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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 20th, 1891.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

Perforated Vermiform Appendix.—Dr. Shepherd exhibited this specimen, which he had removed from a patient aged 29. A portion of the wall of the appendix had sloughed, causing a perforation, through which protruded a concretion the size of a white bean. The patient, three days before the operation, had been seized with sudden pain, vomiting, and tenderness in right iliac fossa. The appendix was found without difficulty in a pus cavity. The patient made a rapid and uninterrupted recovery.

Dr. MacDonnell had seen the patient previous to operation. This disease, which formerly had been so rarely met with, was now quite frequent. He considered the hardness of the abdominal parietes, particularly on the affected side, one of the most characteristic features. He had noticed that the symptoms frequently improved after the first shock was over, and, notwithstanding that the character of the symptoms in many cases was that of general peritonitis, the lesion was local. This he had corroborated in three cases, two after operation and one at the autopsy. In one case of interest which he now had under observation, the pulse remained low and the abdominal symptoms improved whilst the temperature was increasing.

Dr. Buller referred to the relative frequency of appendicitis amongst the Germans, which Virchow had attributed to their larger consump-

tion of vegetable food, which dilated the appendix.

Dr. Shepherd remarked that the only animals possessed of an appendix were the higher apes, the wombat, and man.

Comparative Pathology.—Dr. Shepherd showed the skeleton of a parrot with a fracture of the left femur, which had produced much shortening of the limb. The right side of the pelvis was well developed, but the left was atrophied, in consequence, no doubt, of the disease of the muscles of that side caused by the shortened limb.

Chronic Pyosalpinx.—Dr. H. D. Hamilton exhibited the specimen. The pelvic organs were found matted together by old adhesions, and were adherent to the abdominal parietes on the left side. The left ovary contained a multilocular cyst about the size of an orange; from the left cornua of the uterus extended a winding sinus which communicated with the rectum. The patient was 26 years of age; married at 17, and had up to that time been in good health. She was taken very ill shortly afterwards with considerable pain in the left side of the abdomen, which invalidated her for six months. She was never afterwards absolutely free from pain in the left inguinal region, and subject, at long intervals, to acute exacerbations. The patient was operated on, in the Western Hospital, in 1885. On 1st January, '91, she was admitted to the General Hospital under Dr. Molson. She was then in a very weak condition, and complained of considerable abdominal pain. Erysipelas of the face appeared the second day after her admission, which subsided on the seventh day. The patient died on the thirteenth day with uræmic symptoms.

Puerperal Septicæmia.—Dr. Johnston exhibited the uterus from a patient who had died two months after confinement with symptoms of

puerperal septicæmia. There was chronic proliferative endometritis. A pelvic abscess was found outside the peritoneum on the left side, chiefly about the left common iliac vein, which showed septic thrombo-phlebitis with extension of thrombus to the vena cava. There was also multiple embolic pneumonia of the right lung, with septic fibrino-purulent pleurisy on the right side.

Dr. Gardner, who had examined the patient shortly after her admission to the hospital, discovered the uterus displaced backwards, and somewhat limited in its movements, with slight tension of the left broad ligament. The temperature was decidedly septic, though no signs of pus could be discovered anywhere. There was no pain, tenderness, or abdominal distension. A careful examination of the external parts of the pelvis, the various foramina and orifices through which pus could burrow, had been made. As there was nothing to guide the introduction of instruments, he had not thought it justifiable to operate.

Dr. Shepherd thought that surgical interference in such a case would probably be of no avail.

Tubercular Testes.—Dr. Johnston showed, for Dr. Jas. Bell, two specimens of tubercular testes which had been removed from patients subsequent to the treatment of injections of tuberculin. The first testicle exhibited was small. There was an abscess the size of a bean in the epididymis, and the vas deferens and tunica vaginalis were thickened. The disease was confined to the epididymis and the spermatic cord, the body of the testis being free from disease. In the second specimen, the testicle was considerably enlarged; great thickening of the tunica vaginalis and of the cellular tissue about the epididymis. The whole of the epididymis was transformed into a continuous mass. Some firm, greyish-white, opaque, miliary tubercles were scattered throughout the body of the testis—about a dozen being seen on a cut surface. There was no appearance of hyperæmia or diffuse infiltration about these. Both organs showed nothing unusual which could be attributed to the action of the tuberculin.

Dr. Jas. Bell remarked that he had reported to the Society the result of the treatment in the first of these cases four weeks ago. Since then, the patient had been given three injections with the usual reaction. The last injection was on Feb. 15th, which was followed by pain in the epididymis at the lower part of the right testicle, which subsided with the fever. This patient had also been the subject of tubercular ulcerations of the bladder (*vide* report of Jan. 23rd, Case No. 4). The patient from whom the second specimen had been removed had received but two injections, which produced a severe reaction in the diseased organ, considerable heat and pain. The presence of the miliary tubercles he did not

attribute to the lymph, but to the active condition going on previous to its use.

