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The Northern Lancet
And Pharmacist.

Gleans from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmical advances in both hemispheres.

WINNIPEG, JULY, 1890.

WINNIPEG GENERAL HOSPITAL NOTES.

BY W. S. ENGLAND, M.D.

Medical Superintendent.

Case 1.—

I. K., a French Canadian, aged 23, was admitted to the General Hospital May 30th, 1890, under the care of Dr. Jones, having come from Rainy River, where he had met with a severe accident, a log having rolled on to his left leg, producing a compound fracture of both bones of the leg, at the junction of the lower and middle thirds.

It took him and his friend seven days to reach the City, after having suffered great hardship from cold and exposure, the transport being a mixed one by boat portage and rail.

Patient received no surgical aid until near the city, when the leg was put in a box-splint and bandaged.

On admission patient looked very bleached and exhausted; bowels very constipated; anorexia; tongue dry and coated; temperature 101 3-5 F to F., pulse weak and rapid; respiration normal The leg was found to be gangrenous below the knee and the odor emitted was very offensive. There was a great deal of laceration and bruising of the soft tissues about the fracture.

Patien ..as a strong and well nourished man; occupation, lumberman; habits, always temperate. On May 31st, patient was given ether and the leg cleansed and examined. Although the patient's general condition was very poor, high amputation was decided on, and Dr. Jones proceeded to remove the thigh in the middle third, by lateral flaps. It was impossible to find perfectly sound tissue for the flaps, consequently, some sloughing was anticipated. The flaps were sutured and the stump drained and dressed. Patient soon recovered from the anæsthetic and felt much easier, the pain being much relieved by the operation; pulse improved; temperature lower and patient slept better.

July 3rd.—Patient continued to do very well, taking his nourishment and stimulants freely; dressed and found the flaps showing evidence of sloughing in two places; relieved tension by removing the sutures, sleep, fairly good; pain relieved by sedatives; perspiration profuse at times.

July 7th.—Patient looking much brighter; pulse 96; respirations 24; temperature 99° F.; bowels opened. Took down the dressing and removed part of the slough, which came away readily.

June 11th A.M.—Patient continued to do remarkably well. The stump was redressed to-day, after removing the remaining slough, thoroughly cleansing with 1-2000 Hgcl. 2, and bringing the wound together by a strip of surgeons rubber adhesive plaster drawn around the stump.

Patient seemed very sensative to pain when being dressed on all occasions, but especially this time; would twitch up the stump from the slightest irritation to it.

June 11th P.M.—Complains of slight stiffness of the lower jaw and neck.

June 12th.—Had a very restless night; severe pain in the stump and startlings when quiet; was given hypodermics of morphia, gr. ¼, as often as was considered safe, but without marked benefit, also bromide of potassium and chloral, freely.

The spasms increased in frequency and intensity and chloroform inhalations were resorted to.

Dr. Jones reamputated the bone, which protruded for about 1½ inches. The flaps were trimmed and resutured and the stump dressed.

On recovering from the anæsthetic the spasms became still more frequent and severe, and soon became tonic with exacerbations about every five minutes. The agony now was extreme and chloroform was given by inhalation and continued till the patient died.

Temperature to day 99° F.-101° F. During the spasms opisthotonos was marked; the "risus-sardonicus" was also well marked and perspiration profuse. The pupils were moderately dilated and active exaggerated reflex excitability was at all times present.

July 13th.—At 8 a.m. the temperature rose to 104° F. at 12.30 p.m. 106° F. The patient died from heart failure at 3.30 p.m. Unfortunately, no autopsy could be obtained.

Case 2.—Rheumatic Purpura Haemorrhagica.—E. K., female, an Icelander, aged 20, was admitted May 9th, 1890, under Dr. Chown, complaining of pain and stiffness in both knee joints, incessant vomiting, general malais and a rash on the extremities and body.

Patients previous health up to about three weeks ago, was good, since which time she has suffered from anorexia; vomiting nearly everything taken into the stomach; irregular bowels and rheumatic pains and swelling of the knee joints.

A few days previous to admission, a rash was noticed on the arms and legs. Occupation, domestic. Has lived in this country over two years, and well dieted. She is a well nourished girl, face flushed, but anaemic and bears the expression of profound sickness. Eyes look dull and listless, pupils moderately dilated and active; anorexia; tongue dry and coated; bowels irregular; temperature normal; The skin is dry and harsh and covered with a purpuric rash, in the forms of both petechiae, ecchymoses and a few bullow-form elevations about ½ to ¾ inch in diameter. The rash is not painful nor tender; is most profuse over the extensor surfaces of the extremeties and the chest.

Physical examination did not elicit anything abnormal with the heart, lungs spleen or other viscera; examination of urine with negative result. Vomiting has been severe and only relieved by entire rectal alimentation. Has had melaena and epistaxis, but not severe; gums not soft and tender; no hæmatemesis or hæmorrhage from any other mucous membrane.

The following is a brief account of the progress of the case since in hospital.

For the first three weeks had an occasional attack of epistaxis, but never copious; melæna was frequent and copious, thus greatly weakening the patient.

Turpentine was found to have the best effect on the hæmorrhages. The vomiting was only stopped by not giving anything by the mouth and rectal alimentation. The temperature at times was irregular but never high. The rash gradually faded and the patient continued to do well till about June 1st, '90, when a relapse occurred, with vomiting, diarrhœa and frequent and copious melena. This lasted nearly two weeks when it again was checked and the patient made an uninterrupted recovery, being discharged as cured June 27, 90.

ARTHRECTOMY OF THE KNEE JOINT.

Paul Sendler (Deutsche Zeitschrift f. Chirurgie, Bd. XXX., p. 107) S. in previous communications upon this subject, maintains the superiority of arthrectomy over resection in the treatment of tuberculous disease of the knee joint. As a result of increased experience he now reiterates his formerly expressed opinion as to the value of the newer method. He combats the objections to the latter and claims for it healing without shortening and the occasional occurrence of mobility of the joint to a greater or less extent as a result of this particular procedure, and asserts that it should always, when possible, be given the preference. It is regarded as one of the most serious objections against the evasion, partial resection or arthrectomy, that foci of tuberculous deposit or infiltration are further apt to be overlooked, but S. asserts that large deposits may be diagnosed by circumscribed tenderness on pressure before the operation, and that smaller ones are easily recognizable by the fragile or carious state of the cartilaginous covering of joint surface during the operation. The principle recently emphasized by V. Zoeger, Manteuffel (Centralblatt f. Chirurgie, 1889, p. 483) that without exception, an operation for the radical cure of tuberculous joints necessarily involves, to insure complete success, the securing of a bony

anchylosis of the joint can no longer be maintained in the face of continued experience with arthrectomy in furnishing improved functional results—i.e., limbs of equal length and moveable joints. The average length of time in hospital, in 18 cases reported by S., was 45 days, showing a considerable advantage in this respect over the older operation of typical resection. Four of these cases have passed the third year following the operation and no recurrence has taken place; the remaining 14 are of more recent date. In one case secondary amputation was necessary, and in another the result was unsatisfactory because of a previous paresis of the extremity. With these exceptions the results, both as regards rapidity of healing with fistulous tracks, comparative length of the limbs, and normal or almost normal movements of the joint, were entirely satisfactory.

It may be said that S. insists that every case must be submitted to early operation; but a few weeks of continued non-operative treatment are allowed to elapse before arthrectomy is resorted to By this early interference the usual cause of shortening, namely, the invasion of the epiphysis, either by the disease or the surgeon's knife is avoided.

The operative technique and after-treatment of S. consists in, 1st.—The employment of long lateral incisions into the joint in order to obtain access to the synovial sac, avoiding interference with the flexion and extension apparatus attached to the joint, in order that early movements of the parts may be carried on. 2nd.—In case of primary union the patient is directed before the end of the first week to make slight attempts at moving the knee joint, the dressings being lightly applied for the purpose. The greatest stress is laid upon the necessity of insisting upon the extension movements being properly performed; those of flexion follow naturally in the course of time.

