stone might have been present for some time, but had become encysted or fastened to wall of gall-bladder, and the fall of Dec. 6th may have loosened it. I would be glad to hear through the medium of your journal any suggestions as to mode of treatment.

I might here mention the advantages, and the satisfaction to both the friends and physicians, gained by holding post-mortem examinations in such cases, a thing altogether too rare; not that in this case much has been learned by us as to mode of procedure in future similar cases; but the friends have the satisfaction of knowing, that although they engaged a young practitioner, still, not much could have been done by any one, more than to alleviate the patient's sufferings. And the friends will not be told, that if they had but called Dr. W, or Dr. X, *old* and successful practitioners the patient's life would have been saved, or, if they had but tried soot and cider as was counselled by some in this case for the *jaundice*, all would have been different now.

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### Correspondence.

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#### THE COMING MEETING OF THE DOMINION MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

DEAR SIR,—I am glad to know that a number of the profession in Western Ontario are taking an active interest in promoting the success of the coming meeting of the Dominion Medical Association at Quebec on the eighteenth of August. Seldom does such an excellent opportunity present itself of enjoying all the advantages of the Association meetings, and at the same time having such an enjoyable trip with their families at the favorable rates which have been secured. Such a holiday trip as this promises to be could not easily be surpassed, and only six or seven days' absence will be necessary. I beg to suggest that members of the profession from Ontario who purpose going, make their arrangements to leave Toronto by the mail steamer on Monday afternoon, August 16th, at 2 o'clock. In this way Quebec will be reached on Wednesday morning, the 18th, in good time for the opening session. The social advantages which

this trip offers are apparent to every one, and I believe the medical men who purpose attending the coming meeting will have a most enjoyable time. These few lines are written with the hope that they may induce some who need a pleasant holiday trip, to take advantage of the arrangements which the secretary of the association has provided.

Yours, &c.,

July 20th, 1886.

MEDICUS.

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### Selected Articles.

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#### SLEEPLESSNESS.

One of the most common morbid conditions the physician is called upon to treat is sleeplessness. It prevents the invalid from improving; it cuts down the busy man's capacity to work; it lowers the condition of all subject to it. And certainly it is often very intractable.

Functional activity involves a full supply of arterial blood; and an anæmic condition is an essential matter for quiescence in all viscera. When we drop off to sleep the blood supply to the brain is greatly reduced; and is merely sufficient for histogenesis. During its quiescence the wear and tear of the viscus is repaired. Synchronous with this diminution of the blood supply a lethargic condition of the cerebral cells sets in probably; but about this factor we know little positively, and can only speculate.

Narcotics are agents which retard the blood flow to the brain as well as paralyze the activity of the brain cells. Some members of the group, like opium and alcohol, have a distinct preliminary stage of excitement; and by education it becomes possible to have excitement only from doses of either which would narcotize swiftly those unaccustomed to either agent. The stage of excitement is followed by lethargy. Other agents, as chloral and the bromides, if they possess any primary exciting action at all, possess it in so small a degree that it is not measurable. They are direct and simple depressants alike of the cerebral cells and the cardiac ganglia; by which latter action they lessen the blood-current flowing to the brain. Keeping this fundamental matter well in view, it becomes possible to rationally consider and reflect upon some conditions of sleeplessness, and the best measures to adopt for its relief in each case.

One good broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium having a pro-

nounced effect upon the sensory portion of the brain as an analgesic, is the drug *par excellence* in sleeplessness due to pain, and especially osteal and periosteal pain. Whenever there is a morbid condition in tense tissues, as a syphilitic node, for instance, pain on going off to sleep is set up by that dilatation of the blood vessels of the system generally which is essential to brain depletion. The effect of the pain is to rouse the brain into wakefulness. Where such a complication exists it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end.

Graves, of Dublin, laid down a sound and wise rule as to the administration of opium. He gave it about half an hour before the usual time of falling asleep, so that its primary stimulant effect gets over, and its secondary narcotic action is in play synchronous with the force of habit in going to sleep. By observing this rule it is often possible to secure sleep with a minimum of the drug.

In the high blood-pressure of gout and Bright's disease chloral gives the best results. In sleeplessness from excitement, too, chloral is of great service.

In peripheral irritation, as in the reproductive organs for instance, the bromides are specially indicated.

There is one matter to be ever borne in mind about narcotics, and it is this: Opium and alcohol do not produce such pronounced cerebral anæmia as follows the resort to chloral and the bromides. The brain-bloodlessness set up by chloral and the bromides lasts into the next day, and the sleepless man who takes either (in order to get some sleep) pays the penalty next day in impaired brain-capacity. They are consequently deadly agents to adopt. The alcoholic "night cap" of our forefathers was infinitely less injurious than the toxic sleep-bringing drugs of their teetotal descendants. Indeed, the preliminary stage of excitement is often the means of procuring refreshing sleep. A short anecdote will illustrate what is meant.

A friend of mine, a worthy fellow in other respects, was liable to bouts of drinking. After one of these flings his wife said to me: "My husband sleeps so badly, has miserable dreams, and wakes unrefreshed." It turned out that his medical man would only permit him some marsala. My counsel was to this effect: "Half an hour before his ordinary time of going to sleep give him a pint of the strongest bottled ale, Burton No. 1. This will make him feel comfortable to go off to sleep and he will sleep happily and awake feeling refreshed." The result was as predicted.

Sometimes tonics which fill the brain with blood in the day are followed by a corresponding anæmia of the brain at night, and thus act as narcotics.

This was well seen recently in the case of an in-patient at Victoria Park Hospital. She has been taking a mixture to soothe her stomach, with a mild narcotic pill at bedtime. One day my clinical assistant drew my attention to the fact that she was sleeping badly. My remark was: "We will not increase the dose of the narcotic, but flood her brain with blood in the day by some quinine and strychnine, as her stomach is now getting all right. And this heightened brain vascularity in the day will be followed by a corresponding reaction at night." Again the desired result was attained.

Not uncommonly a patient, often a person convalescing from some debilitating malady, will complain of feeling sleepy when going about in the day; but as soon as the head is laid upon the pillow the opposite condition of wakefulness sets in. The brain perched at the top of the organism is depleted when the patient is upright, the blood falling away into the slack and unfilled blood vessels, and so is lethargic and sleepy. When the head is laid down on the pillow the blood flows into it freely and sleepiness gives place to wakefulness. In such conditions it is well to tone up the blood vessels by the administration of digitalis along with the tonics in the day, after which the sleepiness in the day disappears; while sleep comes on naturally on lying down, especially if a high pillow be used.

A much more frequent matter is sleeplessness due to cold feet, and especially common is this with women. On inquiring it will be found that they have cold feet, and very often this coldness extends far up the lower extremities. The consequence of this arterial contraction in the vascular area of the legs is sleeplessness. The arteries and arterioles of this area do not dilate, and consequently the brain is not depleted. It is impossible to woo "Nature's sweet restorer" without remedying the vascular condition of the lower limbs. To warm the feet at the fire simply leaves them more icy cold than before, when they come into contact with the chilly bed-clothes. A warm bottle in bed is a comfort; but if the feet be rubbed (with a rough towel or bath gloves) till they glow with natural heat, then the hot bottle becomes trebly effective.

If the reader will just reflect a few moments upon the relations of cold feet to sleeplessness, he will see the force of what is said, and will also often be able to procure sleep without resort to narcotics—a matter of no little moment when their effect upon the liver and the assimilation is remembered. These unsought but unavoidable consequences of narcotics are such as to often render their exhibition most undesirable, and to induce one to turn in any direction which will do away with the necessity for resort to narcotics.

The subject has such a practical value as to make it worthy of the consideration of all men

who wish to succeed in practice; and who believe that one of the best means to that coveted end is to be able to do good to the patients who seek their aid.—Fothergill in *Med. Brief*.

### CONSANGUINITY IN MARRIAGE.

Dr. E. S. McKee, of Cincinnati, lately read a paper before the Ohio State Medical Society, in which he introduces statistics on this question, gathered from England, Scotland, and Ireland. He draws the following conclusions from his researches on the subject:

1. Like breeds like, good or bad, entirely independent of consanguinity.

2. Evil results have undoubtedly followed consanguineous marriages, but whether dependent upon consanguinity is extremely doubtful.

3. Intemperance, luxury, dissipation, sloth, and shiftlessness, as well as hygienic surroundings and innumerable other causes, among them the depraved moral state dependent on births the result of incest, should bear much of the responsibility laid at the door of consanguinity.

4. Testimony is often weakened by religious or other prejudices.

5. Data are of doubtful reliability, full of flaws and false reasoning. The noted cases are the unfortunate ones. The favorable are unknown or forgotten. It is the ill news which travels fast and far.

6. We as physicians know that there is much more illicit intercourse than is generally discovered. May not many people be related, though not aware of it. Many marriages may thus occur between relatives presumed to be non-relatives, thus again vitiating statistics.

7. Statistics show about the same proportion of deaf-mutes, idiots, and insane persons, descendants from consanguineous marriages, to the number of those unfortunates, as the number of consanguineous marriages is to the whole number of marriages. They show fertility among the consanguineous to be slightly greater than among non-consanguineous. They also show a somewhat greater frequency of retinitis pigmentosa.

8. Atavism explains fully the fact that in some instances healthy consanguineous parents beget unhealthy children. This, as is well known, occurs in most hereditary troubles. Furthermore, a less superficial examination may show this healthfulness to be only apparent.

