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## Original Communications.

### THE PREVENTION OF PUERPERAL FEVER.\*

BY WM. BRITTON, M.D., TORONTO.

A few weeks ago I attended Mrs. S. in labor. She passed through its various stages in a perfectly normal manner, and gave birth to a well-developed and apparently healthy child.

Being an extraordinarily robust woman, and feeling none of the weakness that usually exists after so short an interval, on the fourth day she requested permission to get up, which, of course, was ungallantly refused.

I have reason to believe, that on the following morning she took the reins in her hand and tried the experiment with the result of a violent chill, followed rapidly by a temperature of 106. The ordinary remedies were used, and whether *post* or *propter hoc* I do not know, at any rate the alarming symptoms disappeared inside of forty-eight hours.

I had always been taught both by precept and experience that if this was puerperal fever, its rapid decline must be looked upon as most extraordinary. Bearing in mind the distinction drawn by Heath, between sapræmia, a comparatively harmless and evanescent septic intoxication without the entrance of bacteria, and septic infection proper, depending on the presence of these organisms, I concluded that this case, so violent at the outset, and yet so amenable to treatment, should be placed in the former class. Backed up as my convictions were by the weight of authorities, I do not know that I would have hesitated immediately after the patient's recovery to attend another case of labor; but fortunately for the rate of mortality amongst lying-in women, in a day or two fresh develop-

ments appeared. I was hastily summoned to reduce what appeared to the parents as a dislocation of the infant's shoulder. Instead of such an injury I found a rapidly forming abscess in the acromio-clavicular articulation. This was soon followed by another in the wrist and one in each temporo-maxillary joint. As a profound jaundice set in subsequently, one may safely infer that there were similar lesions in the liver.

The connection between mother and child had not ceased in this case with the snipping of the umbilical cord, for the diseased condition of the former, which must have been true septic poisoning, had evidently infected the infant, and, as if to prove the interchangeable character of the different types of puerperal fever, although the mother's case was one of fever pure and simple, the child evidently was in a pyæmic condition.

These occurrences more than ever impressed my mind with the necessity for early diagnosis in such cases, and the vital importance of the attendant taking every precaution lest he become emphatically the messenger of death.

Although known by many other names, this disease has through the whole history of medicine attracted the notice of authors; and no work on the subject either ancient or modern has failed to refer to its obstinate nature; but, strange to say, the most of them pay more attention to epidemic influence than to auto-infection.

Woman, even in the most favorable surrounding circumstances, while in child-bed has within herself the factors that may conspire to produce any or all of the septic manifestations; and for this reason science, with its discoveries has, up to the present, been time and again outwitted in its effort to overcome this inherent tendency that has existed in all past generations.

Indeed I do not know that Mother Eve had not a dose of it; at any rate pre-disposition existed. It is quite probable that at some time in her married life she was a primipara, therefore the more liable to lacerations, and her spouse not having had access to either Tyler Smith or Playfair could not have been a much better obstetrician than ourselves; therefore it is safe to conclude that in spite of all his skill the first infant in its exit from an embryo state left behind it abrasions of the os. At the very least we may infer, if she was constructed like her daughters,

\*Read before the Toronto Medical Society, May 20, 1890.

that thereafter she carried under her fig-leaf apron an imperfect fourchette.

After labor even in uncomplicated instances, surfaces of greater or less extent, denuded of epithelium, always have and always will exist; therefore, even in the midst of the most favorable surroundings figuratively speaking, the arm is scratched and ready to receive the vaccine virus; and it is no wonder that so many lives have been lost through this dire disease.

Hippocrates refers in no obscure way to its fatal tendency and the literature on the subject from his time to the present invests the matter with the greatest importance.

About twenty years ago a table of statistics as to the mortality of childbirth was carefully compiled; and, although, thanks to the influence of Lister and others, the rate had been considerably lowered, still there occurred annually in England and Wales about three thousand deaths from the different varieties of lying-in complications, two-fifths of which were set down as pyaemia, puerperal peritonitis and the other febrile and inflammatory conditions which, being so often observed to have an interchangeable character, for the sake of convenience may rationally be embraced in the generic term puerperal fever.

Perhaps in the whole range of scientific medicine there is no subject that has had so many zealous advocates of opposing theories in reference to its pathology and treatment; but, from the days of Ramsbotham and Gooch down to the present, all seem agreed as to the formidable character of the disease when once the first symptoms are pronounced.

In a very large proportion of instances remedial agents can accomplish little more than the mitigation of suffering, and if preventive measures have been neglected there is not much consolation for the attendant in the reflection that if the stable door had been locked a little sooner the steed would not have been stolen.

The pertinent question then presents itself, what can we do to obviate this wide-spread, and often needless loss of life in the high tide of its usefulness and responsibility?

Whether it be the manifestation of other forms of common disease in the peculiar physical conditions of the puerperal state, the type being modified by these conditions; or a specific disease *ab*

*initio*, it matters not; nor are we much concerned about the adverse opinions held by eminent obstetricians as to its claims for classification in the inflammatory affections on the one hand or the febrile on the other; we only know that out of nothing, nothing comes; the mind naturally reverts from effect to causation; and a careful investigation of the avenues through which enter the specific causes of the disease, will, in this instance, best conduce to the success of preventive measures.

I do not hope to advance anything new on the subject nor to put the matter in any better light than we can see it portrayed in our every day text-books; but where so much is at stake a reiteration of threadbare facts will perhaps serve to deepen impressions that are apt to be effaced by the multitude of other cares that crowd into a physician's life.

Therefore I shall enumerate as briefly as possible these causative factors, premising with a short reference to theories held in the past.

Ritgen considered it dependant on a metastasis, not of the milk, but of the blood destined to form that secretion from the breasts to the peritoneum; and this doctrine was, I presume, the origin of the crude notions on the subject that obtain amongst so many old women to-day.

Legallois thought it arose solely from the absorption of pus from the endometrium. Cruvelhier and the great Sir James Simpson likened the intrauterine surface after delivery to a stump after amputation, and as early as 1774, Kirkland contended that the disease was produced by the absorption of putrid materials from within the uterus.

All seem pretty well agreed that in every form of puerperal fever there has been absorption from a raw surface usually, exceptionally through the lungs, and that septic changes are the result. Whether these changes are the direct effect of the micro-organisms upon the tissues and fluids with which they come in contact, or whether they produce a virus in the process of nutritive activity, or whether, as is probable, both suppositions are correct, must be decided by future investigations; but of one thing, Lusk says, there is no reasonable doubt, viz.: That the connection between sepsis and bacteria is constant and vital.

Waldeyer, Orth and Von Recklinghausen found the lymphatics of the uterus filled with pus-like

masses, which consisted chiefly of pus corpuscles and bacteria, and this investigation being carried on in the regions of metastasis, similar appearances were observed; and to test the correctness of conclusions these were cultivated in sterilized fluid and having been injected into the tissues of healthy animals, results followed which in their pathological character and order of appearance were in many respects identical with the symptoms of some types of puerperal fever in the human subject.

So it seems to be fairly well established that before puerperal fever can exist there must be absorption of some form of either an organic ferment or micro-organism.

In discussing the subject, the occasional epidemic character of the disease is left out of consideration, for the reason that such would only indicate extra precautions in the way of isolating the patient and placing her in the most favorable surrounding circumstances; in addition to which certain prophylactic remedies, such as iron, quinine and chlorate of potash might with advantage be used for some time prior to delivery.

But as such epidemics are rare, excepting when there is a prevalence of typhus, erysipelas or other diseases whose septic factor is also potent in puerperal fever, in our search for causative conditions we are practically limited to the susceptibility of the patient and the possibility of contact with or conveyance from some source of putridity.

Pure oxygen apart from moisture is said to be one of the best germicides, therefore to deliver a woman in a cramped apartment, badly lighted and worse ventilated when a better one is to be found is a dereliction of duty that cannot be too strongly condemned; and for the same reason as well as to avoid direct infection, many have been the efforts to have the large lying-in-hospitals transformed into groups of small cottages.

In this connection it would be a waste of your time to quote statistics as to the comparative mortality in hospital and private obstetrical practice.

The products of decomposition afford the best possible opportunity for sepsis; if cleanliness is next to godliness, the adage is certainly not untrue in the practice of midwifery. The instincts of a gentleman forbids his appearing in the presence of the gentler sex with stained person and

filthy clothing, and a due sense of his responsibility as a physician demands that he add nothing to her other dangers in the hour of woman's greatest peril by allowing communication, even the most indirect, with any form of putridity either in the living or dead.

In lying-in hospitals, unless the safety of the inmates is to be estimated at the lowest, a certain time should be set apart for student attendance, not coincident with that for making dissections.

At a certain period in the history of the Vienna Hospital the percentage of deaths was much lowered by this precaution.

An obstetric bag should not be considered complete without a proper supply of antiseptics to be used freely on the hands and instruments, and perhaps the old fashioned carbolic acid or perchloride of mercury is as good as any; and rather than run the risk of being limited to rancid castor oil or worse, pork fat, with which to anoint the fingers it would be well to invest the sum of half a dime in carbolized vaseline.

I am afraid that I cannot subscribe to the teaching of a celebrated Edinburgh authority when he avers that a complete bath in carbolized water followed by another containing corrosive sublimate, and an entire change of clothing, removes responsibility from one's shoulders, when he goes from an infectious case to attend on labor. I have grave fears that after having taken all these precautions, I may have in one instance conveyed the disease, but fortunately for my peace of conscience, circumstances turned out favorably and I was not forced to hide the mistake six feet under ground.

As already mentioned, few labors occur without some abrasions, be they ever so slight, and these, before granulations appear or primary union occurs, are the open doors through which disease ordinarily creeps in.

The character of the labor and the condition of the tissues in its earlier stages, together with the nature of the means employed for effecting delivery, will ordinarily put the attendant on his guard to search for lacerations of the os, but owing to its swollen and softened condition these cannot always be found; nor will it be easy to discover abrasions of the vagina, which are said to exist frequently. If there are reasons to suspect the presence of these, although they may not be per-

ceptible to either sight or touch, it is a safe precaution to use a vaginal douche, carbolized one in forty, or of corrosive sublimate, one in two thousand, and preferably in a continuous stream from a rubber bag or other form of fountain syringe.

Lesions of the vulva or perineum, too small to require operative interference, are recommended to be mopped with a mixture of equal parts of Monsel's solution and tincture of iodine in three or four times as much water.

It is taken for granted that the placenta and membranes have been carefully examined for evidence of retained portions, especially when removed artificially.

The question of intrauterine irrigation has had its ardent disputants, and while there is much to be said on both sides, it seems reasonable that they should be resorted to after all manual operations for the removal of the child or the after-birth. I have never seen more than a passing chill produced by them when properly applied, although more serious results do occasionally follow, but I am sure I have witnessed cases in which there was much regret for their omission.

A flabby uterus means a host of exposed absorbents ready for whatever comes along; it also predisposes to the retention or subsequent formation of clots which naturally become putrescent, and no one should pay a second visit to his patient without ascertaining its approximate size by external manipulation.

Ergot, which is often given after the birth of the head, is indicated here after the clots and imprisoned discharge have been removed.

Sudden increase of the lochial discharge and a return to its sanguineous character at any stage of the lying-in period often points to retention.

In some hospitals the laudable custom is followed of using antiseptic absorbent pads instead of the ordinary napkin for the vulva, but for obvious reasons this is not often feasible in private practice.

During the progress of septicæmia but few bacteria are found in the blood, while they exist in abundance in the urine, which would go to show that they are removed from the circulation to a large extent through the kidneys.

Perhaps the attention often given exclusively to the bowels during the first few days after childbirth, if directed in part to the other emunctories,

might occasionally obviate an attack of puerperal fever.

I have never found a good drink of water—even Toronto city water—bring on an attack of puerperal fever, and although common prejudice opposes its free use in the lying-in chamber, it cannot do otherwise than aid in the elimination of effete material. Sewers must be flushed out occasionally for sanitary reasons.

In former years when the antiphlogistic treatment was carried to its extreme point of tolerance in surgical cases the patients were more prone to inflammatory and febrile complications than nowadays. It is a well known fact that venesection favors absorption; hungry blood vessels take whatever they can get, good or bad; therefore a fairly generous diet would probably conduce to the lying-in woman's welfare and safety.

I did not take notes in every instance, and must draw from memory in referring to causation in a few of the cases I have seen in my own practice and in consultation with others. Although I think it quite possible, I have never witnessed the conversion of the scarlatina poison into the puerperal. On two occasions against my own convictions I was forced by unavoidable circumstances to deliver the mother in a room adjoining one in which lay children in the midst of scarlatina, and this was followed by no untoward consequences. A patient of mine had been in abject poverty up to the time of delivery; together with this her mind was much depressed on account of some grave family matters. After having given birth to twins without much difficulty or any injuries that I could find, and with antiseptic precautions, a fatal attack of peritonitis followed. The only predisposing causes that I could discover were those already mentioned and the unsanitary condition of the house which was unavoidably incapable of proper ventilation. In contradistinction to this I may mention that some years ago in the month of November during the whole of one cold night I literally danced attendance on a gipsy in her confinement which, considering that it took place under a tent of thin oiled cotton, was quite as tedious for me as it was for the patient. There was ventilation without measure and perhaps as scientific as could have been obtained, with the best hospital equipment; I never saw a more satisfactory recovery, and the gipsy was at her old

calling of fortune telling inside of ten days. I once saw in consultation a case of true septicaemia, that followed a protracted and severe delivery, ending instrumentally and with a complete laceration of the perineum; and although proper antiseptic precautions had been taken, the extensive wound had been left open; abortion was rapid and fever the result.

Five years ago I confined a patient who gave a history of having had, as she termed it, inflammation of the womb after each labor. On this occasion pelvic trouble supervened eventuating in an abscess which discharged per vaginam.

The predisposing cause evidently had been in existence at the starting point of the disease.

One instance I have seen of an attack of puerperal peritonitis having followed communication with a patient suffering from phlegmasia dolens with pulmonary complications; and one of septicaemia in the same manner related to another of multiple abscess; and, to me convincing proof of the highly infectious character of most forms of puerperal fever and inflammations, lies in the fact that I know of two cases of pelvic peritonitis, one of pyaemia, and two more of endometritis, having all been conveyed from a single case of septicaemia.

I need not narrate further; these cases will suffice as examples, and knowing the causes that usually operate we are in the best position for meeting them before results appear.

I hope I have not trespassed too far on the time of this meeting and shall conclude with the mention of a few salient points, which statements, from their necessary brevity, may possibly have the appearance of dogmatism.

1st. There may be some doubt as to the risk of infection in certain childbed inflammations, the natural outcome of local lesions without septic changes.

2nd. Defective excretion, an impure or impoverished condition of the blood, protracted labor; excessive hæmorrhage, the deep and hidden situation of wounds such as are apt to occur during delivery; the enlarged lymph spaces of pregnancy, hypertrophied veins and lymphatics and these bathed in the lochial discharge—not the best antiseptic fluid, all act as predisposing causes; and the last named histological conditions render the patient more prone to take on puerperal fever, than exposed wounds either surgical or accidental, to be followed by septicaemia.

3rd. Puerperal fever in most, if not all its types is essentially a putrid disease, closely allied in its origin to erysipelas, scarlatina, etc., and is not only eminently infectious but capable of being transmitted through fomites to which it may adhere for a considerable period of time.

4th. Prior to delivery the patients' health should be maintained at the highest possible standard in order to repel any unforeseen attack.

5th. A lying-in chamber should be in as sanitary a condition as though there was a possibility of Cæsarean section becoming necessary.

6th. During the first stage too frequent examinations are to be avoided as well as the pernicious practice of forcible digital dilatation, excepting when indicated by special circumstances; and should instrumental aid be necessary the use of Barnes' bags is less liable than sponge tents to be followed by absorption.