POMADE FOR CHAPPED HANDS.—Lanolin, 100 gm.; paraffin oil, 10 gm.; vanillin, 0·1 gm; oil of rose 1 drop. Apply morning and evening.—*Rev. Ther. Med.*

SUMMER DIARRHŒA OF INFANTS

BY H. H. CHOWN, M.D., C.M., WINNIPEG.

The subject of infantile diarrhœa is one of special interest at this time of year because of its frequency. Though every practitioner has dealt with many cases, yet there is no generally accepted plan of managing the disease, and the long list of deaths ascribed to it each summer shows the want of a successful line of treatment.

Various medicinal agents have been lauded as curative and extensive trials have been made with many of them, but so far bitter experience has only shown each and all to be futile. That drugs may sometimes be useful one cannot doubt, but that the dietic treatment of these cases is, at present, more important than the medicinal is in my firm belief. Unfortunately the cause of the disease is not yet elucidated and we cannot, therefore, gather suggestions from its etiology. Occurring so frequently during the hottest part of the year, some have ascribed it to the overheating of the child's body. With the delicately adjusted heat-controlling powers of the human system, it is impossible for heat to be the one factor in the case. If high temperature of the atmosphere is to be accepted as an agent, it can only be secondarily by its deleterious effect on the child's food. The greater prevalence of the disease in thickly inhabited places and among bottle-fed babies, may be accounted for, partially if not wholly, by the influence of heat in aiding in the more rapid deteoration of food products, and especially of that universal baby's food, milk.

The arguments from analogy in favor of a bacterial origin of the disease are *both numerous and cogent, but we have* not yet found the particular microbe which causes such sad havoc. Until we isolate the germ, if such there be, the subject must remain a quaestio vexata. The greater number of drugs so far suggested for use in this disease belong to the class of germicidal agents, showing the strong hold that the microbic theory of origin has upon the general profession. Still it *remains true that we have no agent which*

while surely destructive of the germs is not, in doses large enough to be efficacious, injurious to the human system. The agent which will destroy the multitude of one-celled beings will injure if not destroy the multiplicity of single cells which unitedly form the baby.

The first step in treating this disease, then, should be to empty the bowels thoroughly, and thus get rid of all undigested food or other irritating substances, and, if possible, sweep out of the intestines the cause of the trouble. The particular agent to be employed rhubarb, castor oil, mercury, etc., is rather a matter of individual choice than a point of importance. Having attended to this, if the child is well nourished and in good general condition, I have not the slightest doubt that the best cure is absolute withdrawal of food for twelve to twenty-four hours with a free supply of water during this time. Such an interval of rest gives the digestive organs time to recover themselves while the fluid given aids in the washing out process begun by the purgative.

If the child is feeble or if not presented to us until late in the disease when collapse is either present or imminent, then the starvation plan would not be advisable for fear of weakening the patient too much. What food then shall be given? Milk, if it can be obtained from the mother's breast, and he would be rash indeed who should try or sugggest any substitute. But in bottle-fed babies or in infants who have been weaned, is cow's milk generally available as the principal part of the diet? Though the physician has frequently to insist on the superiority of milk as an infant's food, yet when diarrhœa begins little progress will be made until milk is wholly withdrawn for a time. Whether the rapid coagulation into large dense clots be due to small particles of undigested milk remaining in the stomach like the small curd adhering to the side of the poorly cleaned bottle, or whether it be due to an increased acidity of the gastric secretions it is undoubtedly the case that as long as a milk diet is continued, vomiting is persistent and the diarrhœa grows worse. Even the time-honored lime-water has little effect in aiding the stomach to retain and digest the milk and artificial digestion with pancreatic extract is not as successful in the summer fluxes as in many other cases of disease in children,

The foods which we are compelled to give are not physiologically perfect as they do not contain all the elements of tissue formation and heat-production, but three requisites they must possess—ease of digestion, non-coagulability and fluidity. Dr. Fothergill was a strong advocate of the need of starchy foods, because of their heat generating nature and their slight demands upon the stomach, as they are digested in the upper part of the small intestine. Hence we give barley or rice water, thin corn-starch or strained gruel. In order to improve the food values of these articles it is wise to add two or three tablespoonfuls of cream to each half-pint of the fluids.

Whatever be the tissue building powers of meat broths as determined by chemical analysis, there can be no doubt of their efficacy in aiding us to tide over this period of difficulty in digestion by furnishing a readily-absorbed fluid.—Chicken and veal broths may act either as stimulating and invigorating drinks or more probably as suppliers of the inorganic constituents of the body which are being so rapidly drained away in the discharges. Broths may be improved by having rice or barley boiled with them so as to combine the good qualities of both elements and in smaller bulk for the childs stomach.

Nitrogenous material may be supplied in either of two readily assimilated forms. The white of an egg stirred, not beaten, in a coffeecupful of water is generally retained and digested by the weak stomach, especially if a small quantity of salt is added. Beef blood, or using the more euphonious name, beef-juice, is also a capital form of nutriment.

Two or three other points must be noted very briefly, as my article is growing too long. Stimulants are often needed in the later stages and are best given with food, brandy in the white of egg and water, or sherry made with milk into white wine whey. Food should be given with some degree of regularity, and the hand of the anxious mother must often

be restrained, as she keeps pouring in aliment to try and check the rapid washing which is going on. The quantity must be regulated by the irritability of the child's stomach and its digestive powers. Water must be furnished freely because the thirst is great, the loss of fluids is rapid and the parched mouth is better cooled by pure cold water than by constant supplies of food. Free injections of water, half a pint to a pint, are often beneficial. This is one means of supplying the system with fluids, but its more useful action is in washing out the bowel and carrying away offending material.

In conclusion it would be the part of wisdom for us to educate our patients to bring the babies for treatment as soon as diarrhœa begins. So many a mother has had to learn the sad lesson from experience, that teething as a cause of summer diarrhœa, is only an old wive's tale, that it would be but a work of charity and mercy to make it known from the house tops, that danger and death lurk in every case of summer diarrhœa.

CHLOROFORM.

PRACTICAL CONCLUSIONS OF THE HYDERABAD COMMISSION.

The following are the practical conclusions which the Commission think may fairly be deduced from the experiments recorded in this report:

1. The recumbent position on the back and absolute freedom of respiration are essential.

2. If, during an operation, the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there is any doubt whatever about the state of respiration, the patient should be at once restored to the recumbent position on the back.

3. To ensure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest, or abdomen, is to be strictly avoided; and no assistants or bystanders should be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs without doing anything which can, by any possibility, interfere with the free movements of respiration.

4. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton inside at the apex.

5. At the commencement of inhalation care should be taken, by not holding the cap too close over the mouth and nose, to avoid exciting struggling, or holding the breath. If struggling or holding the breath do occur, great care is necessary to avoid an over-dose during the deep inspirations which follow. When quiet breathing is insured as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and to see that the respiration is not interfered with.

6. In children, crying ensures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, they should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anæsthesia, and this may only appear, or may deepen, after the chloroform is stopped (*vide supra*). Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

7. The patient is, as a rule, anæsthetized and ready for the operation to be commenced when unconscious, winking is no

longer produced by touching the surface of the eye with the tip of the finger. The anæsthetic should never, under any circumstances, be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

8. As a rule, no operation should be commenced until the patient is fully under the influence of the anæsthetic, so as to avoid all chance of death from surgical shock or fright.

9. The administrator should be guided as to the effect entirely by the respiration His only object, while producing anæsthesia, is to see that the respiration is not interfered with.

10. If possible, the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the administrator. If anything interferes with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again. This may sometimes create delay and inconvenience with inexperienced administrators, but experience will make any administrator so familiar with the respiratory functions under chloroform that he will in a short time know almost by intuition whether anything is going wrong, and be able to put it right without delay before any danger arises.