9. Evil results in the offspring of consanguineous marriages prove that *something* was wrong. That it was the consanguinity has not been proven. It may have been one of a hundred things, and dependent upon on all of the antecedents for generations. Such results remaining absent after these marriages prove, for that case at least, that consanguinity was harmless, for it was known to

be present. Further, if consanguinity was the cause, the effect should follow where the cause is present.

10. Consanguineous marriages which bring together persons having a disease or morbid tendency in common are dangerous to the offspring. Not, however, one whit more so than the marriage of any other two persons not related, yet having an equal amount of tendency to diseases in common. Conditions present in both parents, good or bad, are simply augmented, and the result would have been the same were they not related.

11. Given, a malformation or disease firmly established, we have a tendency to breed true. Given, a defect or peculiarity in a family, race or sect, this will naturally be propagated by intermarriage, *e. g.*, color-blindness is remarkably hereditary among the Jews and Quakers. The Quakers are educated to abhor color. Those who admire color separate themselves from the sect and thus intensify the tendency in the remainder. The defect has probably crept among the Jews, and is kept up and intensified by intermarriage. The same means has also had its effect among the Quakers.

12. Certain inherited diseases—as scrofula, phthisis, and rachitis—which are ascribed to consanguineous marriages, probably in every instance could be traced back to an ancestor.

13. Man is an animal, anatomically, physiologically, and sexually. He is subject to the same laws of propagation. In-and-in breeding in animals is carried on to an extent not only not permissible in the human species on moral grounds, but also beyond the bounds of human possibility. Yet this is done by cunning breeders to improve the stock and put money into their pockets. The Jersey cattle have been bred for the last hundred and fifty years on a small island, six by eleven miles. You would not raise them for beef or oxen, yet they command a high price for their milk and butter. This was probably the recommendation of the first cattle on the island, and this quality has improved from that time to this through in-and-in breeding.

14. It would be better for the offspring were consanguineous marriages under medical supervision. Certainly no better than for all marriages to be under like supervision.

15. The half a hundred abnormalities ascribed to consanguinity, including almost all the ills that flesh is heir to—among others, whooping cough—approach the ludicrous.

16. The factors which lead to consanguineous marriages are, portions of country geographically isolated or mountainous, rendering communication with the outside world difficult; religious or political sects of an exclusive nature, and aristocratic ideas. As examples, note the percentage of consanguineous marriages in Scotland, 5.26 per cent.,

to those in England, 3 per cent. ; the preponderance in Martha's Vineyard, the commune of Batz, and among the Jews and Quakers.

17. The facts do not warrant us in supposing that there is a specific degenerative effect caused *ipso facto* by consanguinity.

17. Consanguineous marriages, no other objection being present, should not be opposed on physiological grounds.

### THERAPEUTICS OF EPILEPSY.

If one may be permitted to be aphoristic on subjects like this, I would express my views regarding the therapeutics of epilepsy as follows :

I. Diet, exercise, and proper hygienic treatment, including baths, rank above all other single therapeutic measures.

If I had to choose between them and bromides even, I would select the former. On the whole, I fear that the reign of bromides has made the condition of epileptics more miserable than it was before, and has done our patients an actual harm. At the best, not more than five or ten per cent. of epileptics can be cured, while the majority are reduced by bromides to a state of physical enfeeblement and distressing mental hebetude. Besides, physicians now fly to the bromides, and trusting to them, neglect the searching inquiry into the exciting cause, or the careful direction of the patient's habits, which are so essential.

All medical experience unites in ascribing benefit to judicious regulation of diet and exercise. The only difference of late years is that we do not now believe epileptics should be starved.

Epileptics should live on plain, easy digestible diet, containing a preponderance of fat. A special meat diet, or milk diet, or farinaceous diet, is not injurious nor curative. It all depends upon the patient. A meat diet may be best if the patient is lithæmic or has a fermentative dyspepsia. A milk diet is especially useful for children and erythritic women. The meals should be small, and, in case of voracious appetite, four, five or six light meals a day should be given. No heavy meal should be taken within four hours of sleeping. Indeed, no heavy meal should ever be taken by epileptics. Special diets have often to be rigidly laid down simply as a matter of discipline, since patients will not follow any general directions. I believe that the urine and digestive functions should be carefully studied, and that thus we shall find indications for selecting the right kind of food.

II. The bromides take the second rank in the treatment of epilepsy.

All bromides act alike in this disease. If one does not cure, another will not. Occasionally changing and mixing reduces the attacks for a time, and benefits the stomach.

III. The best bromides are those of potassium, sodium, ammonium, and hydrogen (hydrobromic acid) ; possibly we may add nickel.

Bromide of potassium is the most trustworthy.

Bromide of sodium is more agreeable to the taste, less irritating to the stomach, and milder in its effects, but is eventually just as depressing as other forms.

Bromide of ammonium has a brief stimulant effect on the circulation.

Hydrobromic acid is useful in those cases in which there are indigestion and phosphaturia, and an alkali is contra-indicated. It produces acne less readily than the alkaline bromides.

IV. Bromides should be given in daily doses of ʒj, increased gradually until the attacks are suppressed, or the dose reaches ʒiv to ʒj daily. Few patients can tolerate more than this latter dose. Thorough bromidization should be always tried if necessary to stop the fits, and it may be occasionally repeated. But bromidization is sometimes injurious, even making the disease worse, and it must always be employed with caution.

V. When the fits are suppressed the bromides should be carefully reduced, but never entirely stopped for at least two years after the last fit.

VI. In most cases, and especially in nocturnal epilepsy, an extra large dose of bromide should be given at night.

VII. It is very important that bromides should be chemically pure, and their use should be continued a very long time, and that their depressing effects should be offset by tonics and all possible roborant measures.

VIII. The best non-specific adjuvants (drugs) to the bromides are potassium iodide (in syphilitic epilepsy), potassium bicarbonate (in lithæmic and rheumatic states), carbonate of ammonium, the hypophosphites, arsenic, iron, and quinine.

IX. The other chief adjuvants to the bromides are diet, exercise, a regular life, hydrotherapy, counter-irritation on the neck, and, in the line of drugs, zinc, belladonna, strychnine, valerian, and the nitrites. Combinations of bromides with the other drugs mentioned will lessen attacks when bromides alone will not.

Other drugs which sometimes help the bromides are digitalis, Cannabis indica, ergot, conium, chloral, the salts of copper, picrotoxin, and borax. None of these do any permanent good alone, and their value as adjuvants is not uniform or generally conceded.

X. The best substitute for the bromides when these do no good or do harm, are belladonna, zinc, strychnine, glonoin, borax, and alteratives.

XI. Bromides stop the fits in from five to ten per cent. of cases, oftener if given early in the disease, if given to young children, and if given in cases that develop after twenty-one.

Bromides lessen the fits in from eighty to eighty-five per cent. of cases.

Bromides do no good, or do actual harm, as regards frequency of attacks, in from five to ten per cent. of cases. Bromides do no actual good to the patient in a much larger proportion of cases.

XII. To prevent bromide acne, arsenic, calcium sulphide, baths, and diuretics are the best measures, or hydrobromic acid may be used.

To prevent bromidization, adopt all possible roborant measures: use salt-water baths and regular physical exercise, give black coffee, caffeine, cocaine, mineral acids, strychnine, bitter tonics, cod-liver oil, or give large doses of the bromides every three days only.

In all cases dilute the bromide, preferably with carbonic acid water on Vichy, in the proportion of six ounces of water to a scruple of the drug.

The continuous administration of an alkaline bromide in an alkaline water sometimes effects the bladder, and then the bromides can be given dissolved in hydrobromic acid.

XIII. The remedies that are especially useful in *petit mal* are, after the bromides, belladonna, glonoin (?), Cannabis indica (?), cod-liver oil, ergot (?), counter-irritation at the back of the neck, and cold spinal douches.

XIV. For epilepsy in children, besides the bromides it is advisable to employ a milk diet, rest, and oxide of zinc. Belladonna, if tried, should be given cautiously.

XV. For adults and chronic cases, use the bromides, belladonna, iodide of potassium, and ammoniated sulphate of copper. Oxide of zinc is here of less value.

XVI. For nocturnal epilepsy, increase the dose of bromide at night, and add chloral or digitalis. Give also, if needed, strychnine. Raising the head of the bed or making the patient sleep in a chair at night, are measures to be tried.

XVII. For hysterical and erythritic cases, with or in place of bromides, give a diet of vegetables. Try turpentine, valerian, or zinc. Belladonna is usually contra-indicated.

XVIII. Counter-irritation by means of blisters, issues, and setons at the back of the neck, is a useful adjunct to treatment, especially in *petit mal* and in cases with mental derangement.

XIX. For the status epilepticus, give large enemata of chloral, and use emetics and purges. Venesection is often efficacious, morphine is dangerous, chloroform is only palliative, and nitrite of amyl is of little value.

XX. To prevent impending attacks, the best remedy is nitrite of amyl, which may be carried in a phial filled with cotton. Inhalation of chloroform or ammonia, the internal administration of ammonia, spirits of lavender, or alcohol, a sternutatory, and pressure on the carotids—all are measures which sometimes stop the attack.

XXI. Alterative and habit-breaking drugs, such as mercury, iodide of potassium, arsenic, antimony, are useful in epilepsy.