In the next stage, bearing in mind the possible remote consequences, all manual and instrumental interference should be in the cleanest manner, and so arranged as to produce but trifling lesions. The afterbirth if watched properly and left chiefly to the efforts of nature will be more likely to come away in its entirety; and in removing it from the vulva my experience has been that unless special attention is given, portions of membrane are very apt to be left behind in the vagina, or worse still in the uterus, and thus become the source of auto-infection.

During the whole course of his attendance I do not know a duty more incumbent on the accoucheur than that of securing perfect and permanent emptiness and contraction of the uterus.

7th. Too often after delivery the various excretions are neglected, especially the urinary.

8th. Vaginal irrigations, provided that due care is taken to avoid forcing offensive fluids back into the uterus, are never objectionable, and should not be omitted if there is unnatural odor. Owing to the posture of the patient, drainage is not assisted by gravity; in the heated vagina the lochial discharge is apt to lie and decompose; in the majority of cases hidden abrasions exist and absorption is easy.

9th. Intrauterine lotions are indicated after manual delivery and artificial extraction of the placenta.

10th. The strictest antiseptic precautions should

be taken in dealing with every lesion that occurs, no matter how slight its extent; and where such is suspected from the nature of the case, the most careful inspection of the genitals should take place.

### A RATIONAL METHOD OF OBTAINING EXTENSION OF THE SPINAL CORD AND COLUMN.\*

BY CHARLES F. STILLMAN, M.D., CHICAGO, ILL.

(Continued from May Number.)

There is, however, a limit to the efficiency of the vertical traction or suspension, owing to the fact that traction in this direction cannot in severe cases bring to bear sufficient *oblique* force to overcome extensive rotation, for the value of suspension as an agent to produce extension of the spine is limited by the amount of weight which is suspended, and in many cases sufficient weight cannot be thus utilized without discomfort or even injury to the patient.

For the more scientific and complete reduction of the deformity in Lateral Rotary Curvature, I beg to direct your attention to the use of the curved board during the traction. It is obvious that the reduction of the deformity by traction should be effected before any other measures can be adopted successfully, and by means of these frames this reduction can be accomplished without the fatigue attending the process of suspension by the Sayre method and with more satisfactory results. *Traction on a backward oblique curve* fulfils the indications completely. By this method not only is the spine stretched on a posterior curve, so that the bodies of the vertebræ are more unlocked and separated than by the vertical method, but the rotation is also assisted by the direct pressure of the curved board upon protruding parts, a feature not possessed at all by Sayre's suspension, and which tends to reduce the deformity much more satisfactorily.

If the recumbent frame be used it possesses the great advantage of being so comfortable for the patient that it can be employed for hours at a time, thus combining with traction the principle of rest in a favorable position. The patient is first directed to lie upon the back, the feet being secured

in the foot pieces and the pelvis kept flat upon the board. The trunk is now to be twisted in a direction opposite to the curvature and traction upon the spine secured by a weight at the head. If the curve of the board is now increased by means of the screw underneath, the apparatus will exert a traction force upon the spine which will tend to obliterate the deformity more perfectly than by any other method in use. In the upright frame the same effect can be produced but it cannot be so long continued without fatigue for the patient. A great advantage possessed by these frames lies in the fact that gymnastic exercises (with dumbbells, elastic cords, and pulleys and weights), tending to increase the muscular developments and vitality of the patient, can be practiced while the spine is in a state of traction and the deformity reduced. Such exercises only tend to increase the curvature if practiced when the deformity is not reduced, owing to the influence of the superincumbent weight in furthering its development. It is now almost three years since I advocated the use of these frames before the orthopædic section of the New York Academy of Medicine\* and demonstrated the principles upon which they were founded, and they have been in actual use by me for the last five years with eminently satisfactory results.

But I am not alone in my position regarding the requisites for successful treatment of this deformity. During a discussion of the subject before the Section of Surgery in the New York Academy of Medicine† last year, Prof. A. B. Judson stated that "he thought it advisable to place the patient in such a position that the deformity becomes reduced as far as practicable and then have him remain in that position as much as possible each day." He "recognized the importance of superincumbent weight in the direct causation of the deformity, and believes that a patient should, while lying down, assume such a position as to produce a *lordosis*." "In rotation of the spinal column," he believes "the anterior portion of the vertebræ to be most at fault," and he, therefore believes "the pressure should be removed from the anterior part of the vertebræ to the posterior," and he also holds the view "that whatever increases the

\* See page 570 *The Medical Record*, May 21, 1887.

† *Journal of the American Medical Association*, 18 page 501.

\* Read before the Chicago Medical Society, Dec. 2, 1889.

capacity of the chest tends to improve the curvature." It is manifest that these frames fulfil these requirements.

The third and last division of the subject to which I will ask your attention this evening is the use of curved traction in

#### LOCOMOTOR ATAXIA.

I have no need to refer to the present interest manifested by the profession in the success of the suspension treatment, first practiced and published by Motchoukowski, in Odessa, in 1883, and afterward brought into prominence by Charcot in Paris, in January of the present year. In this country, Morton, Dana, and others have recently established valuable contributions to this subject, and a review of the cases so far collected from various sources which have been treated by this method shows a preponderance of favorable results. The treatment as outlined by these writers is simple and easily followed. It consists in suspending the patient for a period ranging from two to ten minutes once a day, or once every second or third day.

The precise effect of suspension upon the spinal cord and nerves in this disease is not as yet determined.

*Dana*\* considers that "it gives a slight stretching to the nerves and an impulse to a better circulation in the cord." He also considers it "a method of treatment inferior to others in our possession."

*Waizfelder*† considers "it hardly reasonable to suppose that the cord itself was stretched, for it floats so freely in the spinal canal that the counter extension of the weight of the body is not sufficient to produce that result without the greatest pain." He considers "it more likely that the traction exerted on the spinal nerves in some way brings about a change in the circulation and nutrition of the cord, and the amelioration of the symptoms is due to a lessening of the vascular supply of the cord and its membranes.

*Morton*‡ in his report on this subject asks the following pertinent questions: "What are the effects of suspension upon the healthy spinal cord? What the cause of the effect upon the diseased

cord? Is it due to a diminution of the irritability of the cord by stretching it, and temporary; or by reason of frequent and forced reduction of abnormal irritability likely to become permanent? Whether the cord can or cannot be actually elongated? What results may be obtained in other diseases, and whether a restoration of function may not influence the condition of a lesion?"

In conclusion, he considers "the subject is but just entering upon its experimental and clinical stage, but if we accept the facts thus far reported, and if they prove to be repeated in a large number of cases, we shall be obliged to admit that the sum total of improvement and cure, be it temporary or permanent, is far in excess of that attainable by any previous means, and as such must be regarded as the most signal advance yet made in the treatment of this hitherto intractable disease."

*Motchoukowski*§ is inclined to believe the improvement noticed in his cases to be due to the greater activity of the circulation induced during suspension.

He noted increased arterial tension and increased rapidity of the pulse and respiration during the suspension of living persons, and in experiments upon a cadaver he found a lengthening of the spine between the second cervical and fourth lumbar vertebrae of  $2\frac{1}{4}$  ctm.

The writer of an able editorial upon the subject, published in the *Journal of the American Medical Association*,|| September 7th 1889, states that "although the status of any therapeutic measure in a disease of so protracted and irregular course can only be determined after much more prolonged observation than has been had in most of the cases thus far treated, the reported results have been temporarily at least, so generally favorable, and the difficulty and risk of the treatment, under proper precautions, are so slight that it would seem worthy of a general trial."

He further states that "the rationale of the treatment is not very evident. Experiments have shown that in the cadaver, at least, the vertebral canal is sufficiently elongated to exert slight traction upon the spinal cord by the nerve roots: but why this should be beneficial is not quite clear. *Althaus* suggests that it may be due to the break-

\* *The Medical Record*, April 13, 1889, page 420.

† *The Medical Record*, June 8, 1889, page 630.

‡ *The Medical Record*, April 13, 1889, page 406.

§ *Vratsch*, No. 17 to 21, 1883.

|| Page 343.



ing up of adhesions in the meninges and neuroglia." For the present he considers the method must be considered empirical rather than scientific.

He also draws attention to the fact that two persons who have attempted to conduct the treatment on their own persons have died from asphyxia, and that death has occurred apparently as the result of suspension in two other cases where it was practiced without medical supervision.

He deems it "advisable that when undertaken it should be conducted by the physician and begun with caution. Pulmonary, cardiac and vascular disease, great debility and anæmia are held to be contra-indications."

In conclusion he states that "even if only temporary comfort can be given to any large proportion of the sufferers from this disease, it will be a

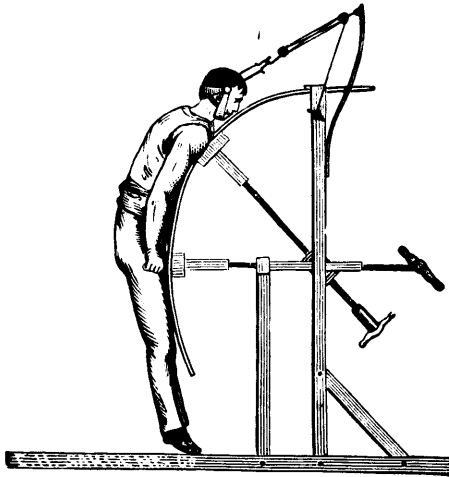


FIG. 6.—Upright Spinal Extension Frame.  
(Anterior curved position.)

great boon to both physician and patient, and so far mitigate what has been one of the opprobria of medicine."

To still further contribute to the successful treatment of locomotor ataxia, I wish to advocate the use of the curved board, combined with traction, and I contend that if suspension in a direct line, according to the Sayre method advocated by Charcot and Motchoukowski, exerts an appreciable influence in either elongating the spinal cord or stretching the spinal nerves, traction exerted upon the spine while it is curved *anteriorly*, with the patient resting comfortably during the process, will produce much more marked result. We

have already described the ligamenta subflava in a preceding portion of this paper, and it is now incumbent upon us to study their relations to this procedure.

The proximity to the spinal cord of this very elastic ligamentous structure should be borne closely in mind, for if any actual elongation of the cord or the spinal nerves does take place during traction, it must be due to the stretchable quality of these ligaments, which lie so close to the spinal canal.

I contend that the cord will be more elongated by traction in the anterior curved (see Fig. 6), than in either the posterior curved or vertical positions of the spine, and in support of my position a glance at the vertebral column in its entirety and in its relation to the spinal cord is necessary.

The spinal cord is the cylindrical elongated part of the cerebro-spinal axis contained in the spinal canal.

It does not completely fill this canal, its investing membranes being separated from the surrounding walls by areolar tissue and a plexus of veins, and it occupies in the adult only the upper two-thirds, of the canal extending from the foramen magnum to the lower border of the first lumbar vertebra where it terminates in a slender filament of gray substance which is continued for some distance into the filum terminale.

The spinal canal is posterior to the main portion (*i. e.*, the bodies and their intervertebral cartilages) of the vertebral column, and this is an anatomical feature to be emphasized, because on account of this arrangement, it is plain that a given amount of traction exerted on the column in an anterior curved position (this anterior curving or "flexion" of the spine being the most extensive of any of its movements, and freely permitted in the cervical and lumbar regions) must result in greater elongation of the cord itself, situated behind the vertebral bodies, and an equal amount of traction exerted with the column in any other position.

We will now place a patient face downward (Fig. 7) upon this recumbent traction frame in which the curve of the board is made to correspond as nearly as possible to the normal curve of the spine in the dorsal region. Owing to the flexibility of the cervical and lumbar region just referred to, the cervical and lumbar vertebræ assume

the same arc as the dorsal, and we have the entire vertebral column describing one curve. Next secure the patient's feet to the foot-board and apply traction to the spine by means of weight at the head. It will be seen by the measure which has been laid out in inches upon the board, that by the traction the body has been elongated several inches. Some of this is attributable to the stretching of the lower extremities, but a portion of it has been accomplished in the vertebral column itself. If the screw is now gradually turned so as to increase the the curve of the board, we find that the distances between the spinous processes become increased in proportion as the arc is increased by the screw; and since the centre of the arc of this stretched spine is anterior to the column, it follows that there is more traction exerted upon the spinal canal and its contents, than upon the anterior portion of the column.

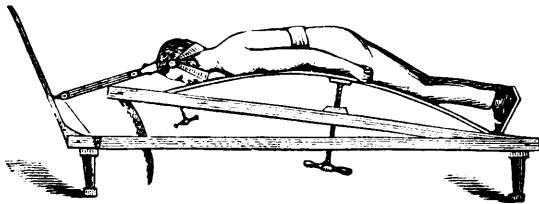


FIG. 7.—Recumbent Spinal Extension Frame.  
(Anterior curved position.)

In Sayre's suspension, as advocated by Charcot, we depend for extension of the spine upon the stretchable qualities of the tissues other than osseous, and white fibrous, of which the spinal column is composed, while in the method I advocate to-night we have in addition to the increased anatomical advantage of the anterior curved position itself, a more accurate method of graduating the traction, and the great advantage of applying the traction while the patient is in a position of comfort, and not one of torture or danger.

The question of *rest* during traction has never been broached by advocates of Sayre's suspension, because it is an impossibility during that process. On the other hand, during traction upon the curved board it is not only possible, but is an advantageous feature of the treatment.

The importance of *rest* in the treatment of this disease has been advocated by Prof. D. R. Brower, of Chicago, in a clinical lecture\* published last

year. He states that, "in the early history of these cases, before the ataxia is manifest, when you can recognize by certain symptoms the beginning of the disease, when in other words, you have an impairment of the reflexes, disturbance of color sense, diæsthesias throughout the body, impairment of tactile and pain sense, mental depression and irritability of disposition and severe localized pain, you may do something for your patient, and sometimes cure him. If you treat the disease vigorously in the pre-ataxic stage, you can every now and then arrest it. You do this by putting the spinal cord as nearly as possible in a state of absolute rest.

"Put your patient to bed and keep him in a horizontal position. By judicious massage and Faradic exercise of the muscles prevent the possibility of their wasting; and give him at the same time such internal treatment as is indicated and in accordance with the etiology of the case."

Rest in the incumbent position, so strongly recommended in the paragraph just quoted, is perfectly feasible upon the recumbent frame, in addition to the traction which can also be applied at the same time and without impairing the patient's comfort.

In conclusion: I would advocate in the treatment of "Locomotor Ataxia," in addition to the constitutional treatment:

1. The use of both the erect and recumbent curved traction frames as being superior both in principal and practice to the Sayre suspension apparatus employed by Motschoukowski and Charcot.

2. The use of traction while the spine is curved *anteriorly*, to produce the greatest possible degree of elongation of the cord and spinal nerves consistent with a requisite amount of rest, comfort and freedom from danger.

3. The use of traction while the spine is curved *posteriorly*, to increase the vital power.

4. The use of appropriate gymnastic exercises during the curved traction to restore impaired muscular function and improve general nutrition.

5. The use of appropriate forms of electricity\* while the traction and the rest are being practiced.

\*On the subject of electricity in the treatment of this disease, Stembo (*Berliner Klinisch Wochenschrift*, Oct. 29, 1888), states that "although so much is written concerning tabes, yet but little appears as to its treatment."

He considers "electricity to be by all means the best treatment for tabes, and that the constant current had been the one chiefly employed in Germany, England and Russia, while the interrupted current is used in France and also in America."

\**Medical and Surgical Reporter*, Philadelphia, April 28, 1888.

## Reports of Societies.

### HAMILTON MEDICAL AND SURGICAL SOCIETY.

*Stated Meeting, May 26th, 1890.*

Dr. Gaviller in the chair.

Dr A. B. Osborne read a paper entitled "Spectacles as therapeutic agents."