11. If the breathing becomes embarrassed, the lower jaw should be pulled, or pushed from behind the angles, forward, so that the lower teeth protrude in front of the upper. This raises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.

12. If by any accident the respiration stops, artificial respiration should be commenced at once, while an assistant lowers the head and draws forward the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

13. A small dose of morphia may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of anæsthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a very great deal of harm.

14. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

The commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil.

EDWARD LAWRIE, President.
T. LAUDER BRUNTON, }
G. BONFORD, } Members.
RUSTOMJI D. HAKIM, }
EDWARD LAWRIE, Surgeon-Major.

Hyderabad, Dec. 18, 1889.

THE INFLUENCE OF COLD IN PNEUMONIC INFECTION.—Dr. G. Lipari of Palermo in his recent experiments on the infectious nature of fibrinous pneumonia, essentially confirms what is known of Fraenkel's pneumonococcus, and has also succeeded in proving the influence of cold as a factor in the origin of fibrinous pneumonia. The endotracheal injection of pneumonic sputa or pleuritic exudation of animals which had died from pneumonococci gave a negative result, but when the author, before or after the endo-tracheal injection, exposed the animals to cold, the result was very different. Of eight animals so treated six died with clearly established pneumonic infiltration. The author supposes that the cold paralyses the ciliated epithelium of the bronchi, and at the same time causes their mucous membrane to swell, both of which pathological processes favour the descent of the infectious material into the alveoli. These experiments were doubtless undertaken with a view to harmonize the old and new teaching upon the origin of this prevalent disease.

THE NORTHERN LANCET AND PHARMACIST.

This number commences the fourth year's issue of THE NORTHERN LANCET. Considerable difficulty has been met with in establishing the Journal and no little expense incurred, owing to the apathetic attitude of the profession throughout the immense district of Manitoba, the North-west Territories and British Columbia, through which the paper circulates, though it is the only Medical Journal issued between St. Paul and the Pacific. It has, however, through the energy and perseverance of its promoters, under many difficulties, gradually gained ground, and the yearly increase of its subscribers, proves that its pages are appreciated.

Fresh arrangements have been entered into by which THE NORTHERN LANCET will henceforth be issued with a considerable increase of matter. Several pages will be devoted to Pharmacy, which will be under the immediate supervision of Mr. J. F. Howard. The Profession throughout the districts named, are cordially invited to send cases for insertion in the Journal. No favoritism or undue consideration will be shown to any one, the sole object of the Journal is to promote the welfare of the Profession, to protect its rights and privileges, and be the medium for that interchange of ideas by which true progress is alone assured. It is almost unnecessary to dwell on the advantages to the Profession of a local Journal. Though men take many papers, few are without their local newspaper, through it they know what is going on in their midst, and the actions of those they are interested in. So may the medical man take several Journals and yet may know nothing of what is transpiring in his immediate district, unless he numbers the local Journal among them. The columns of his home paper are always open for the report of his cases. The invasion of quacks in his district, the transgressions in medical ethics, all find prominent notice in the local Journal, and unless the cases be of special interest, these communications will receive but scant consideration from papers at a distance, who have their regular correspondents. Nor, can such Journals be expected to enter into local matters in other spheres far apart from where their interests lies. Every man who has attained to eminence in our profession has been a large contributor to the Journals. "By your fruits are ye known." But if the medical man is content to jog along, locking up the teachings of experience in his own breast, he is unjust to himself, his Profession, and his fellow men, and, with the last sod laid on his grave, the place knows him no more, He is gone and forgotten. We cannot all expect to be Harveys, Hunters, Dupuytrens, Pagets and Jenners, but all, every one, may add his quota to the general advancement of our art, and the present day affords abundant opportunities for so doing. We are yearly deluged with new drugs, and preparations, special therapeutic action claimed for each. The general practitioner has large opportunities for testing their vaunted merits, and his published record would become of infinite value. We are co-workers in a high and noble calling, in a young country of limitless possibilities, let us then join hand in hand, Let the Profession accord its warm support to the local Journal and the NORTHERN LANCET will do its part, and earnestly work in the *true* interest of all. Articles on Medicine, Surgery, Obstetrics, together with any Miscellaneous matter should be directed to the EDITOR of THE NORTHERN LANCET, 592 Main street, Winnipeg. All matters relating to Phar-

macy, together with all business communications, payment of moneys, etc., should be addressed to MR. J. F. HOWARD, drawer 1247, Winnipeg.

The Journal will be known henceforward by the name of the NORTHERN LANCET AND PHARMACIST.

DISINFECTANTS AND THEIR USES.

BY J. F. HOWARD.

Some means to prevent the spread and lessen the force of contagious and infectious disease not only to the general public, but also to those in attendance upon the afflicted, must be admitted to be of the greatest importance to humanity. Historic records shew that epidemics have prevailed in all countries, at times with such violence as to sweep whole communities, particularly in large towns and cities in which little or no attention was paid to water supply, sewerage or habits of personal cleanliness.

Historic epidemics show us a thrilling mortality from preventable diseases—diseases which by the observation of certain hygienic rules, might have been prevented, or at least, to a great extent modified. The three great points of hygiene, namely, cleanliness, disinfection and regimen, go hand in hand, the messengers of life, health and happiness. These laws are immutable, their mandates imperious, and they should not be treated with indifference. Yet, strange as it may appear, you will find in locations inhabited by people who surround themselves with every comfort and luxury, yet look with indifference upon the neighboring cess pools, swillbarrels, garbage, ill constructed sewerage, &c. outhouses and yards which should be kept scrupulously clean, will be seen reeking in filth and stench. This criminal negligence is because the minds of the people have not been properly educated to appreciate the inestimable importance of the subject. The municipal authorities fail to attach to their sanitary by-laws that force which carries with it conviction and reverence. Their observance should be considered quite as essential to existance as food and water. Until such is the case we cannot hope for immunity from occasional pestilence.

Disinfectants have been defined as agents "capable of destroying the infective power of infectious material," and in a wider sense they are agents "which oxidize or render innocuous decomposing organic matter and offensive gases, which arrest decomposition, or which prevent the spread of infectious diseases by destroying their specific contagia." The prime conditions of health in a house depend upon cleanliness, pure air, and unpolluted water, the prompt removal of all refuse, mould, dampness and foul smells are never to be neglected, even for a few hours. A bad smell is nature's warning of danger. In disinfection, two important points should be borne in mind, first, that partial disinfection is worse than none at all, as it may lull us into fancied security from which the awakening may be bitter, never stint the quantity of disinfection used. Secondly, no special disinfectant meets all cases. There is a strong popular belief that the commercial disinfectants, especially if possessed of powerful odors, are capable of purifying all manner of filth

Chloride of lime is at once the most practical and most used for obtaining chlorine, and is, undoubtedly, one of the strongest of the class of deodorizers, but it acts only on the gases of putrefaction, and does not destroy the putrefying substance. To those agents that destroy or antisept putrefaction must we look for the greatest benefit from disinfection. The most powerful antiseptics are the salts of mercury. Bichloride of mercury answers more nearly the requirements of a perfect disinfectant than any substance we have. Yet, it has drawbacks, mostly chemical. It is of value just as long as soluble and remaining as chloride. The greatest need of disinfectants is where the greatest amount of organic matter abounds, as in water closets, &c. Bichloride of mercury is precipitated by organic matter; when mixed with copperas as in the following formula:

Perchloride of mercury	3 pts.
Carbolic acid xlts.	5 "
Copperas (air dried)	100 "

the copperas which has a great affinity for sulphurreted hydrogen ammonium sulphide and organic matter, preserves the general effects of the perchoride.

Copperas dissolved in the proportion of one pound to each gallon of water and a few ounces of carbolic acid added, makes a cheap and good disinfectant and deodorizer for cellars, yards, &c.