XXII. No surgical measures upon ovaries, uterus, testicles, cranium, or elsewhere will cure an established long-standing epilepsy, except in rare cases. Such operations, if done, should be undertaken early, before the patient has had an excessive number of fits.—Dr. Dana, in *N. Y. Med. Jour.*

LUNG TEST IN INFANTICIDE.—Sommer, of Dorpat (*Viertelj. f. gericht. Med.*) furnishes a contribution to the controversy which has been carried on for over three years, as to the effect of Schultze's method of artificial respiration on the reliability of the hydrostatic lung test in cases of infanticide. It will be remembered that, in 1883, Runge called attention to the fact that Schultze's method of swinging the child was not only efficient in causing apparently dead newborn children to respire, but was also capable of more or less distending the lungs of really stillborn children; and he therefore urged the importance of bearing this in mind in cases of alleged infanticide. The possibility of such inflation being produced in the dead child by Schultze's method—whereas it is well known that all previous methods of artificial respiration have failed to produce such an effect—is, apart from actual direct experimentation on the dead, rendered more likely, since Torggler has recently shown, by a series of careful experiments (*Wien. Medic. Bl.*, 1885, Nos. 8 10), that Schultze's method is of all methods of artificial respiration the most certain in restoring newborn children. Direct experiment on the dead is attended with difficulty, since it is in the great majority of cases difficult to prove that the inflation of the lung was not produced by some unobserved inspiration during or after the birth of the child. Hence so eminent an authority, as Hofmann, of Vienna, maintains that the air found by Runge and others in the lungs of stillborn children, after manipulation by Schultze's method, has really entered the lungs before, and is the result of aborted natural respiration. He himself has made the experiment with absolutely stillborn children, but found no air in the lungs. It is alleged, however, by Runge, and those who agree with him, that the children with which Hofmann made his experiments were not full-grown fœtuses, and that immature fœtuses (eight months and under) are known not to have their lungs affected by Schultze's method. This allegation appears to be borne out by a reference to the children operated on by Hofmann.

Prof. Schauta has written a paper in which he supports Runge; while, in a still more recent paper, Dr. Nobiling takes the side of Hofmann. Sommer, who is Runge's assistant, now takes up

the pen in defence of his chief, and produces the protocols of two cases in Runge's clinic which appear to place it beyond doubt that Schultze's method is capable of more or less inflating the lungs of stillborn children so as to simulate respiration. Both children—one of which was a twin—were mature, or nearly mature, and both were ascertained by auscultation, and otherwise, to have been alive to within a short time of the completion of their delivery, previous to which they were with great certainty ascertained to have died, and before there was any possibility of their having breathed—in one case before the membranes had ruptured. In each case the child was swung thirty times, according to Schultze's method. On opening the chest the lungs in both children were found to be distended and mottled; and although they did not swim in water when attached to the thymus and the heart, they floated readily by themselves, as did also the greater number of small pieces into which the lungs were divided. The only uninflated portions were toward the base of the lungs. This confirmation of Runge's results is becoming the more important, since nurses are now being trained in several parts of the world in the practice of Schultze's method of artificial respiration. It adds a new difficulty to the many difficulties attending the medico-legal investigations of cases of alleged infanticide.

**TEA-DRINKERS' DISEASES.**—It is not a little curious that the diseases arising from the wrong use of tea should be met with in greater frequency in countries foreign to its growth. It might have been supposed that where production went on there would be found those evils that attend the consumption of tea in their greatest extent; but such does not appear to be the case. The diseases due to tea are well known to doctors, but the public seem to be strangely indifferent to the teachings of their medical advisers in these matters. Recently in France M. Eloy has reminded medical men how vast is the number of diseases owing an allegiance to the dominion of Queen Tea. The list of headings in M. Eloy's paper is well calculated to arouse attention, and, we hope, to lead to some abatement of this widespread disorder. America and England are the two countries that are afflicted most with the maladies arising from the excessive consumption of tea. Individuals may suffer in a variety of ways. It is customary to speak of acute, subacute, and chronic "theism"—a form that has no connexion with theological matters. It is possible to be a "theic" by profession or a "theic" by passion. The predominance of nervous symptoms is a characteristic of theism; general excitation of the functions of the nervous system may be observed; or the weakness may be noted more especially in the brain as distinguished from the

spinal cord. Perversion of the sense of hearing is not at all an uncommon symptom—patients hearing voices that have no real or objective existence. The irritability that overtakes women so frequently may sometimes be clearly traced to an excessive indulgence in afternoon tea. It is a mistake to suppose that it is the poor sempstress who is the chief sufferer from theism. No doubt the tannin which tea that has been standing long contains does a great amount of mischief, but the derangement that it causes hardly belongs to that class of diseases with which we are at present concerned. Rather does theism belong to that genus of disease in which morphinism, caffeism, and vanillism are found. The habit of tea-drinking is one that grows on its victims like the similar ones of opium or alcohol. Taken in strict moderation, and with due precautions in the mode of preparation, tea is, like alcohol, a valuable stimulant; in its abuse there is also a certain analogy. There is hardly a morbid symptom which may not be traceable to tea as its cause. This is a fact that general practitioners often use to their own satisfaction and to their patient's advantage, if it happen to be that kind of patient who does not object to make some sacrifice in order to be rid of troubles.—*Lancet.*

**MEDICAL NOTES.**—Prof. Bartholow gives hydrocyanic acid for two or three days, followed by calomel, in the treatment of the *round worm*.

For *myalgia*, Prof. Da Costa prescribed the following lotion:—

R. Chloral., ʒj  
Lin. saponis comp., fʒij M.

Prof. Bartholow treated a case of *intercostal neuralgia* by the local application of a cone of chloral and menthol, moulded by the aid of spermaceti.

*Nasal polypi* can sometimes be destroyed by—

R. Acid carbol., ʒiij  
Aque, fʒj M.

SIG.—Inject a few drops into substance of polypus. (Sajous.)

Prof. Parvin treated a case of *chorea* as follows:

R. Liq. potas. arsenitis, gr. ij  
SIG.—Take at meals.

Also—

R. Hyoscyamin. sulph., gr. ʒss  
Sodii brom., gr. v M.

SIG.—To be taken in solution ter die.

Prof. Da Costa treated *favus* with the following, with good results:—

R. Liq. potas., aa fʒss  
Glycerini, fʒij M.  
Aque, fʒij M.

SIG.—Use as lotion to soften old crusts.

R. Hydrarg. chlor. corros., gr. iv  
Aqua, ℥j. M.  
Sig.—Use as wash, twice daily, to parts affected.

Dr. Jurist recommends the following in various conditions of the *throat* requiring a gargle:—

R. Tinct. guaiac. comp.,  
Tinct. cinchon. comp., āā fʒij  
Potas. chlor., fʒj  
Mel dep., fʒi  
Aqua, q. s ad fʒiij

Sig.—As a gargle.

Prof. Bartholow had at his clinic a patient with *hepatic colic*, who was not jaundiced. The stone may be of such a size that suffering is produced by its passage through the cystic duct, while it passes without pain through the common duct, and without obstruction; therefore jaundice is not produced. To keep the bile alkaline and so prevent the further formation of gall stones, give persistently sodium phosphate.

From a lecture recently given by Dr. Hearn, the following was taken regarding treatment of *gonorrhœa*:—

For first stages, a mild diet; avoid excesses, especially of drink; locally, hot-water baths for penis, also hot-water injections, together with the antimonial saline mixture. or—

R. Potas. citrat., gr. xx  
Sodii bromid., gr. xl M.

Sig.—Ter die.

In second stage, resort to *copaiba*, *cubebs*, and especially was oil of sandal wood recommended. *Copaiba* could be given in a mixture of *acacia* syrup and water, together with citrate of potassium, or in syr. *sarsaparillæ* with *cubebs*.

In third stage, use one of the following as injections:—

R. Plumbi acet., gr. ij  
Zinci sulph., gr. j  
Aqua, fʒj M.

Sig.—As injection.

R. Hydrarg. chlor. corros., gr. j  
Liq. calcis, fʒj  
Aqua, fʒxij M.

Sig.—As injection.

If discharge persists, use steel bougies, three times a week.—*Col. & Clin. Record.*

**WHITE SWELLING OF THE KNEE.**—In a paper read before the Med. Soc. of New York, Dr. Judson advocated the doctrine that it was essentially an inflammatory affection, and that an inflamed organ or tissue demanded arrest of function in the treatment, if the best results were to be obtained; that inflammatory conditions were relieved or removed by arrest of function, wherever it could be secured.

The essential feature of the treatment for diseases of joints should, therefore, be fixation.

Prolonged fixation with disuse of a joint would not produce ankylosis, provided the joint itself was free from disease. Of course, it would be followed by stiffness, but that would yield by persistent passive movements, and was entirely different from ankylosis. The ankylosis which followed joint diseases, and was caused by the final products of inflammation, was best prevented by reducing or removing the inflammation, and to do this most effectually arrest of function was essential.

Fixation applied to a joint would, so far as the joint was free from disease, be powerless to add to the ultimate degree of ankylosis, and, so far as the joint was diseased, it would diminish the ultimate ankylosis by arresting the inflammation and preventing an excess of its products.

On these premises thorough fixation was required in the treatment of articular osteitis. Dr. Judson thought it was impossible to establish the statement that motion was required to prevent inflammation.

In the treatment of joint disease, in the lower extremities particularly, another important function must be considered, namely, that of supporting weight and concussion. Protection of the articular surfaces from pressure and concussion was very important, and to accomplish this most certainly, the best method was to convert the affected limb into a pendent member, putting it into very much the same condition, in this respect, as were the upper extremities.