If "the proof of the pudding is in the eating," then the value of any therapeutic measure consists in its successful application. The results—remote and direct—of strain upon certain portions of the ocular mechanism are being rapidly ascertained and are becoming recognized by the profession. So far-reaching are the effects of ocular strain that an examination of the eye is considered incomplete unless the state of the refraction and motor apparatus is fully noted, and many chronic inflammatory affections of the eyes become more amenable to treatment when the ciliary strain is removed by glasses. The constant occurrence of certain symptoms in cases of hypermetropia and astigmatism as well as the equally constant relief to these symptoms afforded by wearing glasses, point at once to a strain of the ciliary muscle as the prime factor in their production.

Headache is one of the commonest manifestations of ciliary strain, in fact refractive errors are so productive of this disorder that every case of chronic or recurring headache should be tested for glasses. The headache may occur in almost any form, but is most frequently frontal, accompanied by a sensation of weariness and a desire to close the eyes. It is rarely present upon first awakening in the morning, but commences during the day, or in the evening after the eyes have been in use for some time. Among school children who are compelled to study at night these headaches are especially frequent; a good night's rest usually removes the trouble completely, but only to return at the end of another day's work. The sufferer may be quite unaware of any defect of the eyes, as there are frequently no symptoms pointing directly to them, and the vision may be excellent, in fact it is the proud boast of many such cases that their sight is perfect, yet a careful examination reveals an amount of hypermetropia which when corrected affords a measure of perfect relief. It is not infrequent to be consulted by patients about headaches which are referred to a

slight or purely imaginary catarrh, but are in reality due to the eyes, and are cured by wearing appropriate glasses. The causal relation between ciliary strain and headache is proved by the disappearance of the latter when the former is relieved, but the direct chain by which such an effect is produced is difficult to trace.

Neuralgia, especially of the frontal nerve, but also of the facial and occipital nerves is not unusually the result of ocular strain; indeed such association is sufficiently frequent to call for an examination of the eyes in obstinate and recurring cases. This form of neuralgia is particularly prone to occur when the patient is somewhat run down owing to the fact that the eyes are required to do their customary work notwithstanding the fact that they are in the same weakened condition as the rest of the system. In these reflex neuroses which are influenced if not actually caused by strain of the ocular mechanism, the neurotic condition, unless early relieved, may become a confirmed habit, making it much more difficult to eradicate. This is one of the strongest arguments in favor of an early optical correction. It is hardly necessary to remark that the symptoms so far enumerated are most apt to occur when the system is debilitated, so that invigorating treatment is indicated as well as relief to the ocular strain.

The local effects of ciliary strain are numerous; fully two-thirds of an oculist's cases presenting themselves on account of, or as a result of such strain.

The causation of cataract is probably one of the most direct results of ciliary strains. It has long been known that the majority of cases of cataract were hypermetropic, but it has been reserved for recent observers to begin at the other end of the scale and demonstrate incipient cataracts in a large proportion of cases of hypermetropia and astigmatism. The probabilities have long been in favor of such a theory, and recent observations appear to have established it as a fact.

A large percentage of squints are the outcome of ciliary strain, and many oculists can cite cases where, having seen the patient before the squint had become a confirmed habit, it disappeared completely under the use of atropine and correcting glasses. Similarly a simple surgical correction without the assistance of spectacles is too frequently a complete failure. So well known has this fact become that surgeons do not operate upon squints without first testing the vision and ordering the requisite glasses.

Chronic affections of the lids as blepharitis and recurring styes may be kept up by ciliary strain; these cases recover rapidly when glasses are worn. This is also true of a chronic form of conjunctivitis affecting principally the palpebral conjunctiva. The writer has found a considerable proportion of his cases of chalazion associated with hypermetro-

opia and astigmatism, and the correction of these defects has materially lessened the irritation. Photophobia, lachrymation, and an apparent hyperaesthesia of the retina may all be produced by strain of the refractive mechanism.

The hypertrophy of the ciliary muscle resulting from the continuous strain necessary in hypermetropia and astigmatism is an important factor in the production of glaucoma.

Lastly the asthenopia produced by some forms of ocular strain is familiar to all; it disappears rapidly after the proper glasses are worn.

The large number of children wearing spectacles in the present day is frequently adduced as evidence of the deterioration of the species. It would be more correct to call this an index of the advance of science, inasmuch as we are now able to relieve diseases by means of glasses which our predecessors were barely able to diagnose, much less treat. From what has been said it will be seen that spectacles occupy a prominent place among our therapeutic agents, not only in relieving visual defects and in the treatment of some painful reflex symptoms, but also in diminishing the danger to eyes later in life from such serious diseases as cataract and glaucoma.

Dr. Lafferty read notes of following case:—

J. M., a laborer, aged 51, married; has served in the British army for 11 years. Has, with the exception of smallpox 32 years ago, had no sickness of any kind. Drank very hard until about 12 years ago. During this latter period he has been a total abstainer. Family history good; parents both lived to 80.

Never contracted any venereal disease; in fact never required any medical attention until about four years ago, when he experienced difficulty in micturating. The urine contained considerable quantity of white substance, milky in appearance. Had retention, was delivered by means of a catheter. This deposit has gradually increased in quantity ever since, being almost constantly present. About this time pains began to be felt in the sacral and gluteal regions, darting and shooting down both legs to the heels. Little notice was taken of it, was considered to be sciatica until in May, 1887 (3 years ago) there was a decided weakness in his lower extremities. The pain was more frequent and severe, and shortly after, while walking with a friend at night, he fell down on the sidewalk and had to be assisted home by his companion. In August of this same year (1887) I was summoned to attend him; found the patient in bed, complaining of pain in both limbs, especially in the calves. While lying on his back with his legs crossed, when endeavouring to change their position by lifting the top one, there would be a disposition for the lower one to move first. Has considerable difficulty in walking, in the dark stumbles from side to side. If walking during the day, can-

not look back without first stopping, that is, he cannot look back over his shoulder and still keep moving forward. His tendency under these circumstances is to fall. Eyesight good; pupils equal, no arcus senilis; conjunctiva normal. No evidence of paralysis; has good power of muscles. Can stand steadily when eyes are open, but when asked to close them begins to sway back and forward and is quite unsteady. With eyes closed can place right index finger on tip of nose without any hesitation. The left is slower in movement, and does not find the nose so conveniently. Walks with a staggering gait, bringing the heel down with the toes. Diminished sensation in both extremities.

Tendon reflex, nil; bowels very constipated; appetite diminished and variable.

Describes a feeling of numbness most noticeable in right leg and foot, a sense of constriction about the body as if a rope was tied around him above the hips.

Urine somewhat increased in quantity very slight trace of albumen, no sugar, sp. gr. 1022, turbid and alkaline. After micturating a slight creamy deposit was frequently passed. Sexual powers normal. Pulse 65, weighs 160 lbs.

*Diagnosis*—Tabes dorsalis non-syphilitic. Ordered rest in bed, liberal dose of castor oil as bowels had not been moved for 4 days. Fl. ex. calabar bean  $\mathfrak{m}$  2 four times a day.

Aug. 21st. Bowels moved thoroughly, feels much more comfortable.

Sept. 2nd. Allowed up. Pains slight, appetite good; sleeps well. Takes pulv. glycyrrhizæ co. every alternate day.

Oct. 15. Retention relieved by a catheter. Complains of a fatigued feeling generally, marked numbness in both legs. Pain increased. Has to use a cane to steady himself when walking at night. Ordered pil argentum nitrate  $\frac{1}{4}$  gr. three times a day, in addition to previous prescription.

Nov. 20th. No improvement. Thinking that owing to his military career and previous intemperate habits there might possibly be a specific cause, pot. iodide was given (in gradually increased doses). This drug produced gastric disturbance and was intolerable at times, hence discontinued it after a trial of a few weeks and substituted fl. ex. calabar bean  $\mathfrak{m}$  2, with 4 minims of ac. phosph. dil. t. i. d.

Aug. 30th, 1888. Galvanism has been systematically used for last two months. The pains are somewhat relieved by its use. Walks very slowly assisted by a cane, dare not venture out at night alone. Occasional doses of morphia have to be administered to relieve pain. Greater loss of sensation in lower extremities; numbness extends higher up to the waist. Complains of tightness from the ribs down. Slight numbness in right arm. Sensation in soles of feet when walking, as though stepping on a spongy material. On pinch-

ing the neck, the pupils do not respond by dilating, as is seen in normal subjects. Power of co-ordination much lessened; in fact the conditions present a year ago are now greatly exaggerated. Prescribed spr. trip. phos. ʒj. t. i. d.

May, 1889. Is so much disabled as to be unable to get out. Goes around the house with a crutch under each arm. Pains in the lumbar region and down both legs very troublesome. Says stiffness and tightness have become worse. Sensation leaving right arm and shoulder. Can remove the hair from his arm without feeling it. Left arm normal. Is now given Sayre's apparatus, which is attached to the ceiling. By means of this, he is to be raised off his feet once a day, and allowed to hang five minutes each time. When raised, he described the sensation as if being pulled apart. Could feel the spine, as it were, separating. Found almost immediate benefit, pain and stiffness being relieved. Bowels began to move without purgatives, and four weeks after, walked from the street car into my office, the only assistant being a heavy cane.

Aug. Went to Toronto on a visit for a month, using Sayre's apparatus continually, taking syr. trip. phos. and still improving.

Dec. The pain, stiffness, etc., has again returned, although he has persevered with the treatment recommended. Is forced to use the crutches once more. Has lost all sexual desire and power. Urine is now clear and normal. Muscles do not respond to a very strong faradic current. Sensation in legs almost entirely gone. Can strike them with a heavy stick without feeling it, and as he puts it, "they are just like a board." Loss of sensation extends over upper right half of the body, limited by clavicle and scapula above and the median line before and behind.

April, 1890. General condition much the same as in December last. Sayre's apparatus is of no benefit to him now, further than some temporary relief for an hour or so. Has taken nothing in the way of drugs for the last three months, except an occasional half grain of morphia as may be found necessary.

### Selected Articles.

#### HYPNOTISM AT HOME AND ABROAD.

BY A. T. MYERS, M.D., M. R. C. P., LONDON, ENG.

During the last ten years so remarkable a change in most of the European countries has taken place as to the position of hypnotism, and its relation to practical medicine and therapeutics, that it is worth while to give some attention to the conditions of the change, and to compare

its effects in England and the Continent. Ten years ago, in the practical medical world of England, hypnotism was certainly little known and little valued. It was remembered by the more historically minded that the term had been put forward by an English surgeon, James Braid, in 1843; that the phenomena which he had described by it were not in any way shown at the time to be due to fraud; and that the physiological explanation which he had propounded was at least novel, and in fact the only physiological explanation worthy of serious consideration. The name of James Esdaile, a Scotch surgeon in one of the highest posts in India, was more generally forgotten, though intimately associated with practical issues, inasmuch as he had proved by a long series of 261 surgical operations, some of them as serious as lithotomy and amputation above the knee, extending over six years (1845-1851), and attested by a Government Commission, that complete anæsthesia might be produced by hypnotism, so that the patients had been perfectly unconscious of operations which, as they were performed before the use of chloroform or ether, it was known would have been the occasion of the most acute pain. When chloroform was introduced in 1846, it was eagerly resorted to in India as everywhere else, and the puzzle of Esdaile's anæsthesia by hypnotism was willingly forgotten; for most of the surgeons who had had any practical acquaintance with it had been surprised to find that it was not due to quackery, but involved a problem which it was not easy to solve.

The interest in the matter was never allowed to be orthodox in England and, after the slight stimulus of Braid's work, soon flagged. The public displays of platform marvels under the name of mesmerism, which could never be satisfactorily proved free from some admixture of conspiracy, conjuring, or fraud, induced a contempt for such things, and all things like them in name and nature, that was perhaps more keen than judicial.

A few careful observers, however, especially in France, carried on the traditions which had originated when de Puysegur, who had done as much as or more than Anton Mesmer in starting the movement; and after him Dupotet, Petetin, and others in the early years of the century, were bringing the hypnotic condition daily before the public observation. They had not got to make the facts fit in exactly with any physiological theory, but they had convinced themselves by practice that there was more in hypnotism than they could understand or explain, and continued their patient labours in educating its practical applications to mankind. Liébeault, of Nancy, published in 1866 a very noteworthy book which contains the results of years of quiet practice as

well as reflection. He had carried out in a large provincial practice in Nancy the custom of trying to hypnotise almost every case among the poorer classes that came to him, and though he did not neglect medicines in some appropriate and serious cases, yet he had arrived after many thousands of trials at the conclusion that a great many of the small bodily inconveniences of life, which may take up so large a proportion of the doctor's time, could be relieved more readily by hypnotism, suggestion, and encouragement, than by any other means in his power. And long experience had shown him that the hypnotic state was not confined to those of a hysterical or at least nervous temperament, but could be induced in a large majority of his somewhat uneducated patients. The medical school of Nancy, which was one of considerable learning, and included some eminent teachers, such as Professor Beaunis, paid at first little or no attention to this.

Meanwhile there had been some remarkable observations by Azam, following up by hypnotism the clue that he had obtained, and whose importance he had appreciated, in the case of the double personality of Felida X.— A few years later M. Charles Richet published a very thorough and well-reasoned essay which was much discussed. Finally Burq, a somewhat inaccurate theorist, urged on the medical world his method of metalotherapy, which embodied the belief in a special relationship in healing power between particular individuals and particular metals. There was at least enough truth in some clinical facts he had to show, whatever might be their true interpretation, to induce critical examination of them. Metals were applied externally with an expressed view to certain results, and some of the desired results followed. But after a little examination and trial of other substances than the particular metals originally used, it was generally considered that the results were due not to the metal but to the ceremony, the interest, and above all to the expectation. It was explicable in fact as in great part due to the results of expectant attention, and conscious or unconscious suggestion. It was possible enough that there may have been a few cases of fraud intermixed, for the limits of fraud, conspiracy, and mental disease in some hysterical subjects are extremely hard to define. But what it showed or helped to show to the keen eyes of some of the best observers, such as Charcot, was that there were influences more subtle than those which had been generally acknowledged that did affect the human body, and affect it not a little, and in 1878 Charcot began in serious earnest his enquiries into them. He took the material which was at any rate the most ready to his hand, which happened to be the hysterical division of the out-patients of the Salpêtrière and its hysterio-epileptic wards, which were

his own creation. This may reasonably be regarded as in some respects unfortunate, for it led to a somewhat incomplete view of the whole position, a view in fact based almost entirely upon only such data as the hysterical or semi-hysterical classes could furnish. This tended to establish, by the minuteness and care of the observations, the elaboration of the physiological laboratory, and the weight of Charcot's authority given to the first *magnum opus* of the modern school upon the subject, the almost world-wide impression that hypnotism could only affect hysterics; and might perhaps best be reckoned as one of the fanciful conceits of that Protean malady, which the ordinary practitioner need not closely consider. This impression, with wider experience, is slowly dying away. There were studies in the phenomena of conspicuously morbid subjects carried out by elaborate experiment which yielded abundant material for some generalisation; but did not always contain, as was only too probable in such a new field of observation, some of the safeguards against a different interpretation of the phenomenon to that which was adopted, and furthermore they had little to do immediately with therapeutics. I do not remember, since I first saw hypnotism practised at the Salpêtrière in 1881, that I have witnessed more than a very small minority of the cases where it was used by Charcot with a purely therapeutical object.