A cheap and reliable disinfectant for use in sick rooms, when the odor of chloride of lime and carbolic acid is objectionable may be prepared from the following formula:

Nitrate of lead .....2 ounces
Water (soft) .....1 pint.
Dissolve,—

Chloride sodium.....8 ounces
Water (soft) .....1 pint.
Dissolve,—

Mix the solutions and filter and add 1 pint to 5 gallons of water. This preparation is colorless and may be used by saturating cloths and hanging around the room. During the continuance of a disease, careful attention should be given to the discharge from the patient, for in each one of these exists a hot bed of disease. They should be attended to at once. One of the best disinfectants for the excreta of patients is chloride of lime. It should be dissolved in soft water, in the proportion of 4 or 5 ounces to the gallon, and for each discharge a pint of the solution should be used, allowing them to stand some minutes before finally emptying. The matter vomited should be treated in the same way. Allow the patient to expectorate into a vessel containing the solutions. When chloride of lime is objectionable bichloride of mercury may be used, which is quite as effective, but slower in its action. Allow the discharge to stand an hour after receiving the solution. Strong solution may be kept till required and then properly diluted with water. The following solution is a good one:

Bichloride of mercury ....I ounce
Chloride of lime 5ounces
Soft warm water.....1 pint

One ounce to a gallon of water, a little permanganate of potash should be added to the strong solution owing to the extreme poisonous nature of the perchloride.

The proper disinfection of a house or room in which a contagious disease has existed, demands that it be vacated by its occupants. Spread out and hang upon lines (in the room) all articles of clothing and bedding close well the windows and all openings, then take sulphur, 3 lbs., for every 1000 cubic feet, put into an iron dish supported over water, pour on some alcohol and set fire to it. Allow the room to remain closed for 24 hours. Paper should be taken from the walls and burned, whitewash the walls and ceiling with whitewash in which 2 ounces of sulphate of zinc has been dissolved in each gallon, wash all furniture and painted work with boiling water containing sulphate of zinc in the same proportion. Finally the room should be open to air and sunshine as long as possible before being occupied. Sulphur fumigation was held in high esteem by the ancients, which is attested by the following quotation from Pope Homer's Odyssey:—"Bring sulphur straight and fire (the, monarch cries) she hears, and at the word obedient flies, with fire and sulphur, cure of noxious fumes, he purged the walls, and blood polluted rooms." Where any suspicion of the drinking water exists it should be thoroughly boiled and filtered, common filtering paper used by druggists will answer this purpose. It may be cooled by placing the receptical upon ice, never put ice into it. The origin of many germ diseases has been definitely traced to a contaminated water supply. Most typhoid cases can be shown to have resulted from drinking impure water.

LANOLINE—A NON-IRRITATING BASIS FOR OINTMENTS.

The *British Medical Journal*, speaking of "Lanoline," says:—"Its peculiar features are its purity and antiseptic quality, and the fact that it does not become rancid or harbour germs. In this new form 'Lanoline' comes very near to perfection to those qualities of an unguent basis that are claimed for it."

"Lanoline" is now of a creamy tint, odorless, very slightly adhesive, and the price is considerably lower than when first introduced. Where a cheaper product is desired we have prepared another

base (Unguentum Lanolin) containing 20 per cent. of paraffin. This homogeneous mixture, like pure "Lanoline," is miscible with Tar, Huile de Cade, Ichthyol, and all other agents employed as topical applications in the treatment of skin affections.

Unna and Jamieson have directed attention to the necessity of employing water in ointments; in this respect "Lanoline" is the only fat which will absorb any *appreciable quantity of water.*

"During the last six months 'Lanoline' has been largely used in new directions, as well as in those where it has already proved of unique value, and it has formed the subject of a few elaborate investigations. Of these may be mentioned the paper of Dr. Goldman on the use of 'Lanoline' for the preparation of the very unstable so-called Hebra Ointment or unguentum diachyli in the place of the olive oil previously used. The ointment made with lead oleate, 'Lanoline,' and liquid paraffin kept good for over four months, and its healing properties were increased. The experimental results were also endorsed by Wilhelm."—*Helbing's Pharmacological Record.*

EXALGINE, THE NEW ANALGESIC.

Exalgine is the name given to a new derivative of the aromatic series, orthomethyl-acetanilid, discovered by Brigonnet of the Cochin Hospital, and which has suddenly leaped into extraordinary favor as an analgesic in France. The name (*ex*, privative, and *algos*, pain) is significant of its qualities. The formula is $C_9H_{11}NO$ (or $C_6H_5O_2H_3O.NCH_3$), and the substance is one of the three isomeric (*para*, meta and ortho) methyl derivatives of acetanilid. It occurs either in fine acicular or long tablet-like crystals, accordingly as it is obtained by evaporation from solution, or by fusion thereafter. It is sparingly soluble in cold water, more soluble in hot water, and extremely soluble in very dilute alcohol, or in water slightly alcoholated. Physiologically it acts very much like analgesine, having, however, more effect upon the sensory and less upon the thermogenic centers than this substance. Its therapeutic effects are obtained in doses of from 4 to 6 grains, administered at once, or from 6 to 12 grains taken in two doses in the course of twenty-four hours, and are powerfully analgesic, subduing the element of pain in all forms of neuralgia, including visceral. Like all new remedies of this sort, it is at present on its good behavior, as it were, and it is claimed by M.M. Dujardin-Beaumetz and G. Bardet that it *has in their hands up to the present* exhibited no evil sequelæ, being free from the rash, cyanosis, etc., so frequently observed after the ingestion of antipyrin and acetanilid. Exalgine is eliminated by the urine, upon the quantity of which it exercises a marked effect, acting like the antipyretics of the same group, diminishing the quantity of sugar eliminated. Like all of the derivatives of the aromatic series, it is antiseptic and antithermic, as well as analgesic, and possesses the latter quality in a comparatively superlative degree, being more efficient, in doses less than half so great, than antipyrin.

Antineuralgic potion of Exalgine.

℞ Exalgine ..... dr. i
Alcohol ..... dr. iv
Simple syrup ..... oz. i
Distilled water, sufficient to make ..... oz. v

Doses from 1 to 3 tablespoonfuls during the day.

A SUGGESTION WORTH CONSIDERING—STANDARDIZING DOSES.

Below we present for the edification of our readers a list of doses given for 145 fluid extracts, officinal and unofficinal:—

1	Min.	to	3	Mins—	4	10	Mins.	to 30	Mins— 1
1	"		4	"	—2	½	Drachm	" ½	Dr. —10
1	"		5	"	—4	¼	"	" ¾	" — 7
1	"		8	"	—1	½	"	" 1	" —10
1½	"		10	"	—1	½	"	" 1½	" — 1
2	"		8	"	—2	¼	"	" 2½	" — 1
2	"		10	"	—1	½	"	" 1	" —30
3	"		6	"	—2	½	"	" 1½	" — 1
3	"		10	"	—1	½	"	" 2	" —77
3	"		15	"	—4	½	"	" 2½	" — 1
3	"		30	"	—1	½	"	" 1¼	" — 2
3	"		60	"	—1	¾	"	" 2	" — 3
5	"		10	"	—1	¾	"	" 2¼	" — 1
5	"		15	"	—7	1	"	" 1½	" — 1
5	"		30	"	—7	1	"	" 2	" — 4
7	"		1	"	—1	1	"	" 4	" — 1
8	"		15	"	—1	2	"	" 4	" — 1
8	"		30	"	—7				

Does it occur to the reader that the

hand which fashions order out of chaos has ever touched this medley? Can anyone guess the waste of brain substance occasioned by the attempt at memorizing of these doses by students and practitioners of medicine?

In the first place the difference between the *minimum* and maximum doses is absurdly great, when neither is of any avail to him who administers drugs for their *beneficial effect.* We would respectfully urge the Pharmacopœial Convention to establish in place of these doses a *maximal* dose only, which is considered safe of administration for a first dose to a grown up person, barring, of course, idiosyncrasies. "In short, the only doses that could be wisely stated would be those proper to begin with, imposing upon physicians their duty of watching the effects of their agents and increasing their doses until they reach the desired effect or the physiological effects."