When these indications had been thoroughly met, Dr. Judson believed that the patient had received the highest degree of assistance which surgery could afford.—*Epitome.*

#### THE THIRD CORPUSCLE OR BLOOD-PLAQUE.—

Dr. William Osler, of Philadelphia (*Cartwright Lecture*, published April 3, 1886), defines what is called the third blood corpuscle or blood-plaque as a colorless, protoplasmic disc, constant in mammalian blood, measuring from 1.5 to 3.5 micromillimetres. The number per cubic millimetre in the blood of a healthy adult is about 20,000, but their number varies greatly at different periods of life and with varying conditions of health and disease. The ratio to the red is about 1 to 18 or 20. They are delicate elements, and, like the red corpuscles, tend, on the withdrawal of the blood, to adhere to one another, when they form the irregular granular clumps which have long been known as Schultz's granular masses.

The plaque is colorless, with a uniform grayish-white appearance, homogeneous or finely granular, and presents no differentiation in the delicate protoplasm of which it is composed. So far as his observation goes, it is always colorless.

The shape of the normal plaque, as seen in the

vessels, is a circular disk with smooth, well-defined margin. When slightly tilted it has naturally an ovoid appearance, and when seen in profile is a narrow, straight rod or staff. Whether they are flat discs, or biconcave, like red corpuscles, is really not easy to determine.

In the unaltered condition no nucleus can be seen, but in the fluids used to conserve them the appearance is in the form of a collection of distinct granules, which may look like a nucleus. This will sometimes, in dried preparations, stain a deeper color in the hæmatoxylin than the remainder of the plaque, and it is regarded by Hayem as a nucleus.

A majority of observers regard the plaques as independent elements in the blood; others agree with Hayem that they are young red corpuscles—hæmatoblasts.—*The Epitome.*

**THE NATURE AND TREATMENT OF PNEUMONIA.**—Dr. Stewart Lockie (*Edin. Med. Jour.*) thinks that the ordinary form of pneumonia is of infective nature, but he does not deny that there may be other forms, as, for instance, gouty pneumonia. Of the infective diseases, erysipelas is the one to which pneumonia has the closest alliance. Both usually occur sporadically, but occasionally in an epidemic form; both have a somewhat similar, more or less definite, duration; both are apt to attack the same individual repeatedly, occasionally many times in succession; both are occasionally complicated with meningitis. Leyden and Koch assert that the micro-organism of pneumonia closely resembles that of erysipelas.

In the treatment of the disease, the writer is opposed to all lowering measures. It may be that cases occur in which excessive dyspnoea and engorgement of the right heart call for moderate blood-letting, but he has never seen a case where he has been tempted to resort to it. The patient should be placed in a pure atmosphere with an equable temperature and supplied with moderate nourishment, not too much, lest we overtax the kidneys, which are probably the main agents in eliminating the poison. For the relief of pain, opium in the form of Dover's powder or by hypodermic injections of morphine, unless there is organic disease of the kidneys, when opiates had better be avoided. The writer advocates the use of hot poultices, and his habit is to give carbonate of ammonia from the start, although he admits that in the early part of the disease its use is empirical, later it is useful in supporting a failing heart. Where the temperature exceeds 103°, he gives quinine, in commencing doses of ten grains at night and five in the morning, increasing the doses if these do not control the temperature. If the stomach rebels, give it hypodermically or per rectum. The writer has seen such good results from quinine that he is inclined to agree with Dr.

Burney Yeo in thinking that it is not given often enough, and is inclined in future cases to use it systematically from the first. Failing circulation calls for alcohol and digitalis.

**MAMMARY FUNCTIONS OF THE SKIN IN LYING-IN WOMEN.**—The breast may be regarded as a highly specialized sebaceous gland, or at least, as a highly specialized cutaneous gland. It may have developed out of the indefinite blastema of the epiblast, either directly or through the intermediary stage of a sebaceous gland. The distinction made by Dr. Creighton at the discussion of Dr. Champney's paper, at the Royal Medical and Chirurgical Society, will, in view of deeper embryological considerations, appear to be of not great importance. For, it is plain that the glandular structures to which he referred must have originated from epiblastic germs, as the sebaceous, sweat, and mammary glands have also done. That a sebaceous gland is also a miniature breast must be regarded as theoretically proven from a chemical stand-point. Milk is a chemical compound in certain proportions of albumen, fat, and sugar, and analysis of sebaceous matter also yields fat and a small proportion of proteid and carbohydrate. Dr. Champney's most careful and detailed description of the "axillary lumps" forms the result of an equally sedulous research, which, so far as is known, is unprecedented, and therefore original in the true sense of the word. The lumps that he described as situate in the axilla may for all practical purposes be regarded as mammae. Their evolution follows step by step that of the mammary glands in parturient women, and there are some grounds for believing that they may be the seat of similar pathological affections. Further, Dr. John Williams bore testimony to the effect that, like the breast, the axillary lumps may show changes during menstruation.—*London Lancet.*

**HEADACHE CURED BY SALICYLATE OF SODIUM.**—The action of drugs in megrim and gout is remarkably similar. Trousseau and others have used colchicum with benefit in megrim, and other observers have remarked on the similar curative effects that certain purgatives, as calomel, have in both gout and megrim; and, again, others have used pot. iod. with considerable success; but the great value of salicylate of sodium in some of these headaches is more remarkable still; it seems to me to be most certainly curative and not merely palliative, as it removes the concomitant gastrointestinal troubles along with the headache. Thus, a dose of brom. pot. and sp. ammon. aromat. will sometimes remove a slight headache, but it will probably return; with salicylate treatment it is quite a different matter, the headache is gone once and for all, and shows no sign of return for a considerable period; its action in this respect is very

similar to that of calomel, and, like calomel, it seems to free the secretions of the mouth, and, at the same time, slightly relaxes the bowels.

The dose of salicylate I use is two to three grains every quarter or half hour for three or four doses or more, as recommended by Dr. Brunton, and begun when the headache first comes on: this is sufficient. A patient might carry dr. i of the powder in his pocket and take a little when a headache threatens, and he would soon learn to judge the proper dose by sight.

And as to diet, from which meat, cheese, beer, wine, and spirits are absent, I will only say that experience has more and more convinced me of its value in such cases.—*London Practitioner.*

**OPPOSITION TO THEORIES OF MICROBIAL INFECTION.**—At the meeting of the Alabama State Medical Association, held in Anniston on the sixteenth of last month, Dr. B. J. Baldwin reported twenty-five successive extractions of cataract without a failure. In the course of his remarks on these cases he said that he had used no disinfectants, and did not consider them necessary outside of hospital walls. He also said that he had been very much interested, and rather amused, at the scrupulous disinfection of the eyelids and eyeballs, and the hysterical anxiety to have even both eyes deluged in solutions of bichloride of mercury and boracic acid preceding every operation. He did not wish to be understood as denying that disinfection might often do good in the poisoned wards of old hospitals, but he did assert that anything more than cleanliness, in the extraction of cataract, outside of the hospital, was unnecessary and sometimes even harmful.

Then speaking of antiseptics in general, he continued: "I do not believe, furthermore, that there exists in all space a deadly venom ready and anxious to leap into every wound, to hasten the part on to destruction. There is bread that hath no leaven, and air as well without germs. Many of my friends may think this unpardonable heterodoxy, and my German confrères will no doubt stand aghast, but I am confident that they will sooner or later come to the conclusion that the world is not so soaked in bacteria as they at present imagine. It is difficult to conceive that an all wise and ever-merciful Maker would have so filled His universe with these infinitesimal death-worms, and that fresh air and sunshine are simply the danger-house from which they may be signalled when an opportunity to attack a wound arises. Cleanliness embraces all of the virtues of disinfection, and it is the sole element of its success."

These are certainly pretty strong words, but judging from the indications we see about us we may expect now to hear declarations of this sort from many different quarters. The opponents of bacteriological theories are beginning to assert

themselves with much more vehemence than they dared to use a short time ago, and, gaining courage as they proceed, they will give the advocates of the new doctrines a task in defending their theories. We are not sorry to see the signs of the approaching struggle, for, true or false, the microbial theories have, we think, been too readily accepted by the mass of the profession upon the authority of a few learned investigators. All the arguments pro and con have not yet been set forth as clearly as they might be; and an animated discussion will do good in establishing the truth or falsity of these latest theories of disease. But the conservatives must remember that talk is not always argument. The bacteriologists allege facts and experimental research as the basis upon which their theories rest, and their opponents must bring forward equally strong facts if they wish to gain the approval of the profession for their cause.—*Med. Record.*

**SOME FALLACIES IN REGARD TO DIET.**—1. That there is any nutriment in beef-tea made from extracts. There is none whatever. 2. That gelatine is nutritious. It will not keep a cat alive. Beef-tea and gelatine, however possesses a certain reparative power, we know not what. 3. That an egg is equal to a pound of meat, and that every sick person can eat them. Many, especially those of nervous or bilious temperament, cannot eat them; and to such, eggs are injurious. 4. That because milk is an important article of food, it must be forced upon a patient. Food that a person cannot endure will not cure. 5. That arrow-root is nutritious. It is simply starch and water, useful as a restorative, quickly prepared. 6. That cheese is injurious in all cases. It is, as a rule, contra-indicated, being usually indigestible; but it is concentrated nutriment, and a waste-repairer, and often craved. 7. That the cravings of a patient are whims, and should be denied. The stomach often needs, craves for, and digests articles not laid down in any dietary. Such are, for example, fruit, pickles, jams, cake, ham, or bacon, with fat, cheese, butter, and milk. 8. That an inflexible diet may be marked out, which shall apply to every case. Choice of a given list of articles allowable in a given case must be decided by the opinion of the stomach. The stomach is right, and theory wrong, and the judgment admits no appeal. A diet which would keep a healthy man healthy might kill a sick man; and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment; rather decrease, since the digestion is overtaxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings; and if the stomach rejects a certain article, do not force it.—*Technics.*