Whilst the Salpêtrière school was maturing itself, the stimulus which had been given, partly by that and partly by some German physiologists and physicians, made many men look about them and pay more attention to what was going on under their own eyes. The Nancy physicians asked what their fellow townsman Liébeault had really been saying and doing. They looked not only at the cases which he had related without much technical detail in his book, but also at the grateful *bourgeoisie* who thronged his house from 7 a. m. onwards through the morning and midday hours. When they complained, as for the most part they did, of this or that pain or ache or slight discomfort, they got in return, if the illness were not very serious, a little rubbing and stroking, and a few low toned words of suggestion that they would go to sleep, soon and quietly, which almost always produced a short sleep that looked complete comfort, and was certainly complete forgetfulness; and after a suggestion that they would awake without pain or discomfort, they awoke with encouragement and refreshment, as a rule with the pain gone, and with no memory of what suggestion had been given them. After a while the professors tried it for themselves in their excellent hospital of more than three hundred beds. With Bernheim at the head of their *Clinique*, Beaunis in their physiological laboratory, and

Liégeois to study the legal aspects of many new problems, they set to work in 1882 to see what practical experience would bring forth. On every case that came under Bernheim's treatment an attempt at hypnotism was made, and in the first four years a total of nearly 5,000 cases could be recorded, in which there had been more or less complete hypnotisation in 75 per cent. Since then the number has increased to more than 10,000 and the percentage of hypnotisable cases has risen to a little less than 85 per cent. And what has been gained or lost besides the advancement of knowledge by this great experiment? Nothing has been lost; there has not been aggravation of delirium, or over-excitement of the sensitive subject, or what has sometimes been described as the degrading servility of one human being to another; and the gain on the other hand has been, at the very least, the saving of pain to an extent hard to calculate but obvious enough to any by-stander, the bestowal of refreshing sleep on many that wanted it, and the giving over and over again of that *nescio quid* of stimulus and encouragement that overpowers the inertia and depression of many morbid states. I spent in 1885 several long mornings with Bernheim in the wards seeing some sights strange to English eyes. Many well-known types of disease were there; the chronic cardiac, the chronic renal patient in all stages of their diseases, the chronic child, the stooping old man with paralysis agitans; each could be benefitted at least for the time, the cardiac and renal sufferers by some hours of sleep and subsequent refreshment, for which they certainly seemed unmixedly grateful; the chronic child by hypnotic somnambulism induced in less than a minute, during which she could write her name intelligibly and had quite ceased her twitchings, and after which she was able to obey her post-hypnotic suggestions, and to keep quiet for rather longer than the day before; and the old man who was made able by vigorous suggestion without a sleep to hold himself still and straight for a while. It was a familiar sight to see a middle-aged man carried in a chair into the ward by two porters, say a corpulent butcher, with deeply flushed face, quick labored breathing, and a look of delirium that was very suggestive of pneumonia, and to find one's suspicions confirmed in a minute or two by a history of sudden illness for three days, sleeplessness, high fever, delirium, and the physical signs of consolidation of the bases of the lungs; but it was unfamiliar then to see the physician at once treat such a case by a peremptory order to sleep, which was met at first by an angry refusal, but as the order became more imperative there was no reply; and in less than five minutes the patient was asleep and slept for five hours, his respiration slackening from 58 to 34, and he awoke free from delirium, and in comparative comfort.

There was no claim of direct tissue change in these various cases, but only of assisting Nature in her restorative processes by rest, sleep, and suggestion; and further, in many other cases, of long periods of complete relief of pain, rheumatic and neuralgic, from rheumatoid arthritis to sciatica of an obstinate type.

From this centre of new practice much has been directly diffused through Europe; many pupils and visitors have carried out their intention to go and do likewise. Florel, of Zurich, with a most important lunatic asylum at his disposal, after some weeks of observation at Nancy, found himself able to hypnotise fourteen out of the first thirty-three of his lunatic patients on whom he made the attempt, though the insane are in every one's opinion the most difficult class of all to hypnotise. The gain has been very great, in his experience, to the chronic drunkards, and the morphinists, and other classes of vicious habits; and though he does not speak with any of the easy optimism of scanty experience, he is very certain that some of the more serious cases that have had no relapses for two years have owed their recovery to their hypnotism. The induction of hypnotism he has found easy, in his last 105 trials having had 94 successes. Baierlacher, too, in Nuremberg has found it easy and useful, succeeding in hypnotising 121 out of 146. In Amsterdam two pupils of the some teacher at Nancy, van Eeden and van Renterghem, have worked vigorously, and have published since their first visit to Nancy in 1887 a list of 414 cases of very various nature, of whom they find only fifteen entirely unaffected by hypnotism, and 182 susceptible of its deepest stages; of the total they claim notable benefit or cure in 198.

In Paris, at various other hospitals besides the Salpêtrière, the treatment is adopted for many other maladies than hysteria and insanity; at the Hôtel Dieu (Dumontpallier and Mesnet), at the Bicêtre (Déjérine), at the Asile St. Anne (Magan); and at many other medical schools in the French provinces, under the sanction and supervision of the professors and physicians; at Bordeaux under Pitres, at Montpellier under Grasset, at Toulon under Fontan and Ségard, and at the naval school at Rochefort under Bourru and Burot; in Belgium under Masoir at Louvain; in Switzerland at Geneva under Yung, as well as at Zurich under Forel.

In Sweden and Denmark much hypnotism has been successfully practised by Wetterstrand, Hytten, Lytken, and others in good position, and it has been favorably received. Wetterstrand in 1887 found 718 out of 738 hypnotisable for various objects; and Lytken reports twenty cases of stammering as cured by it.

In Germany the physiologists have found some real interest in the hypnotic states, which even as

late as 1880 such a distinguished professor as Rudolph Heidenhain plainly confesses he had up to that time thought to be "nonsense;" but he quite changed his opinion after seeing some experiments with Hansen, a non-professional man who had had long experience in hypnotism, and who found no difficulty in hypnotising three out of a party of ten healthy doctors. Senator of Berlin went to the same meeting as a sceptic, but after his return thought hypnotism was a region of rich promise; and since then there has been a steadily increasing amount of trial in clinical medicine, with results that have been considered valuable by many good physicians, such as Mendel of Berlin, Nussbaum of Breslau, Binswanger, Nonne and von Schrenck-Notzing. From Berlin comes the most complete bibliography, and also the most weighty text-book, of which I am glad to say an English translation will soon be ready.

In Italy the physiological study has been very readily taken up by Tamburini and Seppilli, and the clinical practice by Vizioli, d'Abundo, and many others.

It may be just worth while, in this connexion glancing at a rough method of estimating the interest in hypnotism which is felt in different countries, namely, by comparing the number of books and articles touching on the matter and its therapeutical applications which are published in the medical papers, reports, transactions, etc., as far as can be computed from a careful perusal of that most invaluable hand-book the *Index Medicus*. If we look through the year 1888, for example, the last year of which the records in the *Index Medicus* are as yet quite complete, we find the number of books and articles there noticed, from the 6,000 or 7,000 periodicals they take in, to be for—

France 61,	Spain 6,
Germany 35,	Other European countries 15,
Italy 22,	United States 16.
England 7,	

This suffices to indicate that there is at any rate a comparative reticence, if not indifference, in England. A few of the articles published in the United States are translations from European sources.

The past year of congresses in Paris was to some extent a critical one for the status of hypnotism, and has proved remarkably favorable. Two congresses were held which dealt with it. At one, the *Premier Congrès International de l'Hypnotisme*, under Dumontpallier as President, those who had professional medical knowledge were brought together, and gained much from making each others acquaintance. Their papers and debates, now published in detail, constitute a considerable mass of testimony to the clinical usefulness of hypnotism. The French, naturally enough, formed a large majority in a meeting of about 150, but all

the other European countries were represented by several professional men. I was not aware that more than two English were ever present. At the other congress, the *Congrès de Psychologie Physiologique*—or of Experimental Psychology, as it may be called—there was a larger gathering, containing as many who are eminent in psychology and physiology as in medicine. There was consideration of some very difficult matters, and among them hypnotism; on which there was a four days' discussion, but from the point of view of the psychologist rather than the physician; and though the keen interest of many members, on all sides of the subject, was remarkable, yet therapeutics did not come within the set bounds of the debate.

I have tried to show from various sources what to any one who may look at this paper will probably be no novelty, namely that in the medical world outside England there has been a considerable movement in medicine in which the English doctors have taken very little part; and I should wish to suggest that there is gradually accumulating considerable *prima facie* evidence that there is some value in the movement. This may be drawn from the width and rapidity of its spread, and its increasing practical application to therapeutics, as well as from some fundamental problems it raises in physiology and psychology, and the well-known eminence of many of its advocates in other difficult clinical matters. This evidence, too, which was in great part unappreciated ten or twelve years ago, has been much strengthened by the course of experience, not only among the French and Italians, whose impressionable temperament makes some prudent English observers shrink from drawing their guiding examples from them, but also among the Germans, Danes, Dutch, Swedes and Swiss, whose constitution is much more like our own in its nervous susceptibility. If this is so, it would be much to be regretted that England, which holds and has long held such a very high rank in the history of clinical medicine, should pass by a new field of enquiry and new possibilities of relief. One fact has often touched an irritable spot in those who have turned aside from any consideration of hypnotism, and that is that the accounts of it given by enthusiasts often seem to be, and sometimes are, inaccurate and exaggerated. The subject is at once dubbed nonsense and indignantly rejected. There is certainly nothing to excuse the inaccuracy, except the difficulty of describing and estimating something both novel and imperfectly understood. Few things do true knowledge more damage than the magnification of a genuine mole-hill into an imaginary mountain. But hypnotism needs no magnification to be proved genuine and a little more than a mole-hill.

I am not attempting to examine in detail the



various useful applications of hypnotism which are possible; they are very prudently summed up by Dr. Hale White in a recent hand-book of therapeutics, and some of them have been illustrated by the practice of Dr. Lloyd Tuckey. That further uses are impossible I should be sorry to assert. "*Celui qui, en dehors des sciences mathematiques pures, pronon e le mot impossible, manque de prudence,*" says Arago accurately enough. But I should not wish to press accuracy so far, or many useful medical maxims would suffer for it. I would merely make a humble request for attention to three points in the possibilities of hypnotism; (1) the giving of restful sleep; (2) the relief of some of the lesser pains and discomforts; and (3) what seems to be much the most important, namely, the results of post-hypnotic suggestion in changing the hopes and habits of the patient in regard to some points where the will has become too weak to assert itself. In cases of morphinomania we have good instances of cure (Bernheim, Burckhardt, Forel), and in that far commoner and more deadly perversion, dipsomania, in all its stages. It is no light satisfaction to see the confirmed chronic drunkard, as I have once seen him in England, expressing his deep gratitude to his hypnotiser for the continuance of that capacity of temperance which he gained to his surprise after the first or second sitting, when with no recollection of what had been suggested to him in the hypnotic sleep, he found the gin bottle so disgusting that he threw it out of the window, and would honestly have nothing more to do with it ever since. That seems to me a genuine advance in therapeutics, and one that England should be glad to learn, even though it is learnt at second-hand.

#### THE USE OF EUCALYPTUS OIL IN SCARLET FEVER.

At a meeting of the Epidemiological Society, held on March 12th, Mr. J. Brendon Curgenvin read a paper on the use of the "Oil of Eucalyptus Globulus in Scarlet Fever and other infectious diseases." He spoke of the importance of the subject of disinfection in cases of scarlet fever and other infectious diseases, especially as within the last few years considerable sums of public money have been, and are being now spent, in erecting larger fever hospitals for these cases. The method of disinfection by inunction, which he had practised with success during the last twelve months, if generally adopted, would save the ratepayers this heavy burden, and allow of the cases being treated in their own homes, without risk to those around them.

The disinfectant which he used is eucalyptus oil with thymol and other camphors and aromatic

antiseptics in solution in definite proportions, much stronger than has been found by experiment to be sufficient singly to destroy bacilli and bacteria. This combination is known as Tucker's Eucalyptus Disinfectant, and he considered much stronger; that for all infectious diseases no stronger or safer disinfectant could be used. He showed that from the experiments of Koch, Widal, Chauternisse and others, that these aromatic and camphoraceous disinfectants, when mixed with olive oil, fats, vaseline or alcohol, to the extent of five per cent., had no effect on bacilli or bacteria, and this applies to carbolic and other agents. The author stated, as his experience, that any of the above disinfectants dissolved in essential oil, retained their full powers, and as combination of these disinfectants forms a powerful solution as can be required for the destruction of any infectious poison.

Eucalyptus is a true disinfectant, as it has the power of destroying the active matter or the infective germs generated in and discharged by a person passing through any of the eruptive or infectious fevers, and which received by a healthy person into his system develops the same train of symptoms, the same fever from which the former was suffering. Eucalyptus destroys the malarial poisons which in the human system develop the various short or long malarial fevers, such as ague, jungle fever, Roman fever, rock fever, influenza, etc.

Dr. Bucholtz found eucalyptus oil to be three times stronger than carbolic acid, for while the latter required a strength of 1 in 200 to prevent putrefaction, eucalyptus oil only required a strength of 1 to 666 to produce the same effect. Seigen found that blood to which 1/3 per cent. of the oil had been added was odourless at the end of ten days. Mr. Lasselles Scott says it is three and a-half times more powerful than carbolic acid as a bacterial antiseptic. Mr. Mayo Robson proved by experiments that the vapour of eucalyptus and cajeput oils given off at the ordinary temperature of the air, preserved sterilized hay infusion from the development of bacteria, and he says, "It may so saturate the air as to kill all infective particles, not only bacteria and micrococci, but also the germs of fevers and other infectious diseases."

The vapour of carbolic acid at ordinary temperatures Dr. Franklin Parsons, quoting Koch, says, had no destructive effect on spore-bearing bacilli, though some effect was produced at elevated temperatures. Since Dr. Budd recommended the inunction of olive oil in scarlet fever corporeal disinfection by inunction has been tried by medical men at various times, but all have failed in their purpose through the unsuitableness of the media in which they were applied. Fixed oils and fats became rancid from the heat of the body, and they interfered with the action of the skin. Water as a solvent was unsuitable for application to the whole

surface of the body in the first stage of scarlet or other fevers. A solution of corrosive sublimate of 4 to 1000 has been recommended for application to the whole surface of the body in scarlet fever, and to be repeated daily for weeks. It has also been recommended by a German physician as an application to the pustular eruption of small pox.

The author condemned the use of all poisonous disinfectants as they were a source of danger to the patient and to the inexperienced attendants, who, as numberless incidents have shown, often commit fatal mistakes. The eucalyptus disinfectant as above stated is far stronger than carbolic acid, and it is perfectly innocuous to the patient. It can be used freely without any inconvenience to the patient or the attendants.

The author had for some years studied the subject of disinfection by inunction but all the ordinary disinfectants were unsuitable either through being poisonous or requiring for their use a solution in water or oil.

He first used the eucalyptus disinfectant which is a solution in the essential oil of eucalyptus of thymol and other antiseptics, in a case of a child suffering from scarlet fever, one of a family of seven. It was a year and nine months old, the mother would not hear of its being sent to the hospital, and it was impossible to carry out any isolation in the usual way as she had to attend to all the wants of the other children. In this emergency he again thought of disinfecting the child by inunction. He directed the mother to rub the eucalyptus disinfectant over the whole surface of the body, night and morning, not omitting any portion of the skin, and to sprinkle the bed and the floor of the room with it, so that the air might smell strongly of the vapour. He also gave the eucalyptus oil in one drop doses every four hours in an emulsion. When the child was first seen it had the scarlet fever rash over the face, arms, and upper portion of the body. Its throat was so sore that it refused all food and had not taken anything for two days. It had not slept, was constantly crying, and very fretful. After the first inunction it slept for five hours, and on awaking drank some milk without pain. When seen in the morning it was eating bread and butter, the rash had gone, the temperature had diminished  $2^{\circ}$  and the child appeared quite well. The inunction with the disinfectant was continued for a week, night and morning for three days, and each night after a warm bath for four. The child was so saturated with the eucalyptus by inunction, by inhalation of its volatile vapour and by medication that all the symptoms rapidly subsided, and the fever was stayed. Desquamation occurred only on those parts of the skin where the rash was seen. The other children had free access to the room, but none of them took the disease.