Again, a glance at the list above given will convince anyone that it would not take much skill for any pharmacist to prepare 5 different preparations, the initial dose of which shall be 1 Min. for the first 15 preparations *et genus*; 5 Mins. for the next 25 preparations, and the like; 15 Mins. for the following 47 preparations; 30 Mins. for the next 43 preparations, and 60 Mins. for the remainder.

Assayed fluid extracts of a standard strength necessarily do not represent a pound of the drug to a pint of the menstruum. Why not increase or decrease the quantity of the drug used *to standardize the initial dose,* instead of the relative strength of the finished product, measured by pounds or gallons?—*Omaha Clinic.*

ICHTHYOL IN SKIN DISEASES.

Ichthyol, discovered by Schroter, is distilled from a peculiar bitumen found in the Tyrol, and has the consistency of purified coal tar.

An ointment containing 50 per cent. of Ichthyol is highly recommended externally in psoriasis and for the very sensitive skins of debilitated subjects.

Ichthyol is compatible with mercury and its salts, also with zinc or lead ointments. Lanoline is the best basis for the preparation of an ointment. A mild ointment is said to be regenerative, a stronger one resolvent.

In rheumatism, including all the various forms that go by that name, from muscular rheumatism to rheumatoid arthritis, it is most valuable. Professor Schweninger in a recent letter says:

"I am pleased to tell you that Prince Bismark has allowed me the pleasure of notifying how extremely favorable the Ichthyol preparation, and particularly the Ammonium Ichthyolate, have influenced the rheumatism and lumbago from which he suffered."

CHLORALAMID.

Chloralamid is the product of a mixture of Chloralanhydrid, $CCl_3 CHO$, and Formamid, CHO, NH_2, having the formula, therefore,

$$CCl_3 CH \lessdot \begin{matrix} OH \\ NHCHO. \end{matrix}$$

On the request of Dr. von Mering Chloralamid was first produced in the laboratory of the Chemische Fabrik auf Actien, vormals E. SCHERING, Birlin, by whom it is now exclusively manufactured.

Chloralamid is produced in colorless crystals; dissolves in 9 parts of water, and in 1½ parts of alcohol; is of a mild, slightly bitter taste, but is neutral, and the taste is readily disguised by the addition of syrup or other aromatic vehicles. The aqueous solution to be prepared at a temperature not exceeding 60° C. (140° F.) is permanent, but separates at a higher temperature. Both alcoholic and aqueous solutions remain unchanged with the addition of nitrate of silver, nor will weak acids affect them; but caustic alkalies rapidly and carbonic alkalies gradually decompose the solutions. This demonstrates that Chloralamid should not be administered with alkalies, but may be given with advantage in acidulated solutions.

Chloralamid is given to adults in doses of 3—4 grm. in powder form or in solutions with water or wine; the effect is asserted within half an half and lasts from seven to nine hours; no change is effected on the blood circulation.

The various experiments already made with Chloralamid indicate its adaptibility in all cases of sleeplessness due to nervous excitement, neurasthenia, phthisis, heart-disease, spine-diseases and in cases of insomnia not accompanied by acute pains.

Chloralamid, judging from reports to date, acts promptly and almost invariably induces restful slumber; it produces no ill side or after effects, is tasteless and odorless, and unlike other similar remedies it is introduced at a modest price, costing about one-quarter the price extorted for sulfonal in this country, for instance.

SHAMPOO LIQUID.

Fl. Ext. Soap Bark	5 ounces.
Glycerine	2½ "
Cologne	5 "
Alcohol	10 "
Rose water	15 "

FOR NEURALGIA, SCIATICA, &c.

Caffine	grs. ii
Antipyrim	grs. viii
Salucylah soda	grs. x

Mix one every four hours.

TO REMOVE NITRATE OF SILVER STAINS.

Bichloride of mercury	10 gr.
Carbonate of ammonia	10 gr.
Water	2 dr.

Mix: apply with soft flannel.

FOR PRAIRIE ITCH.

Naphtholine	3 dr.
Green Soap	2 oz.
Prepared chalk	2 dr.
Vaseline	2 oz.

The affected parts to be rubbed twice a day.

FLOOR POLISH.

White wax	9½ ounces.
Bleached shellac	9½ "
Rosin	1 "
Oil of turpentine	12¼ "
Alcohol	50 "

Melt the wax, shellac and rosin together, remove from the fire and add while still hot, the turpentine, and stir well. warm the alcohol to a point nearly that of the solution, and add with rapid and thorough stiring.

LEMONADE IRON.

Tinct. of chloride of iron	2 fldr.
Diluted phosph. acid	6 "
Spts. of lemon	2 "
Syrup to make	6 "

Mix a dessert spoonful in water after meals.

CARMINATIVE MIXTURE.

DALBEYS CARMINATIVE.

Carbonate magnesia	1 ounce.
Carbonate Potash	20 grs.
Tinct. of opium	180 min.
Oil of caraway	4 drops.
Oil of fenne.	4 "
Oil of peppermint	4 "
Syrup	2½ ozs.
Water, to make	16 fl. oz.

Each fluid once represents about one grain of opium.

CORNERING PHARMACEUTICAL PREPARATIONS.—Messrs. Parke Davis & Co., of Detroit, whose preparations are well and favorably known in Manitoba, are, we hear, making a bid to become the sole manufacturers of pharmaceutical preparations in the United States. Recently they have bought out big concerns in Chicago and San Francisco, and are pushing ahead in a very determined manner. Australia they have already tapped. Standarized preparations are their leading line, and they get the credit of being the cause of the recent agitation for a more general recognition of the standard principle in the United States Pharmacopoeia. The firm are also constructing a laboratory at Walkerville, Ont., which is intended to give them improved facilities for pushing trade in Canada.

INSECT POWDER.—The value of insect powder is generally supposed to be due to some volatile constituent; it is, therefore,

frequently put up in well closed containers, and considerable stress laid upon its having a decided odor, if effective. E. Hirschsohn, examining a sample of the powder which for five years had been kept in a paper box, found it to be entirely odorless, but as effective as when purchased. A number of fresh samples of Persion and Dalmatian powders, which were tested and found to be effective, were heated to 120° C. for eight hours, but had not lost their activity, although they were completely deprived of odorous principles. Thinking that the value depended upon the presence of acid, resin and this gradually becoming neutralized by absorption of ammonia from the atmosphere might cause deterioration, experiments were made, in which the powder was mixed *with alcholic ammonia to alkaline reaction* and allowed to dry at ordinary temperature; when dried, the powder showed the original activity, neither being increased nor decreased. Of various solvents, water gave an inert extract upon evaporation; 95 per cent. alcohol, 70 per cent. alcohol, chloroform, ether, benzol, carbon disulphide and petroleum ether all extracted the active constituent, and the residual powder was inert. With the exception of the carbon disulphide extract, which was neutral, the extracts were acid to litmus paper. If the active extractions be mixed with some inert powder, like powered chamomile, the product acts like the original powder. Seventy per cent. alcohol will remove from the petroleum-ether extract an oily resinous mass, which placed upon the tongue, produces a sensation similar to an extract obtained from the pyrethrum root; these substances must be different, however, as pyrethrum possesses no vermin-destroying properties. —*Pharm. Ztschr. f. Pnssl.*

PERSONAL.

A banquet was given by the druggists of the province at the Clarendon Hotel, Winnipeg, on the evening of June 18th to Mr. W. J. Mitchell, who is severing his connection with the drug business of this province, and intends residing in Toronto in future. Mr. Mitchell's popularity among his brother chemists was attested by the large numbers who attended to do him honor. Some thirty gentlemen from different parts of the province being present. Mr. G. W. McLaren, of Morden, President of the Association, presided. Mr. Mitchell's career in Manitoba has been a successful one, extending over the past ten years. He has always taken an active interest in Pharmaceutical matters, has been member of the council of that association nearly the whole of that time, and its President for four years. Mr. Mitchell will be missed not only by his business confreres but by the citizens of Winnipeg generally, as he has been one of her most liberal and public spirited members of society. He goes from among us with *the best wishes of all for his future success* and happiness. Mr. Mitchell has been compelled to leave Manitoba owing to the ill health of Mrs. Mitchell.