**A PECULIAR SPUTUM IN HYSTERIA.**—Dr. E. Wagner has called attention to a peculiar sputum often observed by him in hysterical patients, the appearance of which might readily excite the suspicion that a phthisical affection is to be dealt with. But in fact it has been observed invariably as coming from subjects (always hysterical) who show no symptomatology by which tuberculosis of the lungs may be confirmed. The sputum is, of course, free from bacilli, is of a hemorrhagic nature, mostly red, but of a lighter red than ordinary bloody sputum, and not in any way resembling ordinary rusty-colored sputum. When examined in a glass it appears like a reddish or brownish-red pulp, in which numerous small gray particles cover the bottom. This sediment is so characteristic that it is easy to make the diagnosis with the naked eye. In one case the sputum for several days, in color and consistence, resembled a raspberry jelly, so that he suspected the development of a sarcoma or carcinoma in the bronchial tubes, under which circumstances it is usual to see this character of sputum. Under the quantities of small red blood-corpuscles, and along with them, frequently, numerous white blood-corpuscles, pavement epithelium, and cocci. Alveolar epithelia from the lungs were not discovered. Sometimes muceus pockets are found embracing pus cells. In every case, upon failure to find signs of disease of the lung or larynx, the author believes he has a right to conclude that the bloody coloring proceeds from small bleeding vessels, that the colorless part of the sputum is a pathological secretion of the mucous membrane, and that probably it all originates in the buccal cavity. The writer reports four cases in which he had observed this sputum for a considerable length of time; in one of which, however, bacilli at length appeared. In all cases an investigation for bacilli is of prime importance with a view to differential diagnosis.—*Deutsche Med. Zeitung.*

**BISMUTH SUBNITRATE IN FŒTID PERSPIRATION OF THE FEET.**—Vieusse recommends the subnitrate of bismuth in the treatment of fœtid perspiration of the feet, and concludes as follows:—(1) Profuse perspiration of the feet, whether accompanied by pain or foetidity, is easily cured by the application with slight friction of subnitrate of bismuth upon the diseased parts. (2) In opposition to the opinion generally held, according to which the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by unfavourable results, and that if these are observed they should be attributed to other methods of treatment hitherto employed. (3) In the cure of this disease, subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant. The remedy, perhaps, exerts an action

also upon the sudoriparous glands and sebaceous follicles, changing the quality and quantity of their products, and possibly as a result of the changes produced in the part with which it comes in relation, modifies more or less profoundly the capillary circulation. (4) In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the fœtid odour, as well as the pain, which is the consequence of the exaggerated secretion, to disappear permanently. (*Rivista Internazionale di Medicina e Chirurgia*)

A YOUNG doctor was recently purchasing a stock of drugs from one of our retail druggists, "I shall want a good supply of calomel," said he, "give me a pound—the dose is a drachm, you know." Posological views of this kind are by no means uncommon, and well it is that the druggist generally bars the way to their being fully carried into practice. Experience, not always purchased at the expense of the young practitioner, and not unfrequently to the benefit of the undertaker, generally rectifies these errors, but this is not always the case. Peculiar opinions as to chemical, pharmacal and therapeutical matters are sometimes held by practitioners of more mature practice. One of the best instances we have ever seen is furnished by a correspondent not a hundred miles from — Ont., who sends the original of a prescription received by him last month. It reads as follows:

"R Hydrarg. Ch Cor . . . . . ʒij.  
Rhei pl. . . . . ʒij.  
Mur. Ferri. . . . . ʒj.

Into four powders; one taken last thing bed time, one first in the morning until all are taken."

It is hard on the poor druggist to set aside all his notions as to the nature and doses of the ingredients ordered, but to require the unfortunate patient, who has already taken his quietus at bed time, to recommence the powders, "one first in the morning until all are taken," making, in fact, a regular breakfast of it is altogether unreasonable and unnecessarily unkind.—*Canadian Pharm. Journ.*

**HEADACHE IN SCHOOL CHILDREN.**—Prof. N. J. Bystroff has examined seven thousand four hundred and seventy-eight boys and girls in the St. Petersburg schools, during the last five years, and found headache in eight hundred and sixty-eight; that is, 11.6 per cent. He states that the percentage of headache increases almost in a direct progression with the age of the children, as well as with the number of hours occupied by them for mental labor; thus, while headache occurred in only five per cent. of the children aged eight, it attacked from twenty-eight to forty per cent. of the pupils aged from fourteen to eighteen. The author argues that an essential cause of obstinate headache in school children is the excessive mental

strain enforced by the present educational programme, which leaves out of consideration the peculiarities of the child's nature and the elementary principles of scientific hygiene. The overstrain brings about an increased irritability of the brain, and consecutive disturbances in the cerebral circulation. Professor Bystroff emphatically insists on the imperative necessity for permanently admitting medical men to conferences of school-boards. Of palliative measures, he mentions methodical gymnastics, mild aperients in well-nourished children, steel in the anæmic, bromides, inhalation of oxygen, and, in severe cases, a temporary discontinuance of all studies.—*British Med. Jour.*

**RADICAL OPERATION FOR HERNIA.**—An improved operation for the radical cure of hernia has for some time past been practised by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured—at least no return of the hernia occurred within six months; and in the cases where a return did take place, which amounted to 20 per cent., the condition was very much less painful and distressing than it had been previous to the operation. The Sabbatsberg Hospital has now been opened six years and a half, and during that time 300 cases of hernia have been admitted, about 200 of these being operated on with the knife; a milder procedure, consisting of alcoholic injections, being employed in most of the earlier cases. Not a single case proved fatal, though some of the hernias were very large, some reaching within three or four inches of the knee.—*Lancet.*

**BRIGHT'S DISEASE WITHOUT ALBUMINURIA.**—A subject which, it may be remembered, was brought prominently under notice by the late Dr. Mahomed—viz., the occurrence of renal disease without the symptom of albuminuria—was discussed by M. Dieulafoy at a meeting of the Paris Hospitals'

Medical Society on the 11th inst. (*Le Progrès Médical*, No. 25). He described four cases, which exhibited for many weeks, or even months, some of the most marked symptoms of Bright's disease, such as vomiting, oppression, headache, œdema of the ankles, the "bruit de galop," itching, *digitus mortui*, ocular and auditory derangements, and a new sign termed by M. Dieulafoy *cryæsthesia*—a sensation of extreme coldness limited to the extremities, especially the lower limbs, or to the knees. In not one of these cases was a trace of albumen found in the urine except during the last days of life. Such cases were contrasted with others of so-called "physiological albuminuria." As a means of diagnosis M. Dieulafoy suggests a test which is obviously inapplicable for clinical purposes. It is founded on Bouchard's observation that normal urine is a toxic agent to such a degree that, injected into a vein of a rabbit's ear, it will produce a fatal result when administered in the proportion of 50 cubic centimetres per kilogramme, whereas a much larger quantity (150 and even 285 cubic centimetres) of the urine of Bright's disease is required to produce the same result.—*Lancet.*

**TREATMENT OF COLLES' FRACTURE BY A NEW METHOD.**—This consists in putting up the fracture with the hand extending nearly to a right angle with the arm, and supported by a wire splint. If the forearm is placed on a flat splint so that the fingers are flexed over the end, it will be noticed that the radius does not touch the splint at all, and the ulna only on its upper third. If, however, the hand is lifted until fully extended, the radius will touch the splint at its lower end, the thenar and hypothenar eminences of the hand being lifted out of the way. The flexors act at their best advantage when the hand is thus extended, and regain flexibility and strength rapidly when the splint is removed. When the hand is clenched it moves quite perceptibly to the ulnar side of the arm. In the treatment of this fracture, the flexor muscles should be placed at their best advantage, the extensor muscles should be placed at their greatest disadvantage, and the end of the radius should be brought down upon the splint.

To accomplish these ends it is only necessary to bend a piece of ordinary telegraph wire, first into the shape of an ordinary hair-pin, then bend up sharply about two and a half inches of the closed end, flattening somewhat the top of the bend so that the fingers may rest easily upon it at their articulation with the hand. The ends of the wire are fastened with a strip of tin curved to fit the arm, and with a second strip under the end of the radius.

Dr. Keene reported three cases in which his splint fulfilled all the conditions of success, avoiding pain and swelling during treatment, and

preventing subsequent deformity and impaired function of the hand and forearm.—*Boston Med. and Surg. Jour.*

WHO GOES FIRST?—A correspondent writes: Nothing conduces so much to absence of friction in consultations as a competent knowledge of the proper etiquette which has been handed down to us as the fruit of centuries of close observation. It is not, therefore, a useless task to attempt to define the rules of this etiquette, so that both the ordinary practitioner and the consultant may be made cognizant of the proper course to pursue, in order that the dignity of all the parties may receive the attention it deserves.

In the first place, the ordinary medical attendant should invariably lead the way, and should first enter the sick chamber, and this is a rule that for obvious reasons should admit of no relaxation.

When the interview with the patient is at an end the consultant should leave the room first, and the medical attendant should be the last to leave the room. When there are several consultants they should enter the room as stated above, but in the order in which they have been called into the case, the converse holding good for the exit.