Several other cases were treated in a similar

manner with equally good results—the fever abated after the first inunction, the rash rapidly disappearing, and all other symptoms quickly yielding to the treatment. None were isolated, other members of the family having free access to the room. In one case a mother with a younger child lived in the same room with the patient. In all these cases the children were allowed to mix freely with the others at the end of ten days, and no case of infection followed.

The author related two or three other cases in detail to illustrate the conclusions at which he had arrived, as to the power of this disinfectant to destroy the scarlet fever poison. A boy, eight years old when first seen had had the rash of scarlet fever out for two days. A brother had been sleeping with him, and two other brothers occupied a bed in the same room, while the mother and a sister slept in the sitting-room. The boy was anointed with the disinfectant and sent to the hospital, where he died after being kept four weeks at the public expense. The three other boys and the girl were directed to use the disinfectant for a week, rubbing it over their chests, and sprinkling it on their shirt fronts, and about the rooms, that they might inhale the vapour continuously during the day, and sprinkling it over their pillows and sheets that they might sleep in the midst of the vapor at night. The second day after the boy was removed the sister showed symptoms of the disease. She vomited, had a headache, white furred tongue, and a sore throat; her temperature was  $103^{\circ}$  and pulse 118. She was told she would have to go to the hospital unless she used plenty of the disinfectant and stopped the fever. She said she would not go to the hospital, so she took the bottle and saturated her pillow and sheets with the fluid. For the remainder of the day, and during the following night she breathed air saturated with the vapor, sleeping quietly; she was given two drop doses of the oil in emulsion every four hours. When seen on the following day all symptoms of the fever had gone, no rash had appeared, her temperature was normal, she felt quite well, and had no recurrence of the symptoms of the disease. She was given a warm bath, and the disinfectant was rubbed over the whole surface of the body as a precaution. The others all escaped the disease.

The next case was that of a nurse in a family where there were three young children. When first seen she had the scarlet fever rash out over her chest and arms, the symptoms having commenced thirty-six hours previously. She was removed to the hospital and Tucker's Eucalyptus Disinfectant was ordered to be used freely in the nursery. The children were kept in an atmosphere strongly impregnated with the eucalyptus vapor for three days and nights, after that they were allowed out during the day, but the use of the disinfectant

was continued in the nursery for four or five days longer, when they were considered safe. The last case related was that of a girl eleven years of age. She was first seen on the third day of the fever, the rash was fully out, the throat was very inflamed and swollen, and the tonsils were ulcerated. Her temperature was over 104°, pulse 132, she had much difficulty in swallowing, and took very little nourishment. The eucalyptus disinfectant was freely sprinkled over the bed and about the room, and it was rubbed over the whole body night and morning for three days, and then at night only for ten days more. She took also three drop doses of the oil every four hours. The following day the symptoms were much relieved, she could drink with less pain, but the ulcers did not heal for three days. The rash did not disappear as in the other cases, but became very bright for two days and then gradually faded. Desquamation commenced before the rash had disappeared and finished on the fifteenth day. She had rheumatism in her wrists and ankles for a few days, these were rubbed with the eucalyptus; the glands on the left side of the neck swelled and were painful, the side on which the tonsil was most ulcerated; these were lightly rubbed every four hours with the fluid, and in a few days the swelling subsided. She had no albumen in her urine and on the 21st day she left London for Brighton.

A sister of this girl slept with her until the third day, after which she did not sleep with her but spent most of her time in the room during the next three days, sitting at times by her sister's bed reading to her. They were then separated and two days afterwards, which was five days from the date that they ceased to sleep together, the sister showed symptoms of the disease. She had headache, was sick, had a coated tongue, and felt very ill. The disinfectant was freely used about her, she was given an effervescent mixture with three drop doses of eucalyptus, and at the end of the second day she was well again. There were three other children in the house but none of them took the infection. The patient was isolated in her bed by the vapour of the disinfectant around her. All the infective germs proceeding from the mouth, throat, or air passages were destroyed by the vapor inhaled, and all thrown to the skin were destroyed by the inunction. With an atmosphere full of this powerful disinfectant there is no need of the doctor or nurse taking those elaborate precautions against the risk of conveying infection to others that amateur sanitarians so strongly recommend through the daily press. Every infective germ proceeding from the body of the patient is destroyed.

The aromatic disinfectants are eliminated chiefly through the kidneys, in this way they destroy the germs stored in the epithelium of those organs, and by this means it is hoped we shall find by

further experience that it will prevent the development of desquamative nephritis, with its attendant danger to health and life.

From the experience gained by the above treatment of scarlet fever during the last ten months Mr. Curgenvin has arrived at the following conclusions.

1.—That no isolation of the patient in the way now practised is necessary; the skin, mucous membranes, and breath being so disinfected that he cannot communicate the disease to others although daily in the same room.

2.—In cases treated by this method of inunction during the first day of the fever the disease is arrested, no rash appears, and no desquamation follows, the inhalation of the vapour being sufficient to produce this result.

3.—The specific fever and the development of the germs of the disease terminating in six or seven days, the skin and mucous membranes being kept under the influence of the disinfectant until the tenth day, it is then safe for the patient to mix with others.

4.—Children who have been exposed to the infection for two or three days by inhaling the vapour diffused in the air of their rooms are preserved from the disease.

5.—The sequelæ are lightened or prevented and desquamation hastened; the falling cuticle being incapable of conveying infection through its complete disinfection, it is therefore not necessary to enforce six or eight weeks' isolation until its completion.

6.—The bedding requires no further disinfection as it is thoroughly disinfected during the treatment of the patient. The volatile vapour penetrates every article, even the mattress; the room also requires no after disinfection as every germ that escaped from the patient was killed by the vapour.

The oil of the eucalyptus has been used most successfully in the treatment of diphtheria by Dr. Jules Simon and other French physicians, by Dr. Murray Gibbs in New Plymouth, who used the fresh leaves, and lately during an outbreak at Uxbridge. It has been used with success in whooping cough by Dr. William Hardwicke and others. In the author's experience it prevents the infection of measles and chicken pox from spreading, by diffusing the vapor in the air of the patient's apartment. It protects from malaria and influenza by inhaling daily the vapor and sleeping in an atmosphere of it at night. And lastly, the author believes it would destroy the infective poison of small pox.—*Hospital Gazette*.

THE Royal College of Physicians of England has determined that five years shall be spent on the course of study instead of four, as heretofore.

## CONSUMPTION TREATMENT DON'T'S.

Don't prescribe for a chest disease until you are sure of your diagnosis.

Don't have a stereotyped prescription of cod-liver oil, hypophosphites, plenty of exercise, etc., for every case of consumption.

Don't despair of doing some good in every case; and never give a hopeless prognosis to your patient.

Don't overlook the fact that consumption is as amenable to treatment as are other chronic diseases.

Don't neglect details in treating this disease. Your success depends on your ability to control every movement of your patient.

Don't fail to realize that the pulmonary disorder is but the manifestation of a more deeply-seated disease.

Don't forget that in chronic pulmonary disease the digestive organs are of as much importance in treatment as the lungs.

Don't make up your mind to send your patient to Colorado or some other health resort as soon as you discover that he is suffering from consumption; but always bear in mind that, until he is a convalescent, such an invalid is best off in a climate to which his body has, by long residence, become adapted; and that the practical results of high altitude treatment are not more favorable than those obtained nearer the sea-level.

Don't fail to perceive that bodily rest is the paramount factor in the treatment of this disease, and the next comes good nutritious food.

Don't let your patient dissipate his strength by walking or by exercising in any way; and always remember that he is on the verge of physiological bankruptcy, and that he must increase his capital stock of vitality by lessening his expenditures and by enlarging his income, or he will become insolvent.

Don't consign him to his room day and night if the weather is pleasant, and if it does not weary him to sit or lie in the open air: care being of course taken to protect him from unfriendly draughts of air.

Don't neglect to have his body well covered with woollen under clothing, which he wears day and night, and changes every three or four days.

Don't let him know what the dining table has in store for him, because he always eats best when he is surprised with food.

Don't underestimate the value of the cook. The salvation of your patient is in her hands. She must be dexterous and able to render the food tempting and digestible.

Don't forget that the evening temperature of the patient must be reduced to or below 100° Fahr. before you can expect much permanent improvement.

Don't waste your own and the patient's time by giving quinine, salicylates, thallin, etc., to lower fever when you have such serviceable antipyretics as antipyrin and phenacetin.

Don't discontinue the antipyrin or the phenacetin after the temperature is reduced, but administer them in smaller doses for the purpose of securing their excellent tonic effects.

Don't confide in antiseptic inhalations as having any influence on the phthisical process, although they are often useful in subduing a troublesome cough, and in allaying a bronchial irritation. Carbolic acid, creasote, and benzoic acid are used for this purpose.

Don't overlook the value of hot poultices applied to the chest during the day.

Don't lose sight of the fact that one grain of quinine, a quarter-grain of opium, one grain of powdered digitalis leaves, one sixtieth of a grain of strychnine, one five-hundredth of a grain of atropine, given in a pill four times a day is a good tonic.

Don't forget that a consumptive who on account of cough or other causes, cannot sleep at night never gets along well. Nitrous oxide by inhalation during the day and evening and potassium bromide and codeia at bedtime by the mouth, often secure rest and sleep.

Don't omit to compel the patient to practice pulmonary gymnastics, both by forcing voluntary breathing, and by inhaling oxygen and nitrous oxide from a compressed air apparatus.

Don't overlook the great value of cod-liver oil when it agrees. It is best given pure, with a little lemon juice or vinegar before and after its administration. The hypophosphites must be given when the oil disagrees, or alternated with the latter.—Thomas J. Mays, M. D., *Phila. Med. and Surg. Rep*

## MEDICAL NOTES.

Prof. DaCosta recommends the use of suspension only in the early stages of *locomotor ataxia*.

For a case of *lithæmia*, before the clinic, Prof. Bartholow prescribed dilute nitric acid before meals, to cause the more perfect oxidation of the nitrogenous substance in the blood.

For *intestinal dyspepsia* Prof. DaCosta directs that a starch diet be avoided, as it is digested in the intestinal canal; but directed that the patient should take milk, some meat, animal broths, also small doses of phosphate of sodium.

A case of *endometritis* following abortion, and in which the woman was menstruating profusely, so much so as to cause weakness, Prof. Parvin treated before the class as follows: Uterus pulled

down with tenaculum-forceps, curetted and swabbed out with Churchill's tincture of iodine, and leaving in the uterus a piece of cotton dipped in Churchill's tincture. It will be expelled in a day or two.

For a case of *cystitis* in a woman brought before the clinic Prof. Parvin directed that the bowels be kept in good condition by liquid diet and an occasional dose of sulphate of magnesia, and to wash out the bladder with the following :

R.—Acid hydrochloric, . . . . . gr. viij.  
Aquaë, . . . . . f ʒ viij.—M.

Use as a wash for the bladder ; should there be pain following its use introduce into the bladder the following and allow it to remain five minutes :

R.—Morphinæ sulph., . . . . . gr. iss.  
Aquaë, . . . . . f ʒiiss.—M.

Another good remedy in *cystitis* is creolin ʒj. to a pint of water. In obstinate cases astringents must be resorted to.—*Col. and Clin Rec.*

COSMETICS FOR THE PHYSICIAN.

The secrets of the toilet, the arts by which lovely woman hides incipient corrugations, effaces blemishes, and softens and beautifies her cutaneous apparatus and its appendages generally, are rarely investigated by the physician. He contents himself with removing some particularly obtrusive mark, pulling out superfluous hairs, or trying, with spirits and Spanish flies, to fasten in the too deciduous hair. Dr. H. Paschkis, of Vienna, however, has attempted to inaugurate a new era in this line, and has written a book, "Kosmetik für Aertze," which is intended to enable the physician to add to the æsthetic enjoyment, as well as physical welfare of humanity. Paschkis's book is said by a reviewer in the *Deutsche Medicinal Zeitung* to be a thoroughly scientific one. Its formulæ are based upon dermatological knowledge and pharmaceutical experience. As illustrations we are given four formulæ for that popular domestic article "cold cream."

One of them is as follows :

R.—Lanolin, . . . . . 10.0  
Boracis, . . . . . 1.0  
Aqua rosmarin, . . . . . 100.0

M.—Sig.: Lanolin-milk.

A formula for seborrhœa is the following :

R.—Kali carbonat, . . . . . 10.0  
Aqua destillat, . . . . . 100.0  
Olei æth. cinamom, . . . . . gtt. 2.0  
Olei æth. rosmarin, . . . . . gt. 1.0—M.

For warts our scientific book of beauty prescribes :

R.—Acid salicylicum, . . . . . 5.0  
Collodii, . . . . . 20.0—M.

For sweating feet, five to ten per cent. solutions of chromic acid are recommended.

For dandruff and baldness there are, of course, numerous prescriptions ; but, we regret to say, no specific is announced. For a simple wash, as preventive of dandruff, we find :

R.—Kali carbonat, . . . . . 2.0  
Aquaë, . . . . . 100.0

The formula for Hebra's dandruff water is also given, viz.:

R.—Spts. æther, . . . . . 100.0  
Tinct. benzoin, . . . . . 15.0

—M.

Mouth-washes and tooth-powders are given, the author warning his readers especially against the use of salicylic acid for these purposes.

We have not space to describe the merits of Dr. Paschkis's work in further detail. But it is evident that, equipped therewith, the physician can enter on even terms the contest against the balms of Récamier, the secret washes of Lola Montez, and the roborant lotions of the Sutherland and other sisters.—*Med. Rev.*

THE RATIONAL TREATMENT OF SCIATICA.

Dr. G. M. Hammond read a paper on this subject. The author considered all cases to be pathologically a more or less mild or severe inflammation of the nerve sheath or interstitial tissue. He agreed with Anstie that rheumatism, gout, and syphilis were not nearly so commonly associated with sciatica as was generally believed. His own experience with the disorder had shown that the vast majority of persons with sciatica had never suffered from these diseases, and that out of hundreds of persons with rheumatism, gout, and syphilis, a very infinitesimal proportion had ever had sciatica. It was very probable that rheumatism and gout lowered the tone of the system to such an extent as to render the patient more liable to an attack of sciatica than he otherwise would be. But, whatever might be the cause of the disorder, it should in all cases be treated as a neuritis. Pathologically, we had to deal with inflammation of the sheath of the nerve and perhaps of the nerve itself, and with a sero-fibrinous exudation, which was usually between the sheath and the nerve, but was sometimes in the substance of the nerve itself. Clinically, there was pain, which might be slight or agonizing, continuous or only present on motion, and, in old cases, there was a certain amount of atrophy of some of the muscles.

For the relief of pain the remedies used should vary with the extent of the suffering. In the severest cases, where the suffering was intense, it

was absolutely necessary to use morphine. When such was the case, it should be given in doses amply sufficient to relieve all pain, and should be injected hypodermically and not given by the mouth; the fluid should be injected as near the nerve as possible, as there was some reason to believe that morphine had a tendency to reduce the inflammation in a nerve when brought in contact with it. In milder cases, phenacetin, in a single dose of fifteen grains, which could be repeated in an hour if necessary, would be found to fulfil all requirements. Antipyrine and acetanilide could be used in place of phenacetin if desired.