Dr. Roddick asked if any effect was produced on the bladder in the first case referred to.

Dr. G. T. Ross inquired if there was any disease in the lungs in these cases.

Dr. Bell replied that the bladder disease had existed for five years, but that the patient had been entirely relieved from acute symptoms since October 2nd, 1890. No pus or change in the urine had been noticed after the injection. There was no trace of tubercular disease in the lungs. This patient (the first one) had received eight injections before any reaction appeared in the right testicle.

Sarcoma of the Testis.—Dr. Roddick, who exhibited the specimen, remarked that the patient, a man aged 40, had first noticed swelling in the scrotum nearly two years ago. Hydrocele had persisted throughout the case, for which the scrotum had been tapped nine times, and once injected with iodine. When he came under examination, a tumor, in the left side of the scrotum, could be felt through the fluid—a hard, oval shaped mass, with a nodular feel, producing no tenderness on pressure. There was no implication of the cord. The tumor had all the appearances of a chronic sarcocele. There was no history of syphilis or cancer. It having been decided to operate, Dr. Roddick, on cutting down found the cord soft, yielding and not enlarged. There was an enormous hydrocele. The testicle proved to be sarcomatous. The whole of the diseased mass was removed.

Dr. Johnston, who reported upon the pathological appearances, remarked that the testicle was about the size of a small apple. There were extensive adhesions and thickening about the tunica vaginalis. In the epididymis, a firm, caseous mass as large as a cherry was shown, with smaller masses in the neighborhood, evidently old inflammatory deposits. In the body of the testis, near the lower extremity, was a soft, smooth, medullary-looking tumor, pinkish-gray in color, its borders made out with difficulty. The cut surface was smooth, and yielded, when scraped, a grayish turbid juice, which, under the microscope, showed large round cells lying within large spaces, with a delicate fibrillated structure surrounding each individual cell. The vas deferens was not involved. Diagnosis: alveolar (large round cell) sarcoma.

Carcinoma of the Breast.—Dr. Roddick related the following clinical history: The patient a young woman, aged 27, single, had come to the hospital complaining of a hard lump in her left breast. She had had typhoid fever two years ago; with this exception, her health had always been good. There was no history of cancer in the family. The mother probably had had lupus. No history of injury. The patient first noticed the lump in her breast two years ago, which had slowly increased in size during the past two

months. A little pain had been felt in the tumor, but not lancinating in character. On examination, a tumor was felt, somewhat circular in outline, with a diameter of about three inches. It was situated with its lower border just above the nipple, and between it and the sternal end of the clavicle. It was not painful on handling, and felt firm and somewhat nodular, giving an impression of hardened gland tissue. The tumor was freely movable over the subjacent tissues, not attached to the skin, and the nipple not retracted. From these signs and the age of the patient, it appeared more, as Dr. Roddick remarked, like an adenoma-fibroma, or an adenoma-sarcoma. At the operation, on cutting into the tumor, it was so evidently malignant that the whole breast was removed. Several glands in the axilla which were found slightly enlarged were also removed.

Dr. Shepherd had examined the patient previous to the operation, and had also thought it a benign growth, though suspicious of some enlarged glands in the axilla. He had seen one case of carcinoma in as young a patient. He believed that all tumors of the breast should be removed in young or old.

Urinary Calculi.—Dr. Roddick exhibited two calculi removed from a man aged 71. Owing to the patient's age, he had selected the lateral operation in preference to the supra-pubic. The perineum was very deep, which made it somewhat difficult to reach the bladder. The large stone weighed four drachms and thirty-eight grains, the smaller sixteen grains. Symptoms of stone had existed for one year only.

Enlarged Bursa.—Dr. Bell brought before the Society a man aged 38, farmer, with enlarged bursæ in each ham, beneath the inner head of of the gastrocnemius. These had been aspirated several times without benefit. Dr. Bell had made an exploratory incision with the intention of removing the bursæ, if practicable. He found that these had a direct communication with the knee joint, and appeared somewhat like a hernia of the synovial membrane of that joint.

Dr. Shepherd considered the dissection of the bursæ in these cases very difficult, with possibly no good result.

Glycosuria.—Dr. J. H. B. Allen read a report of a case of glycosuria.

Dr. Jas. Stewart asked if the knee-jerk had been tested, and if any paresis, had been noticed. He thought the case one of multiple neuritis, which may occur with glycosuria.