No communication, direct or indirect, by word of mouth or by letter, should ever take place between the consultant or consultants and the friends of the patient or the patient himself, except through the intermediary of the ordinary medical attendant, and any breach of this rule should lay the consultant open to the most serious reprimand.

The prescription should be written by the medical attendant, who, as a matter of courtesy, should precede his own initials by those of the consultant. This, however, should be done by the medical attendant himself and not by the consultant.

If these rules were duly observed, especially in the country, much of the soreness and disagreeable feeling now so common, would be obviated, and the foundation laid for more cordial relations between the consultant and his brethren in general practice.—*British Med. Jour.*

TREATMENT OF THE HYSTERICAL ATTACK.—Dr. Albert Ruault gives a simple method which he has found very efficacious in controlling a hysterical fit. It consists in making firm and constant pressure over the supraorbital nerve at its point of emergence from the supraorbital foramen. The head is held securely between the palms of the hands, while pressure is made over the nerve on each side with the thumbs. The writer says that the patients under this treatment first contract the facial muscles with an expression of pain, cry out, and then take several quick successive inspirations. The breath is held for a few seconds, and then, with a

long expiration, the muscles relax and the attack is ended. The pressure of the thumb should now be relaxed, otherwise it may have the opposite effect and excite another convulsion. Pressure over any nerve-trunk at the point where it becomes superficial will have the same effect; but the supraorbital nerves are chosen because of their convenient situation.—(*France Medicale.*)

RESEARCHES ON MALARIA.—In the current number of the *Fortschritte der Medicin* there appears a translation from the Italian of some further researches on malaria by Prof. Marchiafava and Dr. Celli. The chief results so far obtained are thus summed up: (1) In the blood of individuals suffering from malaria there may be found in the interior of the red blood-discs minute organisms composed of homogeneous protoplasmic particles which are endowed with lively amœboid movements, and can be distinctly stained. These organisms are only found in the blood in cases of malaria, and are termed plasmods or hæmoplasmods of malaria. (2) In the interior of these units reddish or black pigment may be detected, but it is not an essential constituent, being merely derived from the hæmoglobin of the red disc. According as this pigmentation does or does not take place, we have or have not melanæmia. (3) The hæmoplasmods may be transformed by a process of fission into a group of granules which do not possess amœboid movements. This fission may occur in the pigmented as well as in the non-pigmented plasmods, and it is most probable that this is the ordinary mode of multiplication within the human organism. Infection may occur as the result of the intravenous injection of malarial blood, as is shown not only by clinical experience, but also by the fact that in the blood of the receiver the hæmoplasmods may be discovered. The units further increase as infection progresses, and diminish until they disappear as infection ceases, whether naturally or under specific treatment. The authors, in determining some of the latter points, made experiments on a man aged forty-three, who was suffering from paralysis agitans, but who had never had any malarial fever. The blood was taken from a malarial subject during his apyrexial period, and the febrile movement commenced in the receiver the same evening.—(*Lancet.*)

PAINLESS REDUCTION OF SHOULDER-DISLOCATIONS.—Dr. Neil Macleod, of Shanghai, gives the following directions for the reduction of sub-glenoid dislocations without an anæsthetic: "Let the patient lie down on his back on the floor or ground, with the dislocated arm outstretched at right angles to the trunk, and also on the floor. Having told the patient to lie quite still and make no effort, let the surgeon, placing the approximate heel in the

axilla, make traction gently and steadily at right angles to the line of the trunk; and, as there may be no jerk or evident intimation of the return of the head of the bone to its place, let him ascertain its position, if necessary, adducting the limb to make sure; if reduction have not taken place, let him renew and increase the force of traction, and repeat the examination until he has succeeded or failed, in which latter case nothing has been done to interfere with the application of other methods. It is possible that, in many cases, the heel in the axilla may be unnecessary; but it will serve to steady the scapula, and affords a better counter-extending force than the weight of the patient's body, and thus leaves him free to lie still and make no effort as if to aid."—(*Brit. Med. Jour.*)

**DIURETIC MIXTURE FOR GOUT.**—J. Mortimer Granville, in his recent work on *Gout in its Clinical Aspects*, discards the usual diuretics as irritant, the indication being to "flush" not to stimulate the kidney. For this purpose the most available drugs are ammonium chloride and potassium chlorate. At the same time the decomposition of the sodium urate in the blood may be attempted, and to this end Dr. Granville considers iodine best adapted, exhibiting it with the salts and glycerine, as exemplified in the following formula:

R. Ammonii chloridi . . . . . ℥iv,  
Potassii chloratis . . . . . ℥ij,  
Tinct. iodi . . . . . ℥cxxx,  
Glycerini . . . . . ℥iiss,  
Aque . . . . . ad ℥xvj. M.

F. Mistura, cujus sumantur cochlearia duo magna quartâ quâque horâ ex aquâ.

**TREATMENT OF ACUTE TONSILITIS.**—Dr. John Brown states, in the *British Medical Journal*, that it is a rare event for suppuration to occur in acute tonsillitis, if treated early with the following mixture:

R. Sodii salicylat., . . . . . ℥ iss.  
Pot. bicarb., . . . . . ℥ iss.  
Tinct. aconit., . . . . . ℥ 40.  
Liq. opii sed., . . . . . ℥ 30.  
Sp. chloroform, . . . . . ℥ ii.  
Aq. ad. . . . . ℥ viii. M.

One ounce to be taken every two or three hours for the first thirty-six hours. The same mixture is his sheet anchor for rheumatic fever.

**SUMMARY OF PASTEUR'S WORK.**—Up to April 14th, Pasteur had inoculated 688 persons, presumably bitten by mad dogs, with only one death. He had also inoculated 19 Russians bitten by a mad wolf. Of these nineteen, three have died from hydrophobia—about sixteen per cent. The usual per cent. of deaths from the bites of mad wolves is said to be about sixty-seven. Since

April 14th, Pasteur has treated other Russians bitten by mad wolves and mad dogs. One of the former recently died from the effects of his wounds; one of the latter from hydrophobia, after having been submitted to treatment. This makes in all 720 cases treated, with a total of five deaths from rabies, despite treatment. Pasteur has found that the rabies resulting from wolf bites is the same as that of dogs, and only more dangerous, because the bites of wolves are more numerous and severe.—*Med. Record.*

**LOCAL REMEDY FOR NEURALGIA.**—A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review.*

**ACETATE OF COPPER IN THE TREATMENT OF SCROFULA AND TUBERCULOSIS.**—Luton (*Journal de Méd. de Paris*), has used this drug quite extensively, both externally and internally, and speaks highly of it. In treating old suppurating glands, he uses an ointment containing one part of the neutral acetate to thirty parts of ointment. Rapid healing occurs. He administers to phthisical patients the following dose every evening:

Acetate of copper . . . . . 3-20 grain.  
Extract opium . . . . . ½ grain.

The dose of copper may be gradually increased to three fourths of a grain.—*N. Y. Med. Jour.*

**CATARRHAL HEADACHE.**—Iodide of potassium is said to quickly relieve the dull headache so often accompanying an ordinary cold in the head. Two grains may be dissolved in a glass full of water, which is to be taken in little sips during half an hour. Dr. Davis recommends this simple remedy, and says he has hardly every known it to fail.

**TRANSPLANTATION OF THE TENDON OF A DOG TO MAN.**—M. Peyrot, at the meeting of the Paris Société de Chirurgie, May 5th, reported a case in which retraction made it impossible to suture the divided ends of the medius. He removed a piece of tendon from a living dog and sewed it to the divided tendon. The result was successful, functionally as well as anatomically.

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*The LANCET has the largest circulation of any Medical Journal in Canada.*

## ACUPUNCTURE.

The operation of acupuncture for the relief of the pain of chronic rheumatism, lumbago, sciatica, etc., dates back for ages. It was, hundreds of years ago, a stock operation with the Orientals, who often produced wonderful results by it. The Chinese and Japanese practise it largely to this day, and there is no doubt their success is often marvellous. English and American surgeons have not been able to obtain very favorable results from the operation, or at least the results have been at all times looked upon as being very uncertain. In a majority of properly selected cases the effects are prompt, and the patient is both bewildered and delighted at the relief he has obtained from pain and disability, by so simple means. But owing to the fact that explanation of the cause of cure, when it does occur, is difficult, if not impossible, and that failure is not improbable, it is not much practised by English-speaking surgeons. No doubt there are many practitioners in this country who have never done the operation, or have never seen it done, and yet it is so simple of performance, and the relief so immediate when it is obtained at all, that we think it might be practised more frequently, with profit to a considerable class of patients. That terrible enemy to rest and comfort, sciatica, is unfortunately least amenable to treatment by this method, failure being more frequent than in lumbago or chronic rheumatism, but we have seen a patient with sciatica rise up and look as if he wished to call the operator blessed after five minutes with the

needles. The relief here is seldom permanent, usually lasting from a few moments to an hour. It is mostly of service in rheumatism of the muscles, of a chronic character, being contra-indicated when there is much redness, swelling or heat of the affected part. It is perhaps in lumbago that the success of acupuncture is most signal; a patient being relieved at once of all muscular disability and pain, by the introduction of two needles, one on each side of the spine to the depth of an inch or so.