To relieve the neuritis itself he depended almost entirely upon rest, the application of cold, and the use of electricity. In regard to the value of rest in the treatment of sciatica there could be no doubt. Every time the leg was moved the functions of the sciatic nerve were called into play. It was well known that the use of nerves and muscles induced a temporary congestion of the parts used, which would only have a tendency to aggravate a condition of already existing inflammation. By rest he meant absolute rest attained by keeping the patient in bed and applying the old-fashioned long splint, reaching from the axilla to the sole of the foot. It should be so attached as to leave the thigh and sole uncovered for the use of electricity and cold. Dr. Weir Mitchell had been the first advocate of the use of the splint in sciatica. Every fourth day the splint should be removed for a short time in order to manipulate the joints and muscles to a slight degree. Cold could best be applied to the sciatic region by ice bags. The refrigerating sprays he had found less efficacious. As to electricity, it was very useful, but only the continuous current should be employed, and in the following manner: The negative electrode should be about nine by four inches in size, and should be strapped to the sole of the foot by elastic bands. The positive electrode should be about five or six inches square, and should be applied over the gluteal region, over the point where the sciatica nerve emerged from the pelvis. If there were any very tender parts along the course of the nerve, this electrode could be changed occasionally so as to cover them. The strength of the current should not be such as to cause much pain, but should fall just short of doing so. No rule as to the current strength to be employed could be laid down, as the point of toleration was different in different individuals. The continuous current should be applied twice daily, if possible—certainly once a day—for about five minutes at each *seance*. Most of the text-books recommended that at the end of each application of the continuous current a number of interruptions should be made in order to stimulate the muscles. Nothing of the sort

should be done. It was opposed to the scientific treatment of the disease. It irritated the nerve and counteracted, in part if not altogether, the benefit derived from the continuous current.—*N. Y. Med. Jour.*

SCARLET FEVER AND PUERPERA.—The notes which have appeared in the *Journal* on the above subject and the tone adopted by their authors as to the smallness of risk incurred by the recently confined mother from exposure to contagion, in my opinion, demand the most serious thought, and I trust will call forth an expression of opinion, based on experience, which may determine the question. Does scarlet fever when brought in contact with a puerpera render her liable to great risk of becoming the victim to what is known as puerperal peritonitis, uterine phlebitis, or the more general name puerperal fever? My experience tells me that it does. I have seen too many sad instances in my own practice, as well as that of my neighbours, to doubt it. At the same time I must add, that was before antiseptics were heard of—in those days I simply declined attending midwifery, in spite of threats and entreaties, when I had cases of scarlet fever on my list.

I had also seen the same fatal results when the puerpera was exposed to the contagion of measles, and regret to have to record a case which has just taken place in my practice. On December 19th last a youth came home from a public school where measles was prevalent; he sickened of it on the 21st; a brother and sister followed on the 26th—cases were so mild no advice was deemed necessary. On January 2nd I was sent for to another member of the family on account of something else. I then learned that there were three cases of measles in the house. The mother, who expected to be confined on the 24th, had attended them; nursed them. She showed the disease on the 7th; on the 11th another child had it, and the mother got out of her bed to nurse her. All the cases ran a mild course, and convalescence was complete by the 16th, when I discontinued attendance.

I gave orders that the children were to be removed into lodgings at once, that the whole house was to be thoroughly disinfected, and that the carpets and hangings were to be removed from the bedroom about to be occupied by the mother, and that from its ceiling to its floor it was to be purified; all this was done. The confinement took place on the 21st, before I got to the house. A skilled nurse did all that was needful, and showed me the placenta, etc. The infant was born with the measles out and desquamating in some parts. All went well till the 24th, when after a slight rigor, fever set in; pulse 130; temperature 104.2°; headache, sickness, pain over abdomen, restlessness, lochia natural. I gave 10 grains of an-

tipyrin and one drop of tincture of aconite every hour, applied turpentine stupes to the body, and in seven hours found my patient relieved from all her unpleasant symptoms, and quite cheerful. She passed a good night, had refreshing sleep, and next morning I fancied the attack had been what in Yorkshire is called a "weid,"—a passing febrile wave which in a few hours leaves the patient as well as before. On the 25th, felt quite comfortable, on the 26th the same; on the 27th I noticed a marked change; countenance pinched and anxious, pulse 130; tongue parched, veins of left arm swollen painful; womb tender, full; veins of thighs and legs hard, very painful; temperature  $98.2^{\circ}$ ; discharge nearly ceased, but nothing offensive. I telegraphed at once for Mr. Scattergood, of Leeds; we did all we could, all we knew, but she sank in twenty-four hours, after the appearance of phlebitis. The lowness of the temperature in conjunction with the severity of the symptoms was the worse feature in the case; now the question comes, did this lady's blood, after having got rid of the original attack of measles, ten days before her confinement, become a second time poisoned by the child in utero whilst suffering from the same disease.—A. S. Myrtle. M. D. *Brit. Med., Jour.*

ALBUMINURIA AND ECLAMPSIA OF PREGNANCY.—Dr. E. P. Hurd (*Thera. Gaz.*) concludes as follows: The treatment of puerperal eclampsia includes the prophylactic treatment and the treatment of the convulsive seizures. Many pregnant women have albuminuria and nephritis, and go to their full term without convulsions. In other cases there are early warnings that there is danger ahead. Among the symptoms of renal insufficiency are headache, drowsiness, tinnitus aurium, perhaps more or less dimness of vision, or blindness of one or both eyes, dizziness, dyspnoea, especially on exertion, nausea and vomiting; the urine is scanty and loaded with albumen, while the percentage of urea is not more than one-half or one-fourth the normal. Here the duty is plain. The patient must refrain from work, be put on a diet of milk, with or without Vichy water, and fruits, with a minimum of animal food. Saline diuretics, as cream of tartar or acetate of potassium, may be prescribed, and tincture of chloride of iron in full doses three times a day. Also a full dose of Glauber's salts in the morning to promote free elimination by the bowels. It may be expedient to give at bedtime a full dose of fluid extract of jaborandi, to produce profuse sweating, or to administer hypodermically one-eighth of a grain of pilocarpine, or even resort to the wet-pack or hot-bath. If, in spite of these efforts to relieve engorged kidneys and protect the irritated nerve centres, the patient becomes worse, and convulsions seem imminent, premature labor should be induced. When called

to treat a woman already in convulsions, if labor has not already commenced, it must be expedited by artificial means under chloroform. If labor is advanced, and the os is dilated or dilatable, the patient must be immediately delivered by the forceps or by version. A ten-grain calomel powder may be placed on the patient's tongue, and, if the vascular tension seems high, sixteen ounces of blood may be taken from the arm. It will seldom be desirable to repeat this venesection. Chloroform should be administered to complete anaesthesia, and the patient should be kept under its influence as long as convulsions threaten. As adjuvant to the chloroform, a full dose of chloral may be given by mouth or by rectum. Possibly, in obstinate cases a hypodermic of morphine may be advisable.—*Med. Recorder.*

WOOD AS A SOURCE OF HUMAN FOOD.—In an address at Heidelberg by Victor Meyer, it is announced "that we may reasonably hope that chemistry will teach us to make the fibre of wood a source of human food." What an enormous stock of food, then, will be found, if this becomes possible, in the wood of our forests or even in grass and straw! The fibre of wood consists essentially of cellulin,  $C_6H_{10}O_5$ . Can this be made to change into starch? Starch has exactly the same percentage composition, but as everyone knows, it differs very much in its properties, and the nature of its molecule is probably much more complex. Cellulin is one of little or no dietetic value, and it is not altered, like starch, in boiling water. It readily gives glucose when treated with strong sulphuric acid, as is easily shown when cotton-wool, which is practically pure cellulin, is merely immersed in it. Starch gives the same product when boiled with weak acid. The author further quotes the researches of Hellreigel, which go to show beyond dispute that certain plants transform atmospheric nitrogen into albumin, and that this process can be improved by suitable treatment. The production, therefore, of starch from cellulin, together with the enforced increase of albumin, in plants, would, he adds, in reality signify the abolition of the bread question. It must be borne in mind, however, that theory, fascinating and promising though it may be, is not always capable of being followed up by practical result.—*The Lancet.*

LACTATION DURING MENSTRUATION.—Ever since the days of Hippocrates and Galen, the belief has obtained that perfect lactation was inconsistent with the return of the menses. In a paper recently read before the Royal Medical Society of Vienna, by Dr. Schligher, the result of this belief is seriously called in question, and there seems good reason to conclude that the effect of menstruation on the milk is not necessarily detri-

mental. The author obtained a number of samples of milk furnished by menstruating nurses and analyzed them with the result of showing that, as a matter of fact, the relative proportion of casein had undergone no diminution. The quantity of fat was variable, but the variations did not exceed those met with in non-menstruating lactifers, and the maximum occurred just as often during a menstrual period as after or before. On only one occasion did the proportion of the non-fatty constituents diminish to the extent of 1.5 per cent., and the proportion remained practically the same. He remarked that in the cow the advent of the rut does not produce any noteworthy variation in the quality of the milk. Taking the results of the analyses as a whole, it was found that the variations in the quality of the milk before, during, and after, menstruation were not as marked as in milk drawn at different hours of the day under ordinary circumstances. An examination of the infants, moreover, failed to demonstrate any constitutional disturbance or failure of nutrition, provided the menses did not return earlier than the sixth week. Although we are not prepared to endorse the very categorical conclusions of the author, it may be admitted that the occurrence of menstruation in nursing women is less hurtful than has generally been believed, but it is none the less a matter of clinical observation that their recurrence does diminish the quantity of the secretion, and may even cause it to cease at an earlier date. The supervention of pregnancy is under any circumstances a barrier to continued lactation, as much in the interest of the mother as in that of the child.—*Med. Press.*

**INFANTILE CONVULSIONS.**—J. Lewis in Smith, discussing the treatment of convulsions, starts out by saying: "Fortunately, inasmuch as the physician, is often required to treat eclampsia in ignorance of the cause, the same measures are demanded to a considerable extent in all cases. As early as possible in the attack the feet should be placed in hot water, to which mustard is added, or if it can be procured with little delay a general warm bath may be used in place." I must enter my unqualified disapproval of such a routine method of treatment. In many, *very* many of these cases the hot bath plain or medicated is a positive injury and should not be used at all. In place of benefiting the patient we make it worse.

The first duty of a physician when called to a patient suffering from eclampsia infantilis is to use thermometer, and while this is being done he can make a survey of the case before him. He should ascertain if the child has had scarlet fever; if not, is it in the vicinity; if it has had, how long since; has it whooping cough, pneumonia, measles, a serious fright; what has it been eating for the past twelve or twenty-four hours; are there any indica-

tions of meningitis, malarial affection, etc. At a glance he can tell whether it is pale, thin and illy nourished, and whether it is liable to be rickety. It is only after this careful survey that the practitioner can act intelligently. When the thermometer is examined, should it record a temperature of 104° or 105° the hot bath should never be used, as it only adds fuel to the flames, but on the contrary the cool bath is indicated with cold to the head.

My attention was first directed to this some years ago, when called to see a little boy some six years of age who had had a spasm, and when I reached the bedside was just having a second. Glancing at the little fellow I saw he had a high fever, and on using the thermometer found his temperature to be 104½°. I said to myself will not a general hot bath do this child an injury? On questioning the mother I found the child had been eating some indigestible food, and had shown some signs of suffering from malaria. I requested the mother to bring me some tepid and cold water. The cold water I directed her to apply to the child's head while I proceeded to sponge the body and limbs with the tepid water, which I gradually reduced in temperature until it was decidedly cool. I had the satisfaction of seeing the child's temperature reduced to 101° in a short time, and he had no more convulsions. I gave him a cathartic to carry off any offending material that might be in the child's bowels, and left him some aconite and gelseminum to hold what I had gained, and some one-grain quinine pills to take on the following morning. At this time I found the patient quite bright, free from fever, with no indications of a return of the spasms. I have used this since then with the most gratifying results.

During the actual attack chloroform may be administered, but it should not be entrusted to the hands of an untrained and unskillful nurse. If we suspect the ingestion of indigestible food, an emetic or a cathartic, or both, possibly, will be proper treatment. If the patient be illy nourished and the hygienic surroundings bad, this condition of affairs must be remedied. The former by iron, quinine, cod-liver-oil, and the latter by pure air, absolute cleanliness, proper clothing and plenty of outdoor exercise, together with good food. Other remedies will suggest themselves from time to time and will be applicable in the concrete case, such as bromide of potash, either alone or combined with chloral hydrate. When these cannot be swallowed they should be thrown into the rectum in suitable doses.—Dr. Dickey in *Med. Compend.*

**HEART DISEASE COMPLICATING PREGNANCY AND LABOR.**—Prof. Simpson thinks that there is no risk in the more or less continuous use of cardiac tonics, and especially of strophanthus, during the pregnancy. He has never seen anything but good



result from their administration continued throughout the gestation. I had a case of mitral stenosis in my practice about three weeks ago. The patient, aged twenty-eight, primipara, had an attack of rheumatic fever twelve years ago, and had suffered from the heart lesion ever since. Cardiac compensation was evidently completely established and only broke down on her becoming pregnant. She was treated continuously with digitalis for several months before the birth of her child, larger or smaller doses being given according as it was found necessary, and this continuous administration, he had no hesitation in saying, did her a great deal of good. On his visit to her after labor had begun, he found the first stage pretty well advanced, the breathing very much embarrassed, the pulse irregular and very rapid. During a pain, the embarrassed breathing became greatly exaggerated; the pulse, although the vessel could be felt, could not be counted, there being only an irregular quiver; the face became completely cyanosed from the venous engorgement of vessels. He had her at once placed under chloroform, but very soon changed to ether, and found that the pulse was sustained better. He terminated the labor, which was a breech, as rapidly as possible. In the second stage, the patient's condition was considerably worse than the first,—so much so, that he expected she would succumb from cardiac failure. During the labor he gave her twice two min. of tinct. strophanth. hypodermically, and one of Natville's granules of digitalin. For several days after her confinement she suffered from œdema of the lungs and pleural cavities, owing, no doubt, to the backward blood-pressure.—Dr. Wood, Ed. *Med. Jour.*

**SALINES IN PERITONITIS.**—Impressed by the recommendations of Mr. Tait to resort to saline purgatives in septic peritonitis, I recommended their use in a grave case of puerperal peritonitis which had resisted opium and quinine in large doses. With two drachm doses of the tartrate of potash and soda every two hours, the pulse and temperature both subsided as soon as full purgation followed, and convalescence was at once established. Two months later I was called to see Mrs. M. in the same condition, with the same history, and the result of treatment was identical with the former. The writer has resorted to this treatment in an attack of peritonitis from which he personally suffered during the early part of this year. The pain, which had resisted large doses of opium, was greatly ameliorated when free serous discharges were established and convalescence followed without other medication. We have been taught that opium not only relieves the pain, but by arresting the peristaltic movement serves as a splint to the inflamed membrane. From my own experience I am sure that the peristaltic move-

ments excited by salines in no wise exaggerated the pain. In a case of pelvic peritonitis following labor, the saline purgative gave such acceptable relief that my patient urged the continuance of the drug even after we considered it unnecessary.—Miltnerberger, *Maryland Medical Journal.*

IN the March number of the *London Medical Recorder* appears the following article, commendatory of a well-known American product:

"LISTERINE is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

VIRGIL McDAVITT, M.D., Quincy, Ill., says: "I usually find Celerina to be a very agreeable and acceptable nerve tonic, quieting and calming nervous irritability and causing sleep oftentimes after spells of continued wakefulness, adapted to use in much the same cases as valerian, assafœtida, etc., not a cure all, but a valuable addition to our armamentarium in the treatment of a class of cases which are often most vexatious and trying to the physician and worrying to the patient. In these cases I have often prescribed it alone or combined it alone success."

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## TREATMENT OF CONGESTIVE NEUR- ASTHENIA.