The Lambert Pharmacal Co.'y of St. Louis, Mo., have inaugurated a series of reprints on certain medicated subjects in which antiseptic treatment is advocated. Any of these reprints will be forwarded free of cost to any physician. The preparations of this firm, Listerine and Lithiated Hydrangra, are rapidly gaining in favor. A number of our local physicians report great success with them.

Messrs. Martin, Rosser & Co. who have purchased the business of the Mitchell Drug Company are gentlemen who have made a reputation for themselves in Eastern Canada. Mr. Martin, who is from Ottawa, was proprietor of one of the largest and most successful retail drug businesses in Ontario, which experience will qualify him for looking after the retailers' interest, as he can thoroughly appreciate their requirements, knowing that the greatest element in the success of the retailer is to be supplied with the purest of drugs by his wholesale house. Mr. Rosser comes to us with the reputation of being one of the most successful and popular drug travellers in Canada. His first experience in wholesale business was in the laboratory of Messrs. Kenneth Campbell & Co. of Montreal, a firm who are known all over the Dominion for their

integrity, and being proprietors of some of the best and most popular drug specialties on the market. A business training with such a firm is a recommendation which any man may be proud of. We congratulate the druggists of Manitoba on having two such gentlemen to cater for their wants and we predict for the new firm a successful career.

Mr. Henry Lyman, accompanied by his two sons, R. C. Lyman and H. H. Lyman, all members of that well-known and popular firm of wholesale druggists, Messrs. Lyman Sons & Co. of Montreal, are at the present time taking in the principal objects of interest in this Northwestern country and British Columbia. The name of Lyman has been associated with the drug business of Canada for so many years that it has become in the minds of the average druggist as staple as the drugs themselves, which have been handed down to us through generations. The original firm having been established in 1800 by a Lyman. Death has necessitated many changes, but the firm has steadily advanced on its career of usefulness and prosperity, and to-day the three gentlemen who are visiting us rank among the most successful business men of Canada.

Messrs. Fairchild, Bros. & Foster, of New York, who are noted for their Pepsins and Peptonising preparations, have issued a very neat perforated pocket-book of receipts for the preparation of Peptonised milk, gruel, milk-punch, milk lemonade, peptonised beef, junket or curds and whey. This book of receipts is very convenient for physicians to carry in their pockets and leave with patients full directions for making any of the above preparations, which are becoming very popular with the profession. Messrs. Fairchild, Bros. & Foster will cheerfully send them to any druggist wishing to supply their medical friends.

The registrar of the Manitoba Pharmaceutical Association has had the painful duty during the past month of prosecuting a Winnipeg druggist. This gentleman opened a branch store in the city and proposed carrying it on without a qualified chemist.

Clause four of the by-laws read :—"Provided that in case any Licentiate Pharmaceutical Chemist shall carry on such business in more than one locality, the further sum of ten dollars shall be paid by him, as aforesaid, for each such additional place of business; and provided also, that any branch doing such business shall only be carried on by a Pharmaceutical Chemist when he employs in it a duly registered Pharmaceutical Chemist as required in Section XXXI of the Act."

As he refused to comply with this clause, the registrar swore out an information against the druggist and his employee, and on appearing before the police magistrate, they were each fined twenty dollars and costs. This is the second prosecution within the last few months, which shows that the new registrar, Mr. Strachn, proposes seeing that the laws of the Association are respected.

MISCELLANEOUS.

BALDNESS.—It is stated that one grain of pilocarpine in a half ounce of vaseline applied to the scalp will prevent baldness.

RUBIDIUM-AMMONIUM BROMIDE, according to Dr. Rottenbiller (*Internat. klin Rundschau*), when given in doses of 5 gm. daily, reduces the frequency of epileptic attacks, but like potassium bromide exerts no permanent effect in this disease.

EMULSION OF COD LIVER OIL is made by taking equal parts of lime water and the oil. Add a small quantity of wintergreen or oil of almond to flavor. It will agree in many instances with a delicate stomach that will not tolerate the pure oil.—*Kansas Medical Journal.*

TUBERCULOUS CIGARS.—It is stated that a German physician, on examination of a number of cigar tips, found that many of them were infected with tubercle bacilli. The makers were tuberculous, and, in the manufacture of the cigar, moistened the tips with their saliva.—*Health.*

THE phonograph has been timed to run account in recording the sounds given by the heart and lungs under auscultation. It is thought that this should be of invaluable service in consultation, as a true account of a patient's condition can be

sent to a specialist at a distance.—*Trained Nurse.*

LASSAR'S PASTE.—

℞ Acidi salicylici pulv. .....gr. ix.
Pulv. amyli .....
Zinci oxidi .....a a.....dr. ij.
Adipis dehydrat .....oz. ss.
M.—et ft. unguentum.

For eczema, and dermatitis generally, whether caused by burns, chemical or mechanical irritants, or arising from disease. The powder should be finely triturated and the ointment thoroughly mixed.

TAPE WORM.—A whole cocoanut grated fine, mixed with its milk, and taken on an empty stomach on rising, is, according to Prof. Pariso, fully as reliable a teniafuge, if not more so, than male fern, kousso, pomegranate, etc., while it is far more agreeable to the palate. It has been thus used in India for many generations. No after-treatment is necessary as the single dose is all-sufficient.—*Ind. Pharm.*

TEST FOR BILE IN URINE.—Chloroform, as a test for bile in the urine is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test tube, along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present; the test fluid remains limpid.—*N. Y. Med. Times.*

PUERPERAL INFECTION.—Hegar (Sammlung Klin. Vortrage, No. 351) thinks the doctrine of so-called self-infection has has not been proven. There is no conclusive evidence that puerperal infection may arise from micro-organisms having their habitat in the genital tract. The genital germs are in general only putrefactive germs. Improvements upon the best results thus far attained by antiseptic practice in natural labors are to be reached only by less frequent vaginal examinations or by omitting them altogether.

ONE of those singular malformations described as "parasitic fœtus" has been attracting some attention at Demerara. A coolie was admitted into the Colonial Hospital suffering from a tumour in the right loin. The man died, and at the post-mortem examination the "tumour" proved to be possessed of a cranium, with hair attached, an imperfect nose and mouth, no hands or feet, but the rudiments of male genitals. The subject of this "autosite" was thirty-two years of age.

HUDSON (A. T.) ON VERATRUM VIRIDE IN TONSILLITIS.—Tincture of veratrum viride, given before the congestion and inflammation have progressed to molecular impairment, or within twenty-four or thirty-six hours of the beginning, will accomplish this end. The dose is four to five drops given every three hours. Often three or four doses will stop the congestion and produce sweating and permanent relief. Morphine may be added whenever nausea occurs, before the phlogistic symptoms have yielded.

A NEW use for ether during anæsthesia is suggested by Dr. Hare of the University of Pennsylvania. When the breathing suddenly ceases in anæsthesia, it is customary to use cold water by slapping the patient with wet towels, and often dangerous delay occurs before the water arrives. The ether may always be at hand. The doctor has found in many instances, both in man and the lower animals, that the free use of ether poured upon the abdomen causes so great a shock by the cold produced by its evaporation as to induce a deep inspiration, which is often followed by the normal respiratory movements.

OFFICIAL TRIAL OF AMADOU IN THE TREATMENT OF CARCINOMA.—In two cases of uterine cancer occurring in his clinic, Professor Slavianski administered amadou (Polyporus igniarius), which had been asserted by some woman to be a certain remedy for the disease. This was done at the request of the Russian Minister of War. A decoction of six drachms to three pounds of water was made. A teacupful was given internally from three to five times a day, and an injection of the same an equal number of times. Dr. J. Lapis states that there have been no beneficial effects from this treatment, and that all reputed cures must be due to a false diagnosis.