The atrophy, due to impaired nutrition of muscular tissues whose fasciæ and aponeuroses are affected, generally disappears when pain and disability are relieved. Pain is not so often cured as muscular disability. The needles should be flexible, at least two inches long, either round or cutting-edged, and of the size of a medium-sized darning-needle. Indeed the operator may easily improvise capital instruments, by moulding handles of sealing wax, upon half a dozen ordinary darning-needles. The needle is dipped in some antiseptic solution, such as carbolic oil (1 in 40) and then introduced with a rotary motion, deeply into the tissues, even till it touches the bone. The region of greatest disability, pain, or tenderness is chosen for the points of puncture, and the needles are left in from two to ten minutes. Sometimes the effect is magical, the pain ceasing on the introduction of the needles but oftener in successful cases there is a decrease in the symptoms for some minutes, and in entirely successful cases the relief is soon complete.

It is said that when the action of the needles is beneficial, a red areola, from one to two inches in diameter is observed around each point of puncture, and that the appearance of this areola is in direct proportion to the success of the operation. This is not always true, for we have seen cases in which a very considerable amount of improvement took place, with no such areola perceptible. The number of needles need not be limited, for it is believed that the success of their action depends more upon their number than upon the length of time they are left in. In those forms of myalgia left after injury to a joint, relief is very frequently found from acupuncture, though metastasis may occur, and the pain may pass to the similar situation on the opposite side of the body. If there be extensive muscular atrophy, galvano-puncture

sometimes succeeds when acupuncture fails. Though it is in lumbago that acupuncture finds its most successful application, it will prove unsuccessful when high fever accompanies it, or when pain in the back happens to be the first symptom of an attack of acute rheumatism. When the lumbago is accompanied with sciatica or neuralgic pains, the lumbago may be cured, but the sciatica or neuralgia will remain, and when this is cured says Ringer, the lumbago will be found to have returned.

As regards the explanation of the cause of cure, various views have been advanced. Sir Joseph Fayer suggests that the success may be due to relief of tension caused by accumulation of fluid round the large and small nerve trunks, under the influence of inflammation. He cites a case in which evacuation of a couple of drachms of clear serous fluid from the sheath of the sciatic nerve gave instant relief, and was followed by complete recovery from an aggravated attack of sciatica. He was led to puncture the nerve sheath by making out fluctuation in its course. Mr. Teale, of Leeds, thinks the pain is relieved by increasing the nutrition of the nerves of the part, which is accomplished by a flushing or congestion of the vasa nervorum of the area of pain. The muscular fibres are also wasted from want of proper action, the arteries become lessened in calibre from an insufficient quantity of blood, and from the decreased call for nutrition to the parts at rest. This insufficient supply of blood is remedied by the needle producing a temporary congestion, and increased blood supply.

However the result may be brought about it is certain that many cases now untreated or treated by less successful methods, would benefit by the application of the needle, and we call attention to the subject in the hope that it may receive more attention from members of the profession than it has in the past

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#### FOOD, ITS QUANTITY AND QUALITY.

The connection between life and nutrition is so close and inseparable, that the continuance of the former depends upon the supply of the latter. The variation and form of life, whether animal or vegetable, depends upon the quantity and quality of nutrition with which it is supplied.

We are readily able to judge of the quantity and quality of nourishment supplied to a vegetable that we are caring for and will at once decide whether the supply is normal, insufficient or in excess of the nutrition necessary. Every living organism demands its own peculiar supply designed for it by the laws of nature. When the natural supply is normal in all respects, the life is healthy. The same law holds good in the higher order of life that we observe in the lower. Insufficient alimentation in the vegetable kingdom is followed by consequences which we are not liable to misunderstand. There is loss of health and vigor, a gradual shrinking, and if the process is permitted to go on, death occurs. A great excess of even the natural nutrition tends to the same result. A marked departure in either direction from the normal standard of supply will, with very few exceptions, be followed by a marked departure from the normal standard of life.

In man the effect of over-eating or under-eating is not so observable, owing to the more complex nature, still the same rule doubtless holds good. It is needless to mention that brutes suffer from improper feeding and particularly over-feeding. Excessive alimentation in the human being is followed by the same baneful consequences. Is it not a fact that the generality of people eat too much? Very few eat too little. It is a common-place aphorism, "He eats so much that it makes him poor to carry it." As a rule, a large, lean, cadaverous-looking man, is an immoderate eater, whilst the majority of our robust and healthy are moderate consumers of food, or are what we call small eaters. The reason of this is plain. He who eats more than is demanded by nature, imposes a heavy strain on the organs involved in the process of digestion and elimination. The stomach, for instance, is capable of doing a certain amount of work, hence if overtaxed unduly, the result sooner or later will be imperfect digestion, disordered functions, and gradual loss of vigor and strength. As certain as we overstep the bounds of nature and overtax our stomachs for our palate's sake, we begin to sow the seed of disease. Certainly the stomach is a remarkable organ, and able to resist the assaults of imprudence with wonderful courage, but its power of endurance

will not withstand every imposition heaped upon it, and sooner or later it will succumb to the force of unrelenting overwork.

The physician should be as careful in regard to the treatment of over-fed and under-fed patients, as in the quantity and kind of medicine used in the treatment of a special disease. It is too common an error, when we see patients emaciated, to advise abundance of nourishing food, while probably it is a well-laden table that is at the foundation of the condition sought to be relieved. There is far more danger from over-indulgence than under eating. Although we desire to impress the fact that over-eating is common and should be strictly guarded against, we are not unaware of the existence of under-fed or half starved people, but this is by no means as common an evil, and very little disease is traceable thereto.

**QUEBEC MEDICAL EXAMINATIONS.**—The following amendments to the Quebec Medical Act were lately adopted by the College of Physicians and Surgeons of that Province—The Central Board of Examiners shall consist of two examiners on each subject, one English and the other French. The examinations shall be made in the candidate's language, each examiner having the right to examine alternately. The Board of Examiners shall consist of two representatives from each medical school. Examinations shall commence the second Tuesday in April at Montreal or Quebec, as may be decided by a by-law, and shall be written and oral. Preliminary examinations shall be held on the first Wednesday in July, at Quebec and Montreal alternately. The fees are as follows:—For the preliminary examination, \$16; for the final examination, \$10; for diploma of membership, \$25.

**CREOSOTE A SPECIFIC IN ERYSIPELAS.**—A writer in the *St. Louis Med. Jour.* speaks highly of the value of creosote in erysipelas. After an experience of forty years, this practitioner has laid aside all other remedies and uses this one "with uniform success." He claims that when injuries, of whatever kind, are healed with a solution of from six to twenty drops to the ounce of water, erysipelas never occurs. The parts should be kept constantly wet with this solution. Ulcers and wounds

may be treated with a poultice, made by stirring ground elm into the solution.

**THE ACTION OF CHLORATE OF POTASH.**—After careful experiments with chlorate of potash, Dr. Von Merting has arrived at the following conclusion regarding its action and use: First, the salt should be given after meals; second, quite an interval should occur between the doses; third, it should not be administered in high fever on account of the diminished alkalinity of the blood; fourth, it is contra-indicated in emphysema, dyspnoea, renal disease, etc.

The *Lancet* says that it is found from the careful investigations of Dr. Ablestoff, that hydrochlorate of pilocarpine is not only useless, but often positively harmful in the sweat of phthisical patients. It is useful as an expectorant, but not more so than other remedies whose effects in other respects are not so injurious. Agaricin and homatropin are recommended as the most useful remedies in phthisical sweats.

**CALOMEL AND BROMIDE OF POTASSIUM ARE INCOMPATIBLE.**—It is remarked that calomel is decomposed on the addition of potassium bromide, although more slowly than when the iodide is added. The two drugs, therefore, should not be given closer than five or six hours of each other. The two drugs may in cases of infantile convulsions, be inadvertently given nearly at the same time.

**TURPENTINE IN OLD SINUSES.**—Cecchini (*Annali Universali di Medicina*) says he has succeeded in closing several anal fistulæ and sinuses by the injection of a few drops of oil of turpentine, with a hypodermic syringe. The drug may be used pure and then with the best results, but the addition of some simple oil or morphia lessens the pain, which is sometimes considerable. He considers the turpentine acts as a simple stimulant, favoring the formation of healthy granulations.

**TREATMENT OF FRACTURED THIGH IN INFANTS.**—Surgeons in treating these fractures, should be particularly cautious, should they use extension by means of a weight and pulley, to not put on too heavy a weight, as a considerable harm may be done by stretching the ligaments at the knee joint, which is easily done.

TO PREVENT MAMMARY ABSCESS.—Mr. Miall (*Brit. Med. Journal*) says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms rapidly disappear in a few hours, under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and when solution is accomplished the temperature of the fluid will be hardly too high for fomentation to be commenced, with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires to make more than three applications.

FORMULA FOR USE IN EPILEPSY.—The following is said (*Med. Press and Circular*) to be beneficial in epilepsy, without producing the bad effects witnessed from the continued use of bromide of potassium.

R. Ammon. brom. . . . .  $\frac{3}{4}$  iiss.  
 Syr. Limonis . . . . .  $\frac{3}{4}$  iii.  
 Aq. . . . . ad  $\frac{3}{4}$  x. M.  
 S.  $\frac{3}{4}$  ss. four times a day in infusion of valerian.

TEMPERATURE OF THE MAMMARY GLAND DURING THE PUERPERIUM.—Negri gives an abstract of investigations of a number of cases of the above. He finds that the temperature of the gland is higher after delivery than during pregnancy or the non-pregnant state, though usually not so high as the axilla. 98.5 F. was rarely exceeded. The more copious the secretion of milk, the higher was the temperature.

PAINFUL DENTITION.—The following is said (*L'Union Medicale*) to be an excellent preparation in painful dentition.