The term Congestive Neurasthenia or nerve depression has been employed as a name for a functional cerebral trouble, more or less common in all localities, but especially prevalent among those who lead anxious, wearying and worrying lives; those who are daily subjected for long periods of time to severe mental strain, as the heads of mercantile firms carrying a large business with perhaps insufficient capital, where the financing of the firm becomes a hideous nightmare—never wholly got rid of, to the man responsible for that firm's paper. No matter what the form of worry may be, so that it is severe and constant, the result will in certain constitutions be the same. Thus we have known one well marked case in a farmer, a man who, striving and ambitious, was constantly in the habit of taking hold of more "good things" in the way of business than his limited capital would allow him to carry easily. This man, the picture of rugged health, suffered for years from all the symptoms of congestive neurasthenia, and doubtless suffered just as great martyrdom as does the manager of an enormous mercantile firm that sails in rough water for years. We mention this case especially, and similar ones might be multiplied indefinitely, to show that this trouble is not confined entirely to town-dwellers, that it is not necessarily accompanied by outward and visible signs of ill-health, but that

wherever great and continuous mental strain falls upon an individual, no matter what his or her environment or walk in life may be, there this terrible functional trouble may be found.

How often do we have patients in whom we can, after going carefully over the various systems, find no evidence of disease, complain of want of interest in everything about them; of having no sense of well-being; general distress; fear of some impending calamity, as financial ruin; instability of purpose; inability to appreciate the society of friends or relatives, fretfulness, irritableness, melancholia, and so on up to the very border-land of insanity. Along with these symptoms may be often found uncomfortable feelings in the head, as a sense of tightness, fullness, throbbing, etc., with bright watery eyes, small pupils, flushed face, anxious, deeply-lined face and visible carotid and radial pulse. But of all the subjective symptoms insomnia is the most terrible.

One of the miseries of this disease is the fact, that as the sufferer often shows no objective signs of ill-health, he receives no sympathy from his friends, and too often none from his medical attendant. He is told there is nothing the matter; that he gives way; that, like Mrs. Dombey, all he needs to do is "to make an effort:" to throw it off, etc. Dr. Broadbent, says a recent author, speaks clearly on the subject. He says: "They may have very high color, associated with a number of symptoms of which I can give you no idea. No patients are to be more pitied than some of these, who, looking to the uninstructed eye the picture of health, are the victims of misery from which actual pain would be an agreeable distraction. These cases are in special danger from alcohol."

Such unfortunates go from one medical man to another, and have their troubles put down to the stomach, liver, nervous system, and general want of tone, and consequently run the gamut of remedies calculated to relieve these imagined pathological conditions, such as nux vomica, strychnia, arsenic, iron, zinc, the bromides, chloral, opium, etc. Hence, says Whittle, "the patient often comes with a pile of prescriptions bearing the marks of age and travel; he speaks of one agreeing with him or doing him good, but the majority are of no service. When the circumstances of patient will allow it, he is often sent for sea voy-

ages, or on long continental trips whence he returns relieved, but not cured, and only to relapse when he returns to the mental work which originally produced his lamentable condition. His sleep "does him no good," it is fitful, he awakes at three or four o'clock in the morning, and either tosses miserably in bed till daylight, or may rise and wander about the house or grounds; he dreads his work, feels dull, has no power of concentration, says he is incapacitated for the simplest duties but may perform them under the stimulus of an undue effort. He is always ready to talk of himself; indeed that is the only subject in which he takes any real interest. Now, experience has shown that medicines, whether tonics or calmatives nearly always fail to reach such cases. But the most satisfactory results are obtained from bleeding. This practice has, unfortunately, become quite unfashionable, but the younger members of the profession, some of whom have doubtless never performed the operation of phlebotomy, will, we trust, live to see it take its place again as a rational therapeutic measure. Certain it is that most surprising cures of all the evils arising from cerebral congestion due to over-strain, have been, and are still being reported as due to leeching. Half a dozen leeches applied over each mastoid process, often act like magic, the patient *at once* experiencing a sense of great relief, with sound refreshing sleep and a return of sound health and capacity for work to which he may have been a stranger for months or years. The most suitable time to apply the leeches is at bedtime, when the bleeding may be allowed to stop naturally during the night. Sometimes one leeching cures the patient, but oftener the process has to be repeated. So simple and certain a means of relieving the sufferings of neurasthenics deserves a more general adoption by the profession, to the exclusion of the practice of drugging, now so much in vogue.

#### CHRONIC RENAL DISEASE.

One of the most difficult affections to diagnose is chronic renal disease. In many cases its progress is unsuspected until some sudden manifestation, such as a convulsion, or some altered conditions in connection with vision, causes the patient to consult a physician. Notwithstanding the advance in pathological knowledge there is a doubt as

to the cause of the disease in many cases of contracted kidney; it is generally admitted that alcohol will account for a fair share, but yet there are many cases where no cause is discoverable. Chronic nephritis with large white kidney is, in the great majority of cases, a sequela of an acute attack, and the manifestations of such a condition are of a more active character, and hence more prone to obtain considerable attention, and on account of the œdema, pallor and albuminuria generally present it will seldom pass unnoticed. This is far from being the case in the so called granular or contracted kidney; it is from its very nature an insidious disease, and its clinical history is more characterized by chronic manifestations in other organs than in evidences directly referable to the kidney. The serous and mucous membranes are the surfaces which particularly show the evil effects of the poisonous elements which are retained in this condition; that urea is the only poisonous agent which operates potently in granular kidney is quite open to question. It is thought by many that uræmia is a poisoning of the nervous system—a toxæmia, and the poison is developed within the body of the sufferer, autotoxæmia. Bouchard claims to have been able to determine the existence of seven distinct toxic substances combined in the most variable proportions. Two were convulsive, urea itself being diuretic; one narcotic; one sialogogue; one pupil contracting; one, temperature reducing; and he traces the poisonous effects of the urine, in cases of renal disease, to (1)—Aliments and their compounds. (2)—Products of intestinal decomposition being absorbed. (3)—Secretions, such as the bile. (4)—Products of tissue degeneration. In regard to examinations of the urine in cases of chronic renal disease, they are in general far from satisfactory, beyond proving the fact that advanced renal disease may exist, and the ordinary examination of the urine reveals nothing abnormal in the character of that secretion. The most important feature of the urine is the amount of urea which it contains, and this is the very point which, in the majority of cases, passes unnoticed. Granular kidney is generally attended with decreased secretion of urea by the kidney, and the reduction in the amount of urea may occur even when large quantities of urine are being passed.

TORONTO UNIVERSITY.

At the meeting of the Trinity Corporation held on May 14th, the following resolution was unanimously adopted :—

*Resolved.*—1. That whereas the Legislature of Canada in 1853 abolished the medical department of the University of Toronto on the express ground that it was not in accordance with sound political economy, directly or indirectly, to aid in educating men for lucrative professions, as this was done to sufficient extent in colleges and schools conducted by private enterprise.

2. And whereas the Government of Ontario up to 1887 continued to carry out this same policy, and for the very same reasons : And whereas since 1853 various teaching medical corporations have been established and have incurred very heavy expenditure in the erection and equipment of suitable buildings and laboratories, and have attained to great efficiency and success.

3. And whereas in 1887 the Government of Ontario so altered the University Act as to admit amongst other changes of the re-establishment of the medical faculty of the Toronto University and have subsequently appointed the entire teaching staff of one of the medical colleges of Toronto as such faculty :

4. And whereas very expensive buildings have recently been erected and equipped at the public cost, ostensibly for the use of the Arts Department of the University, but manifestly far exceeding the requirements of that department, and actually used for teaching many branches of purely medical science, which branches in all the independent medical colleges are taught by professors appointed for the purpose, who are paid out of the fees they earn. And whereas in Toronto University the instruction in these branches is given entirely by teachers paid out of the "general" as distinguished from the "medical" funds of the University ; and that these teachers though spoken of as belonging exclusively to the Arts Department are all advertised as members of the Medical Faculty of the University of Toronto.

5. And whereas, in thus appointing the medical faculty of one of the teaching colleges, and providing buildings and laboratories used by this faculty at a very large outlay of public money, and in also practically subsidizing this medical faculty very largely, by having all the teaching which the medical students receive in the Biological department given by professors and other teachers who are paid out of the general public funds of the University, while the fees received from students for this very instruction go into the "Medical fund," which is distributed, under University statute, approved of by the Government, to medical teachers who do not teach in the Biological department, but who lecture on other medical subjects, a patent, and a very great injustice is done to all the other independent medical colleges in the province.

6. And whereas, while the Government may establish laboratories of any kind, these should not be under the control of any teaching medical faculty whatever, but should be open to all the medical colleges of Ontario on precisely the same terms.

7. And whereas, in order to secure equal rights and fair play amongst all the medical teaching colleges of the province, the University of Toronto, sustained as it is by public funds, should not continue to occupy the position in medicine of a body eagerly competing with the independent medical colleges, but should have not a teaching faculty, as at present, but a Board of Medical Examiners, selected from the several medical colleges, so that each may be equally represented thereon, and before which all qualified men who desire to do so from every recognized college throughout Ontario might have the right to appear for examination.

8. And whereas, Trinity University is deeply interested in three of the teaching medical colleges of Ontario in affiliation with her, and therefore strongly protests against the present state of things as unfair and unjust to the independent medical colleges, and degrading to Toronto University itself, reducing it in medical education from the rank of a public university to that of a competing medical college.

MEDICAL COUNCIL EXAMINATIONS.

The following gentlemen having satisfied the examiners will have the L. C. P. & S., Ontario, granted them :—

D. Archer, Burketon ; J. C. Auld, Forest ; A. C. Aldrich, Port Hope ; L. F. Barker, Ingersoll ; E. J. Boys, Toronto ; J. H. Bell, Colborne ; F. S. Comfort, Campden ; A. H. Coleman, Belleville ; T. S. Cullen, Sarnia ; R. J. Chrystal, Avonton ; F. R. Clarke, Colborne ; C. B. Coughlin, Hastings ; C. B. Carveth, Port Hope ; E. M. Copeland Ealing ; D. Cunningham, Kingston ; J. Delanunt, Moorefield ; S. Douglas, Marsh Hill ; F. A. Drake, South Cayuga ; J. A. Dinwoody, Clover Hill ; F. J. Dolan, Belleville ; Clara Demorest, Napanee ; Thomas H. Ellis, Ottawa ; L. Mary Agar, Chatham ; E. H. Adams, Toronto ; H. T. Arnall, Barrie ; W. W. Baldwin, Toronto ; B. Bayley, London ; E. G. Bowers, Ottawa ; Minnie Brown, Strathroy ; J. D. Berry, Warkworth ; G. T. Bigelow, Port Perry ; R. V. Bray, Chatham ; E. T. Boys, Binbrook ; W. T. Bryans, Toronto ; P. Susanna Boyle, Toronto ; W. L. Bond, Newmarket ; W. A. Barker, Stouffville ; M. C. Black, Gammis ; J. H. Burger, Toronto ; W. S. Ferguson, Avonbank ; R. Ferguson, London ; J. E. Forfar, Toronto ; W. J. Fletcher, Toronto ; C. E. Flatt, Millgrove ; C. A. D. Fairfield, St. Catharines ; A. Freeland, Ottawa ; Mrs. Rosina Fumell, Kingston ; A. S. Gorrell, Brockville ; J. A. Ghent, Toronto ; J. H. Gimby, Owen Sound ; A. J. Gould, Mount Pleasant ; J. A. Gibson, London ; A. R. Gordon, Toronto ; W. A. Grèy, Perth ; W. C. Herriman, Lindsay ; D. H. Hutchinson, Ingersoll ; A. N. Hayes, Parkhill ; A. T. Hobbs, London ; R. M. Hillary, Aurora ; G. Harrison, Selkirk ; Mary Hutton, Forest ; C. A. Hodgetts, Toronto ; R. Hill, Aylmer ; R. J. Howell, Jarvis ; W. T. Holdcroft, Tweed ; W. E. Inkaetter, Cope-town ; H. Irwin, Pembroke ; A. F. Irwin, Chatham ; F. H. Kalbfleisch, Paisley ; T. E. Kaiser, Edgely ; Mrs. Ida E. Lynd, Bond Head ; G. D. Lockhart, Mount Brydges ; M. W. Murray, Beechwood ; J. A. Macdonald, Toronto ; A. V. Mitchell, Toronto ; M. T. MacFarlane, Ridgetown ; W. C. Morrison, Elmwood ; E. R. Morton, Barrie ; W. C. B. Murray, Harrington West ; A. C. Mavety, Odessa ; James A. McEwen, London ; H. A. McColl, Georgetown ; W. McGillivray, Whitby ; J. D. McNaughton, North Keppel ; J. H. McFaul,

Seaforth; O. E. McCarty, Belleville; C. F. McGillivray, Whitby; D. McLeod, Cannington; D. K. McQueen, Ripley; J. A. McGregor, Langwood; J. W. S. McCollough, Dundalk; W. A. A. McPherson, Prescott; A. McDonald, Vankleek Hill; Maggie McKellar, Ingersoll; James McKenty, Kingston; R. J. Niddrie, Hampton; John Noble, Arthur; C. T. Noble, Sutton West; C. B. Oliver, Motherwell; L. Phelan, North Gower; S. G. Parker, Toronto; W. M. Pugh, Milverton; W. H. Philp, Waldemar; W. Robertson, Chesterfield; T. Russell, Alton; L. E. Rice, Embro; T. B. Richardson, Goderich; C. Sheppard, Toronto; W. D. Springer, Nelson; J. M. Sifton, Thamesford; D. Smith, Belmont; C. L. Starr, Brooklin; R. Shiell, Plattsville; D. K. Stenton, Port Lambton; T. L. Stringer, Stoney Point; J. R. Shannon, Kingston; W. Thistle, Toronto; J. F. Uren, Madina; F. Walsh, Guelph; G. Wright, Wheatley; Mrs. Hattie Walker, Pitts Ferry; F. Zurick, Belleville; A. P. Ardagh, Barrie.

#### DR. C. J. COVERNTON, KNIGHTON, ENG.

Some of the older members of the profession in Canada will remember Dr. C. J. Covernton, who was one of the first enrolled students of the Medical Department of Trinity University, which institution he entered in 1851. The Dr. passed the Board of Examiners for Toronto in 1853. After passing the London College he was offered an appointment in the Navy, but preferred the West India Mail Service. During the Crimean war he entered the Peninsular and Oriental line, and was present at several of the battles, to wit, Sebastopol and Tchernayer. On his return from India he married, and settled at Knighton, Radnorshire, at which place his sudden decease took place, April 19th, 1890.

#### DR. JOHN PARTINGTON RUSSELL.

We regret to announce the death, at the age of 69 years, of Dr. J. P. Russell, one of Toronto's oldest and best-known physicians. He was educated at the University of Edinburgh, where he took the degree of M.D., in 1846. He took up the practice of his profession in Quebec, but removed to Toronto in 1857, since which time he has been one of our foremost physicians. He enjoyed good health up to within a few weeks of his death, which occurred on the 14th of May, when he was found dead in his bed. The cause of death was apoplexy.

#### DR. W. LA FAYETTE SMITH.

We notice the death of the above named physician which took place at his late residence, Mt. Hope, January 12th, 1890, in the 52nd year of his age.

WHICH TAKES THE "PRIZE," VIRGINIA OR MINNESOTA?—In our May Number we gave some specimens of answer by candidates for Medical honors in Virginia. Here are a few from the *N. W. Lancet*, showing how things are done in Minnesota:

"The glans penis passes through the prostate gland. There is three lobes or parts of said gland."

"The testicle is a glandular body composed of glands and vascular vessels and nerves and arteries. The coverings are vas deferens, scrotal sack, tunica vaginals, testes, etc."

"The cerebellum is the middle or larger part of the brain. It has two parts or lobes, has its ramifications of arteries and veins and is supposed to be the principal seat of intelligence."

"The tensor vaginæ femoris muscle has its origin in the acetabulum and its insertion in the head of the femur."

"The psoas magnus muscle has its origin at the pubis, ilium and ischium and insertion at the lower or floating ribs and sternum."