NITRATE OF SILVER IN PURPURA.—The ordinary hæmorrhagic remedies often fail to bring about a change in the ob-

scure conditions which underlie the occurrence of purpura. Dr. Poulet, of Planchet-les-Mines, has for many years made use of nitrate of silver in severe cases of purpura, complicated by copious hæmorrhages from the nose, stomach and bowels. He narrates two cases which seem to point to a distinct controlling influence over the morbid condition. He gives it in doses of from an eighth to a sixth of a grain, made into a pill with bread crumbs, twice or three times a day. It is seldom necessary to continue the treatment beyond four days.—*Medical Press and Circular.*

Some Points on the Treatment of House-Maid's Knee.—Making and maintaining an aseptic operation field, he incises in its full length the anterior wall of the sac, and with scissors and curette removes all of the sac and fibrous tissue, leaving throughout a raw surface. Then with heavy silk and long straight needle he introduces six or eight sutures between the posterior wall of sac and the patella, coming through the skin some distance back from incision on either side. He now accurately closes the incision with superficial sutures, and placing a large pad of aseptic gauze upon it, ties the deep sutures tightly over all, obliterating the space entirely. Healing by first intention should take place in a few days.—*J. S. Wight, M.D., in Brooklyn Medical Journal.*

Molluscum Contagiosum.—Professor Neisser, of Breslau, published in the *Vierteljahresschr. f. Dermat. u. Syph.*, 1888, the results of a series of careful observations, from which it appeared to him that the essential cause of molluscum (or epithelioma) contagiosum is a psorozoon. This psorozoon was supposed to develop within the epidermic cells, and to give rise to a peculiar change which constituted the pathological histology of the disease. In the *Monats. f. prakt. Derm.*, vol. 10, No. 4, Drs. Torok and Tommasoli have published an account of a very exhaustive study of this affection, chiefly made in the dermatological laboratory of Dr. Unna, of Hamburg. Having treated sections through the diseased epidermis by various dyes and chemicals, they have satisfied themselves that the so-called amœbæ of molluscum contagiosum are not organized bodies at all, but are the products of degeneration of the substance of the cells, and that these products are chemically related to colloid substance.

Antifebrin not a Safe Remedy.—Dr. Beale says: I am very glad Dr. Wilks supports me in condemning some of the new and dangerous remedies sometimes given in various febrile diseases, and hope you will allow it to be widely known as possible that antifebrin and, I venture to think, more than one allied substance are not safe, and ought not to be prescribed. A high temperature, as far as I am able to judge, does less harm to the patient than some of the substances given to reduce it. The class of remedies in question occasions physiological changes which are indeed the very last to be desired in cases in which the tendency to death, particularly in certain forms of acute disease, is due to defective action of heart or lungs or both, and is, in fact, contraindicated.

Is the Gastric Juice a Germicide?—Drs. Straus and Wurtz have conducted a series of experiments in order to ascertain the action of the gastric juice on the bacilli of tubercle, charbon, typhoid, and cholera morbus. The juice from man, dogs, and sheep was selected for the experiments. It was found that digestion for a few hours at a temperature of 100° F. destroyed all the germs. The bacillus anthracis was killed in half an hour, the bacillus of typhoid and cholera in under three hours, whilst the bacillus of tubercle bore digestion for six hours, under which time it was still capable of provoking general tubercular infection. Even when digested for from eight to twelve hours the bacillus was still capable of producing a local tubercular abscess, not followed by general infection. Over twelve hours' digestion destroyed it completely. The germicide influence of gastric juice appears to be due to its acid contents, as it was found that hydrochloric acid alone, dissolved in water in the same proportion as it is in gastric juice, proved as active a destroyer of the bacilli. The pepsin appears to have no influence on the germs.

MM. Straus and Wurtz, who publish their researches in *Archives de Medecine Experimentale*, wisely remind their readers that the germs, when protected by animal and vegetable tissues and introduced into the stomach in ordinary nutrition, are not exposed to so direct and prolonged action of the acid constituents of gastric juice as in these experiments.

Simple Apparatus for Making Sulphuretted Hydrogen.—Remove the cork and piston of a glass syringe, fill it to within a third of the large opening with morsels of sulphide of iron of about the size of a pea, and fit to the same orifice, a rubber tube connecting with a glass syphon. To the small opening of the syringe attach a piece of rubber tubing connecting with a glass tube furnished with a stop-cock. The latter being opened, the syringe is placed in a conical glass vessel containing a sufficient quantity of hydrochloric acid to cover the iron salt. The gas commences at once to form. To stop the disengagement of gas close the stop-cock. The syringe is then placed in a jar of pure water, and, the cock being again opened, the apparatus becomes filled with water and chloride of iron is dissolved.—*Bull. de la Soc. de Phar.*, Brussels, Feb. 15.

A New Expectorant.—Cocillana, the bark of an undetermined species of guarea, discovered in Bolivia in 1886 by Professor H. H. Rusby, has been recommended by Dr. Reynold W. Wilcox as an expectorant. The powdered bark produces nausea, a metallic taste, early discharge of mucus, and afterwards dryness of the throat, slight giddiness, slight perspiration, and has some action on the bowels. A concentrated tincture of the bark, given in doses varying from 3ss. to 3ij., in cases of acute and chronic bronchitis, was found to have a most satisfactory expectorant action. The effect is produced after from three to six hours, the expectoration becoming more watery and cough easier. The drug appears to act by stimulating the muciparous glands, and Dr. Wilcox considers that it is to be preferred to ipecacuanha in that it does not readily cause nausea when given in doses sufficient to produce the expectorant effect. It is not suitable to cases of senile bronchitis with bronchiectasis, owing to its markedly increasing the bronchorrhœa. The tree from which the bark is obtained reaches the extreme height of 30 or 40 feet; the bark is thick and ash-colored; the branches bear large pinnate leaves with small inconspicuous flowers in the axils. No adequate chemical examination has yet been made, so that the constituent to which its medicinal powers are due is not known.

An Important Decision.—Dr. Cruikshank sued a Mr. Gordon for slander, in saying, "He treated my child for malaria when it had another and entirely different disease," and "he nearly killed my child, and would have killed it if another doctor had not been called in." The jury rendered a verdict for the doctor for $1,600 damages, which was confirmed by each successive court, and finally by the Supreme Court of the State of New York. In addition to the specific charge, the slanderer repeatedly stated that the Doctor was generally incompetent as a physician The most important point reached by the decision was that the physician need not prove the damages sustained, as that would be impossible, but, the slanderous language being uttered, the damage resulting therefrom may be assumed. The case is fully reported in *Brooklyn Medical Journal.*

Sulphonal.—Dr. Schmidt gives in his inaugural thesis at the University of Wurzburg a review of everything that has been published on the effect of sulphonal. His own experiments are confined to six cases, chiefly to phthisical patients, in which he administered the drug for the relief of nocturnal sweats in doses of seven grains and a half. The result was generally favorable, and Dr. Schmidt ascribes this to a direct influence of sulphonal on the sudorific centre of the medulla oblongata. He concludes that sulphonal is a useful hypnotic in most cases in doses of from fifteen grains to two scruples. It is also successfully administered in the stage of excitement in mental disease. Digestion and circulation are rarely interferred with, but occasionally more or less vertigo or ataxy is observed in consequence. In heart disease the drug has sometimes no effect;

while in other cases, especially those where the compensation is insufficient, the action of the heart is interfered with, and great care has to be used in giving sulphonal to such patients. In doses of from three grains and a half to seven grains it may be safely used to prevent excessive sweating.