Cocaine hydrochlorate.  
 Sodium borate, . . . . . aa. gr. iv.  
 Syrup of althæa . . . . . ℥. 64.  
 Syrup of poppy to make . . . . . ℥. 100.  
 A little to be rubbed on the gums several times a day.

PERMANENT DRAINAGE IN ASCITES.—Dr. Caillé lately inserted a short drainage tube into the abdomen of a man, who had been tapped nine times, and applied antiseptic dressings. Two or three pints of fluid were at first evacuated, which quantity gradually diminished, with great amelior-

ation of all the symptoms. The patient lived and worked with comfort for nine months, finally dying of heart failure.

QUININE AS AN OXYTOCIC. Drs. Coe and Allen find (*Atlanta Med. and Surg. Journal*) that quinine in doses of ten grains and upwards increases the force of the contractions of the uterus during labor, though it has no effect in initiating contractions in the pregnant or non-pregnant uterus.

SNUFFS FOR CORYZA.—Rabon (*Deutsche Med. Wochen.*) recommends the following powders to be used as snuff in coryza.

1. Menthol, 2 parts; roasted coffee, 50 parts; white sugar, 50 parts; mix, and take as snuff.
2. Cocaine hydrochlorate, 1 part; roasted coffee and white sugar, of each 50 parts; mix, and use as before.

APPOINTMENTS.—Dr. N. J. Tucker, of Manitowaning, and Dr. N. A. Powell, of Toronto, to be associate coroners for Algoma and York respectively.

Drs. Graham and Teskey have been appointed to the staff of Toronto General Hospital, and Drs. W. H. B. Aikins and J. L. Davison as pathologists.

PERSONAL.—Dr. J. W. Rosebrugh, of Hamilton, sailed last week for Europe. The Doctor goes as a delegate from the Ontario Medical Association to the British Medical Association. He will also attend the annual meeting of the British Gynecological Society, of which he was recently elected a Fellow.

BEEF-TEA.—Fothergill stated some time ago that beef-tea is rather a stimulant than a nourishment, and now an article appears in the *Nineteenth Century*, showing that it powerfully retards digestion. This action is said to be due to the organic acids contained in it.

HYPERIDROSIS OF THE FEET.—In cases of undue sweating of the feet, accompanied by soreness and whitening of the skin of the sole, a cure may be readily effected by the application, once a day, of equal parts of citrine ointment and ung. aq. rosæ. The feet should be bathed frequently.

LEUCORRHOEA AND FŒTID VAGINAL DISCHARGES.

—The following injection is recommended in an exchange: Chlorate of potash, ℥iii; laudanum, ℥ii; aqua rhenicæ, ℥x. Two or three tablespoonfuls to a quart of warm water.

URTICARIA AND PRURITUS.—Menthol is said to relieve the itching and cure the disease. In pruritus ani, and in eczema, the parts should be moistened with menthol solution, containing from five to ten grains of menthol to the ounce of water.

DR. F. N. OTIS, of New York, argues in an article before us that there is a positive limitation to the contagious stage of syphilis within three or at furthest four years, with or without treatment. This assertion can not but excite considerable attention.

TO KEEP OFF MOSQUITOES:—

R.	Camph. (pulv.) . . . . .	℥i	
	Spt. Vin. Rect. . . . .	℥i	
	Ol. Oliv. . . . .	℥i	M.

S. Apply to exposed parts.

SORE NIPPLES.—The following will be found useful for sore nipples:

R.	Acidi Sulphurori	
	Glycerini	P. Æ. M.

Sig.—Apply frequently

A WRITER to the *British Medical Journal* reports two cases of symptoms of poisoning from the administration of half tea-spoonfuls of vaseline, given on sugar, for sore throat.

PARALDEHYDE, AN ANTIDOTE TO STRYCHNINE.—Dujardin Beaumetz recommends from 1½ to 2 grains of paraldehyde as an antidote to strychnine.

ANTIDOTE TO COCAINE.—It is said that inhalations of nitrite of amyl will restore to consciousness persons poisoned by cocaine.

ERRATUM.—In Medico's letter, on page 322 of July LANCET, line eight from bottom "No. One's" should read "No. Two's."

SINGLUTUS.—It is said that a pinch or two of "catarrh snuff," will, by inducing immoderate sneezing, cure any case of hiccough.

Will the gentleman who remitted \$6 subscription to the LANCET, signed "Morrisburgh," please send his name to the editor.

Notes, Queries and Replies.

Will some one of the correspondents of the CANADA LANCET be good enough to explain why, in the application of the forceps, the lower blade should be introduced first. The text books all say they should be so applied, but why, is a puzzle to me. It has always seemed to me that much that is written on this subject only serves to confuse the novice, and that older practitioners rely on common sense in the adjustment of the forceps, rather than upon fixed rules.

ENQUIRER.

Books and Pamphlets.

BRAIN REST. Second Edition. By J. Leonard Corning, M.D. G. Putnam's Sons, New York. Williamson & Co., Toronto.

This little duodecimo of 135 pages contains some interesting matter on the important subject chosen as its title. The reader must not be alarmed by the formidable caudal appendages to his name, exhibited by the author on the title page, covering eleven lines of small capitals. He will find in the book some very useful hints on sleep and sleeplessness which he may peruse without becoming drowsy. Cerebral hyperæmia and anæmia are treated of with commendable brevity and clearness. The chapter on "*the mechanical regulation of the cerebral circulation*," should be carefully studied. Perhaps the reader may question the efficiency of Dr. Corning's method of lessening blood flow into the brain, by compression of the two common carotids; for as these vessels are not only in close proximity to the internal jugulars, but also are lodged in company with these veins and the pneumogastric nerves, in pretty strong sheaths, it may be questioned whether the carotids can be effectually compressed without the jugulars sharing in the process; and if so, what can be gained by a compression which must obstruct the flow from the brain as much as it does the flow into it, or indeed move, for the vein is more compressible than the artery.

THE METHODS OF BACTERIAL INVESTIGATION. By Ferdinand Hueppe Translated by M. Biggs, M.D. Illustrated by 31 wood-cuts. New York: D. Appleton & Co.

The subject of bacteria and their intimate con-

nection, whether causally or resultively, with many diseases, have now become of such great interest to the medical profession, that no member of it who desires to maintain a respectable position in its ranks, can afford to remain in the rear of the grand crusade. The book treats of the various forms of bacteria and the medical technique, the culture methods, inoculation processes, general biological problems, special hygienic investigations, and finally: bacteriology as an object of instruction. Under each of the preceding heads the reader will find instruction of great value, conveyed, as usual in all German treatises, with all desirable minuteness of detail, and it is to be hoped that the work will be attentively studied by a large number of patrons. We congratulate Dr. Biggs on his successful re-production of the work in English.

**MEDICAL PHYSICS BY DRAPER.** Philadelphia: Lea Bros. & Co.

The bare name of the author of this work is an ample guarantee for its excellence and its high utility. By the student who has not had the advantage of a university training, or the benefits of a full course in technology, Prof. Draper's book should be held as altogether indispensable; nor can its contents fail to be appreciated by physicians whose acquaintance with the sciences akin to medicine has been of even exalted order. It deals with *matter* in all its forms, properties and activities. It cannot be regarded as a work profitable to the medical profession alone, for it conveys instruction which is needed by every reputable member of society, but more especially by those engaged in educational work. In truth it fills a blank that has too long existed in the literature of science, and its appearance at this time confers honor on the publishing house which has issued it in such prepossessing form. It is illustrated by no less than 377 finely executed wood-cuts, and it covers in all 733 pages.

**A MANUAL OF SURGERY.** In Treatises by Various Authors. In three volumes, edited by Frederick Treves, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, \$2. Philadelphia: Lea Brothers & Co., 1886.

These volumes form part of a series of manuals for students of medicine. Their size renders them convenient pocket companions. The editor though

a young man, has made a place for himself among the most eminent British surgeons of our day. The work deals with the general principles of operative surgery; but details are omitted except in special operations such as tracheotomy, gastro-tomy, ovariectomy, etc. The articles are written by the best known men in Britain, and are admirably adapted for the use of students, while they will also be valuable as short guides to practitioners desirous of getting the latest ideas of surgery as practised in England. We heartily recommend the work to students and practitioners.

**A MANUAL OF PRACTICAL THERAPEUTICS.** By Edward John Waring, C.I.E., M.D., etc., etc. Edited by Dudley W. Buxten, M.D., B.S., Lond., etc., etc., 4th Ed. Philadelphia: P. Blakiston Son & Co. Toronto: Hart & Co.

This work has been largely re-written and brought up to the present time. The contents are concisely arrayed, many minor articles mentioned in the other editions are omitted, and the principal changes made in the last pharmacopœia are incorporated. New remedies receive due attention, and the amount of labor shown by the author and editor leads the reader to the conclusion that he is getting a digest of the best medical thought of the day, in regard to the action of the various remedies under consideration. The book will be a valuable addition to the library of the practitioner.

**ANALYSIS OF THE URINE.** By Prof. Hofman, of Gratz, and R. Uitzman, Vienna. Translated by T. Barton Brune, A.M., M.D., and H. Holbrook Coates. New York: D. Appleton & Co. Toronto: Williamson & Co.

The second edition of this classical work on the urine will be welcomed as containing all the latest advances in urinary analysis. All unnecessary matter has been eliminated, and the chemistry is so simple as to be within the comprehension of all. The translators have made a few additions which are practical and therefore useful.

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### Births, Marriages and Deaths.

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At Ingersoll, on July 14th, J. McWilliam, M.D., to Jessie B., eldest daughter of the late G. B. Petrie Esq., Thamesford.