Q. "How differentiate alcoholic coma from apoplexy?" A. "In alcoholic coma there is nervous exhaustion: in apoplexy, congestion of the brain and some lesions."

"In cases from suffocation the bronchia remain *in situ quo*' and normal, possibly very little congested."

"Give a chemical test for blood?" A. "Apply muriatic acid to separate the fibrin from the aqueous portion."

"The physical properties of normal urine are hydrogen principally, together with the phosphates taken from the system, also urates and coloring matter such as indigoine, etc."

"An alkaloid is a residue or inferior part left after the principal part of a substance is taken away."

"Symptoms of scarlet fever—malice on the part of the child \* \* the sequelæ may be death or recovery."

"The histological elements found in the human body are blood urine, saliva, gall, sinovia and various gases."

"The testicles are composed of fibrous and cartilaginous tissues in different directions also of a medullary substance together with arteries veins and nerves."

"Symptoms and treatment of chloral poisoning : symptom will have spasms, convulsions etc. Control convulsions with chloroform. Give emetics or use stomach pumps."

THE CREDÉ METHOD OF EXPULSION.—At a recent meeting of the N. Y. Medical Association, Dr. Wm. T. Lusk read a paper on the above subject (*Brit. Med. and Surg. Jour.*) in which he went over the views held by many eminent accoucheurs. His conclusions regarding the discussions of the subjects are as follows :

The discussion, however, had led to a greater degree of definiteness regarding the time when manipulations should be first employed. It seemed tolerably clear from the observations of Schroeder and others that in most cases the placenta within the first fifteen or twenty minutes after the birth of the child, leaves the uterine cavity, either in whole or in part, and then offers all the conditions favorable to expulsion. The long delay observable in so many cases left to the unaided efforts of nature, usually occurred after the placenta had sunk into the lower uterine segment ; so that it was a good rule, accepted of late by Credé, as well as others, not to resort to external manipulation until at least fifteen minutes have expired. Some, indeed, advocated a delay of thirty minutes.

In conclusion, Dr. Lusk directed attention to one point based upon his own observation. After the placenta, as the result of placental expression, had appeared at the vulva, the uterus was often hard, and a considerable portion of the membranes was still within the uterine cavity. Under these circumstances hasty traction would inevitably tear the retained portion ; and at this point it was his practice to support the placenta, and to diminish the traction on the cord until such time as relaxation of the uterus had taken place, when the complete separation of the membranes could be effected without endangering their integrity.

PHYSICAL FATIGUE A FACTOR IN THE PRODUC-

TION OF INFECTIOUS DISEASE.—The Paris correspondent of the *Jour. A. M. A.*, says : In a note by Drs. Charrin and Roger published in the *Revue Scientifique*, the authors endeavored to afford experimental confirmation of the generally received view that physical fatigue is a powerful factor in the production of infectious disease. They subjected a number of white rats to severe exercise (running in a rotating cage) for four consecutive days, at seven hours each day. Eight of these tired-out animals were then inoculated with attenuated anthrax virus, four animals in a normal condition of health being inoculated with the same virus at the same time, in order to serve as a standard of comparison. The result was that seven of the eight animals belonging to the first series succumbed, while all the animals of the second series survived. They thus explain the curious tendency of epidemics to break out among soldiers during great manœuvres and on campaign, and they urge that many a soldier is rendered susceptible to disease by fatigue who would otherwise have escaped.

FOR HOUSEMAID'S KNEE.—Dr. Wright, in the *Brooklyn Med. Jour.*, advocates the following treatment for housemaid's knee : Lay open the sac completely by a vertical incision in front ; evacuate the fluid : remove the rice-like bodies ; excise the fleshy bands and cords ; and cut out the vegetations. Then wash out the cavity with an aseptic lotion, and fill it with an aseptic dressing. Irritation, inflammation, granulation and repair will take place one after the other, and the sac will be obliterated in about four weeks, leaving a permanent cure.

"God and the doctor we alike adore ;  
Only in danger—not before ;  
The danger over, both alike are required.  
God is forgotten and the doctorslighted.—"Ex.

MICROBE FOUND IN THE URINE OF ECLAMPTIC PATIENTS.—Interested by the observations of Dr. Doléris, Dr. Blane found (*Lyon Méd.*) microbes in the urine of patients suffering from eclampsia which he did not find in the blood ; as late as the fourteenth day after the attack gelatine cultures could be made from the urine. No microbes possessing the same peculiarities could be found in urine of women who did not suffer from albuminu-

ria. He made experiments with pure cultures on pregnant and non-pregnant animals, both of which had eclamptic attacks and albuminuria which apparently depended on an epithelial nephritis. He sums up the effects of these experiments as follows :

1. General convulsions ; in rabbits death ensued soon after the convulsions. Pregnancy in these animals is a predisposing cause.

2. Inflammatory swelling at the sight of injection in those animals surviving the primary effects, which soon passed into gangrene. In case of recovery the animals acquired a certain immunity.

3. Miliary abscesses, phlebitis, rise of temperature.

4. Diseases of the kidney of various degrees of severity and albuminuria.

THE following from the *Hosp. Gaz.* will be appreciated: The action of Sir William Jenner in giving up his lucrative practice and seeking retirement in the country may be commended to the notice of other West-End consultants of about his age, who are in a position to follow his example. He intends, it is said, while his intellect is still clear, to overhaul his papers and the literary efforts of younger days and publish them in a collected form. In this way he may serve the profession and posterity. By remaining in practice and scooping up fees until incapacitated by senile dementia, or struck down by apoplexy, as many others have done, he would do no good either to himself or anyone else.

FOR STRANGURY.—Dr. Luton, of Rheims, (*Nat. Druggist*) having highly recommended tincture of ergot internally for the immediate relief of strangury, we were recently induced to try a hypodermic injection of ergotin for the same purpose, inserting it in the fossa just behind the great trochanter. The results were all that could be desired. The patient had had a hypodermic injection of morphine about an hour previously, and was considerably under its influence when we were applied to for relief.

SULPHUR IN A PALATABLE FORM.—In our January issue we noted a formula for a sulphur lozenge which was highly spoken of by Sir Alfred Garrod. Since that time we have tested a similar lozenge prepared by the Messrs. Wyeth and sup-

plied to us by Davis & Lawrence of Montreal. We have found it very satisfactory, fully justifying the great therapist's claim as to the value of sulphur in many morbid states of the alimentary canal and liver such as hepatic sluggishness, piles and hæmorrhoidal bleeding, chronic constipation rheumatoid arthritis and muscular rheumatism.

FOR ASTHMA.—Dr. Scott, (*Times and Reg.*) gives the following formula which promises well. We are inclined to think the amount of sod. nit. might be increased with advantage :

R. Tinct. ipecac. comp. . . . . gtt. xvj.  
Sp. ammon. aromat. . . . . ʒj.  
Paraldehyde, . . . . . ʒij.  
Sodii nitrit. . . . . gr. v.  
Aquæ menth. pip. . . . . ad ʒj.

M. Sig. Teaspoonful in sweetened water every half hour till relief is obtained.

HONORS AT THE MEDICAL COUNCIL EXAMINATIONS.—It is so rare a thing for this body to grant honors to candidates, that Mr. H. L. Barber (Trin. Med. Coll.) may be justly proud of the stand he has taken at the recent examination. We congratulate him on his success, as being the only candidate out of the whole list to whom honors were given, and hope this distinction may be only an earnest of still greater things to follow.

AMERICAN DIPLOMAS IN GERMANY.—The action of the University of Berlin in refusing to recognize American diplomas is causing quite a breeze among some of our professional brethren in the States. It was said by a German educational official, of the Americans, that 'Your American colleges don't come up to our German standards, by any means, and are too various and miscellaneous in their character to claim recognition.'

FOR HABITUAL CONSTIPATION.—The *Med. Digest* gives the following :

R. Aloin, ext. nucis vom., ferri sulph., pulv. ipecac, pulv. myrrhæ, saponis, aa gr. ½. M. Ft. pil. Sig.—One pill to be taken half an hour before last meal of the day.—Sir A. Clark.

Or, R. Ext. cascariæ s liq., f ʒ ij ; tr. nucis vom., f ʒ ij ; glycerin, f ʒ j ; aquam, ad f ʒ iv. M. Ft. mist. Sig.—ʒ j, as required.

GENERAL PRURITUS.—Dr. Wertheimer (*N. Y. Med. Jour.*) advises the treatment of general

uritus by means of a three per cent. solution of sodium salicylate in doses of a tablespoonful thrice daily. This plan of treatment, he says, may be continued for some time, in the confident belief that it will not only promptly moderate the unpleasant and pruritic symptoms, but also radically remove the underlying disease.

**INTESTINAL OBSTRUCTION.**—Speaking of intestinal obstruction Nothnagel says: "I may briefly state in one sentence all the treatment I can recommend as an hospital consultant. Absolute abstinence from food; induce the peristaltic action from below; still it from above; and, above all, avoid purgative medicines. Further, I know of nothing to add for the guidance of others."

**TEST FOR TYPHOID FEVER**—Says the *N. Y. Med. Jour.*:—Recently two observers have reported favorably on the method by Ehrlich's test, a test that can not be called new, having been published in 1882, but that does not seem to have attracted much attention. Two solutions are prepared: one containing seventy-two minims hydrochloric acid and ten grains of sulphanic acid in three ounces of distilled water; the other a freshly prepared half per cent. solution of sodic nitrite in distilled water. Twenty-five parts of the first solution and one part of the second are mixed with twenty-six parts of patient's and the mixture rendered alkaline by the addition of strong ammonia-water. In urine from a typhoid-fever patient a bright orange-red color appears.

**FOR ASTHMA.**—Says the *Clin. Rec.*: We occasionally meet cases of continued distress despite the use of ordinary means. In such cases there is usually much bronchial tumefaction and dryness. In cases of this class nothing equals one-fourth grain pilocarpine with one-fourth grain morphine, administered hypodermically. Relief is prompt, tumefaction subsides, and is followed by profuse expectoration.

**PALMAR ECZEMA.**—Dr. Cline in *Med. World* says: My case, eczema of hands, or salt rheum, was cured by a recipe kindly furnished by Dr. S. F. Deane, of Nebraska. It was

R.—Nitric acid, . . . . . ʒ iij.  
Water to . . . . . ʒ iv.

M.—Apply as a wash daily, keeping the hands out of greasy water. It was cured in a week.

**BUTTERMILK AS A DIURETIC IN CHRONIC BRIGHT'S DISEASE.**—Some time ago we made a note of the action of buttermilk as a diuretic. In a late number of the *N. Y. Med. Jour.* Dr. Henry D. White writes of a case in which it acted as a prompt and efficient diuretic when everything else failed. It had a beneficial effect upon the patient's condition in every respect.

**GONORRHOEA IN THE FEMALE.**—The following formula is given (*Jour. de Med. de Paris*) for the above:

R.—Creolini, . . . . . ʒ jss.  
Ext. Hydrast Can. . . . . ʒ iijss.  
Aq. . . . . ʒ viij.—M.

Sig.—Add ʒ ij. to a pint of water and use as an injection.

**BUTTERMILK AS A DIURETIC IN CHRONIC BRIGHT'S DISEASE.**—Some time ago we made a note of the action of buttermilk as a diuretic. In a late number of the *N. Y. Med. Jour.*, Dr. Henry D. White writes of a case in which it acted as a prompt and efficient diuretic when everything else failed. It had a beneficial effect upon the patient's condition in every respect.

**MANITOBA MEDICAL ASSOCIATION.**—The recently formed Provincial Medical Association for Manitoba is officered as follows: *President*, Dr. Macklin, Portage la Prairie; *First Vice-President*, Dr. Donnell, Winnipeg; *Second Vice-President*, Dr. McDonald, Brandon; *Secretary-Treasurer*, Dr. Jones, Winnipeg.

In Virginia, any physician within 100 miles of a court may be compelled says the *Times and Key*. to attend and testify as an expert, for ordinary witness fees: 50 cents a day and mileage. And quite enough for some of them too, if we may judge by their scientific standing, by recently published report of examination.

**LEGACY TO THE POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.**—Among the legacies of the late Honorable Daniel B. St. John, of Newburgh, N. Y., was one of ten thousand dollars to the above named institution.

VAIT's treatment of puerperal eclampsia is full narcosis with opium, followed by chloroform, diaphoreses and a speedy termination of the labor.



TO DESTROY ROACHES.—The *Med. and Surg. Rep.* gives the following: Roaches may be exterminated if the following powder is liberally sprinkled in the cracks and corners of their rendezvous:

Borax, . . . . .	37 parts.
Starch, . . . . .	9 "
Cocoa, . . . . .	4 " —M.

MEDICAL ASSISTANTS, TORONTO GENERAL HOSPITAL.—The following gentlemen have been appointed for the 1890-91: Drs. T. S. Cullen, L. F. Barker, C. F. McGillivray, R. M. Hillary, and R. J. Hill, and A. McCarthy.

TO DETECT A MORPHINE EATER.—An exchange gives a very simple means of detecting a morphia fiend. By adding a few drops of tinct. fer. perchlor. to the patient's urine a characteristic blue tinge appears if he is habitually using the drug.

FOR FALLING HAIR.—The *Lancet* recommends a little of the following, to be rubbed in every night:

R—Tinct. jaborandi, . . . . .	$\frac{3}{4}$ ss.
Lanolin, . . . . .	$\frac{3}{4}$ ij.
Glycerini, . . . . .	$\frac{3}{4}$ ij.

Mix by the aid of a little soft soap.

BRITISH DIPLOMAS.—Dr. J. F. Campbell has recently passed the L. R. C. P. and S., Ed. and Glasgow.

### Books and Pamphlets.

A MANUAL OF OBSTETRICS. By A. F. A. King, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Columbian University, Washington, D.C., etc., with one hundred and fifty-one illustrations. Fourth edition. Philadelphia, Lea Brothers & Co.: Toronto: Carveth & Co. 1889.

The fourth edition of this useful work of reference is before us. The author has added two new chapters on Intercurrent Diseases of Pregnancy and Resuscitation of Still-born Children. We have consulted the work in a few instances, when time for the perusal of more pretentious volumes was not available, and have been much pleased with the concise and clear manner in which all neces-

sary information on any given obstetrical subject is conveyed. The work should be quite as popular as in the past, the author having brought it fully up to the times. We can conscientiously recommend it to all students of medicine and to busy practitioners.

A NEW MEDICAL DICTIONARY, including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on Recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, etc., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small Octavo, 520 pages. Half Dark Leather, \$3.25; Half Morocco, Thumb Index, \$4.25. Philadelphia: P. Blakiston, Son & Co.; Toronto: Carveth & Co.

This is an excellent work. It is compact, easy to handle, complete and cheap. It is one of the best, every-day, working dictionaries published, containing, we believe, all the new words, and omitting none of the old ones that are not obsolete. We heartily recommend the work both to practitioners and students.

THE DOCTOR IN CANADA; his Whereabouts and the Laws which Govern Him. By Robert Wynyard Powell, M.D., Ottawa, Ont.

In the work of Dr. Powell just to hand, we have a very useful and much needed work to the medical man and to the public; herein is concisely and clearly set forth the various Provincial Acts governing the practice of medicine in Canada, as well as the various health acts and measures of sanitary legislation now operative in the Dominion. Every hospital existing in the Dominion of Canada is carefully described and reliable data furnished of its equipments, staff and details. The medical teaching institutions of Canada, the laws relating to coroners, etc., the medical press and all matters whatsoever relating to the doctor and his profession are to be found within the covers of Dr. Powell's carefully prepared manual. We do not hesitate to express our highest praise and best congratulations of the doctor's work, and if the book were carefully read by every doctor and lawyer in this country there would be a clearer comprehension of the physician's privileges and duties that at present obtain in many quarters