A NEW METHOD OF TREATING FRACTURED PATELLA.—At a meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom which he had operated by a novel method to secure bony union in case of a fracture of the patella. The skin over and around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed, there was no sign of irritation, and the temperature had never been above normal. As the fragments seemed well united, the needles were withdrawn. a plaster-of-Paris splint applied, and the patient allowed to go home Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint, it would be desirable to aspirate.—*Med. Rec.*

GUNZBURG'S METHOD OF DIAGNOSIS IN DISEASES OF THE STOMACH.—Toward the end of the year 1889, Gunzburg announced his method for determining the digestive power of the gastric juice (*Semaine Medicale*, 1889 Annexes, p. cxciv.) Dr. Marfan, chief of the clinic of the *Faculte de Paris*, has studied this method, and his results confirm those of our *confrere* of Frankfort-on-the-Main. The iodine reaction in the saliva of healthy persons appears almost invariably an hour and a quarter after the ingestion of the capsule. If the reaction appears sooner than this, it denotes an exaggerated digestive power; if it does not appear until later, there is insufficiency of the gastric juice. Dr. Marfan insists on some points in technique. The trial meal does not to him appear to be very important, provided the capsule is given one hour after the meal. The discovery of iodine in the saliva is made in the following manner: The patient expectorates in a glass; a weak solution of starch is intimately mixed with the sputa; then a few drops of fuming nitric acid (no other acid will do) is added; when the saliva contains iodine, there is produced a reddish color at first, then blue, of iodide of starch. Dr. Marfan does not continue the search longer than three hours; if the iodine reaction is not then produced, a very marked insufficiency of the gastric juice is inferred. From a trial in over 40 cases, Dr. Marfan believes that the method of Gunzburg will prove of great practical service.—*La Semaine Medicale*, March 12, 1890, p. 42.

SIMPLE METHOD OF REDUCING DISLOCATIONS.—Dr. Julius Kremer, of Waitzen, has described a new and simple method of reducing dislocations of less than two weeks' duration, in which the result is effected easily, without the use of anæsthesia or extension and counter-extension. The object of this method is to avoid the muscular contractions, which offer the greatest obstacle in other methods of reduction; this is obtained by a sudden jerk, which by its swiftness evades the contractions. The procedure is modified according to the nature of the dislocation; Kremer describes that for the reduction of a shoulder dislocation as follows: If the surgeon is a small man, the patient is seated upon the floor, but if the surgeon is of large stature, upon a footstool; an assistant kneels by the side of the patient, and steadies the patient's shoulder by placing his forearms together upon it. The surgeon then raises the patient's arm until some slight resistance is felt, not enough to produce pain, and then, in the case of a left-sided dislocation, he grasps with his right hand the patient's arm from the outer side about its middle, and with his left hand he grasps the arm just above the elbow from the inner side, so that the patient's forearm rests upon the operator's left forearm. The arm is then suddenly jerked;

in a forward dislocation, the motion is outward, upward and a little backward; in a dislocation backward, it is forward, upward and outward; and in a downward dislocation it is upward and outward. According to his representation, the manœuver—the description of which is somewhat lacking in clearness—is so easily performed that in winter it is unnecessary for the surgeon to remove his overcoat. No snap is heard on reduction, as the muscular action which causes it is wanting. It is also of importance that the patient should not be told of the intended procedure.—*P. Med. Chir. Pr.—Deutsch. Med. Ztg.*

ACNE SYCOSIS TRACEABLE TO A BARBER'S SHOP.—I have lately had under observation four well-marked cases of sycosis of the beard, occurring within short intervals of each other. All the cases occurred in a small town where it was possible to definitely trace the source of infection in a way which would be impossible under the more complicated conditions of life in a large town. All the four patients had at different times, but in each case immediately preceding the appearance of the disease, been shaved in the same barber's shop. The symptoms were as follows: Redness, tenderness, pustular exudation at the hair roots, and eventually purulent scabs irregularly distributed over the shaven surface. The treatment adopted was purely local, as recommended by Mr. Malcolm Morris—viz., the application of bread poultices each night until all the scabs were cleared away, and during the day compound sulphur ointment and soft soap in equal quantities. The patients were directed to cut the beard with scissors instead of the razor, and all soaps were prohibited as tending to cause irritation of the already tender parts. Epilation was tried in two of the cases with success. Acne sycosis is not only a most troublesome and disfiguring complaint, but is specially to be dreaded on account of the obstinacy with which it resists treatment, and the usually prolonged duration of the disease. That the source of the infection is in some part of the apparatus used in the operation of shaving is certain, and I think the shaving-brush is probably the vehicle. This is never thoroughly cleansed nor submitted to the germicide action of boiling water like the razor, but each sitter is in his turn lathered with a common brush from the common soap bowl, never at a greater temperature than that of lukewarm water. It would not be difficult or expensive to dip the brush as well as the razor in boiling water between each operation, and suitable precaution might be taken with regard to the soap without any great extra expense. Precautions of this kind are, I believe, insisted upon in some parts of Europe, and should either by precept or law be enforced in this country. Considering how often the skin is abraded or a pimple chapped and made to bleed in the operation of shaving, it is probable that other diseases of a more serious nature than sycosis may be conveyed in the same way and the source entirely unsuspected.—*W. Williams, M.A., M.B., & B.S., Oxon., in London Lancet.*

THE TRADE IN DEGREES.—We have in recent numbers published several items of news in reference to the University of Toronto, lately destroyed by a disastrous fire, and to the prompt and generous aid which has been offered by English universities and colleges towards the restoration of its lost library. Nothing could better foster the friendly sympathy which ought to exist between the mother country and its colonial daughters than such spontaneous generosity in the face of a great calamity, and we should always be ready to lend our support to steps of the kind. But of late ugly rumors have been abroad that another university in Toronto, in no way connected with the State University, has been offering to England a more than doubtful boon in the shape of degrees *in absentia*, such as once made certain German universities notorious, and such as are still dealt in by "diploma mills" in the United States. The "University of Trinity College, Toronto," was established by Royal Charter in 1852, "for the education of youth in the doctrines and duties of the Christian Religion as inculcated by the United Church of England and Ireland, and for their instruction in the various branches of science and literature which are taught in the Universities of

the United Kingdom." Sums of money are freely subscribed in England, and especially in the English universities, for its endowment. But by the side of the noble University of the Province of Ontario, founded on broad and unsectarian principles, the Episcopal College has languished, and repeated begging in its aid would seem to have at length exhausted the charity of benevolent churchmen at home. The Council has accordingly thought fit to raise funds by offering degrees for sale, not in Canada, where the limits of their charter are probably well understood, but in this country. An English "registrar," whose address is given in some of our medical contemporaries, and a "Board of Referees" have been appointed, and degrees in music have been the first "article" in which these gentlemen have dealt. To obtain these coveted and commercially valuable distinctions, candidates who have been rejected by our universities as unqualified for graduation have only to apply to the "Registrar," a "Rev. Dr.;" no resident in Toronto is required; indeed, Trinity College seems to possess no teaching faculty in music; the small sum of £16, duly paid, is all that is necessary. The abuse has reached such dimensions that a deputation of persons representing the Faculties of Music in the English universities and colleges waited recently on Lord Knutsford, the Colonial Secretary, to ask that it might be stopped. His lordship gave a reassuring reply, and we may hope that ere long the "Registrar" and his "Referees" will be driven to take their musical wares elsewhere. But if a *communique* in two of the medical journals is to be credited, a new traffic in M.D. degrees is to be substituted. The same "Rev. Dr." may be consulted by qualified practitioners of five years' standing; the question arises whether he proposes to gratify their aspirations for a dignified title, without the irksome condition of further study or examination. We need hardly point out that the General Medical Council is not likely to admit to registration a degree of this nature, that it can add nothing to the reputation of any medical man who is inclined to accept it, that as the object of the University in selling it is frankly to gain money, the temptation to lower the five years' qualification limit will be strong; and lastly, that the sale of degrees without examination must undermine the efforts now being made in this country to raise the standard of medical education. The developments of this trade in degrees will be closely watched, and it is to be hoped that the opposition offered to it by the medical profession will be no less jealous and energetic than that raised by the profession of music.—*British Medical Journal.*

LIBRARY TABLE.

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