Molluscum Fibrosum.—Dr. Bell showed to the Society a case of molluscum fibrosum which had followed a peculiar course. The patient had developed sarcoma of the sciatic nerve, which was removed last December, but recurred; and the limb was amputated three weeks ago. Such cases were very rare; two only were mentioned in *Virchow's Archives*. Dr. Bell had met with three cases within two and a half years.

The Diagnosis and Treatment of Epilepsy.—Dr. Jas. Stewart read an interesting paper on this subject.

Stated Meeting, 6th March, 1891.

F. J. SHEPHERD, M.D., PRESIDENT, IN THE CHAIR.

Notes on the Insane and their Treatment.—Dr. Wesley Mills read a paper of interest on the above subject.

The Diagnosis and Treatment of Epilepsy.—Dr. James Stewart gave a synopsis of his paper read at the previous meeting of the Society.

Discussion.—Dr. Laphorn Smith had noticed a loss of will power in epileptics, in whom slight irritation produced fits. He narrated the case of a woman, an epileptic, with dyspeptic symptoms, who had considerably improved upon suitable diet. In the medicinal treatment of epilepsy, he used bromide of sodium in preference to bromide of potassium, as being less irritating, and less apt to produce acne. He considered hystero-epilepsy a modification of epilepsy.

Dr. Alloway, referring to the application of forceps to the head in difficult cases as a factor in the production of epilepsy, thought the results now obtained by the Cæsarian operation worthy of consideration; besides, avoiding the great liability of injury to the pelvic floor and the danger to the child. By the Sanger-Leopold methods of operating, the mortality had been reduced to five per cent. Dr. Kelly, of Baltimore, had had four cases of Cæsarian section with good results.

Dr. Armstrong wished to know if there were any statistics to prove that the majority of epileptics among children, apart from heredity, was found amongst those who had been delivered by forceps. He considered this of importance to the general practitioner. He had knowledge of two cases of epilepsy in children on whom forceps had been used. One, 3½ years of age, had died a short time ago from pneumonia. The post-mortem, performed by Dr. Johnston, failed to reveal any signs of injury which could be attributed to the forceps. The skull, membranes and brain appeared normal. He considered Cæsarian section too severe and dangerous an operation to adopt in such cases where forceps could be used.

Dr. McConnell believed that both cases of epilepsy could be traced to some reflex irritation. By some, the cause was believed to exist in an ocular defect. He asked if it were not possible, in all cases of epilepsy, to find some cause of irritation, which, if removed, would bring about a cure, without the use of bromides.

Dr. Fogle considered that diet was more important than bromides in the treatment of epilepsy.

Dr. Jas. Stewart, in his reply, in answer to

Dr. Smith, remarked that, with regard to the beneficial action of the different bromides, it was practically of little difference which was used, as they were all converted into sodium bromide. Some bromides, however, were more irritating than others. The production of acne was not due to any particular salt used, but to the decomposition of the bromide and the elimination of the bromine. In reply to Dr. Armstrong, he had mentioned the forceps as one of the rarer exciting causes of epilepsy. Sometimes the slightest injury, without effecting any gross change, produced a molecular disturbance which was sufficient to cause epilepsy. Dr. Stewart referred to the interesting nature of Dr. Mills' paper and the good results that were being obtained by the line of treatment advocated.

Dr. Mills based treatment on causation. He attached much importance to afferent impulses. Taking as a unity the nerve cell with its afferent and efferent nerves, we get what exists in all complicated organisms. These are subject to disturbance whether produced by disease or not. A brain may be perfectly normal as far as the eye or the microscope can detect, and yet be abnormal. Dr. Mills referred to the instability of the nerve cells mentioned by Dr. Stewart. When tired, the nerve cell became irritable, which called for rest. He believed that ingoing impulses modified outgoing impulses. So in treating the insane we should alter the environments, give good food, and prescribe rest. He considered the drill exercises excellent. It sets energy off and cultivates the will.

Dr. Duquet agreed with Dr. Mills in the treatment of the insane. It was not by the use of drugs that the greatest progress was to be made, but by suitable amusement and employment. He believed that the curable should be separated from the incurable. He praised the system of housing the insane practiced in Basle, and since adopted in Ogdensburg, N. Y. Three separate buildings were erected—a hospital for curable cases, an asylum for chronic cases, and an infirmary for the weak-minded.

Dr. Alloway exhibited the following pathological specimens:

(1) *A Small Ovarian Cystoma and Hydro-salpinx of Left Side; Hæmatosalpinx with Cystic Ovary of Right Side.*—The subject of this specimen was referred to him by Dr. Buller. She complained of asthenopia, no organic disease of the eye existing. She was referred to him for examination of pelvic organs. Under ether, considerable enlargement of the left ovary was detected, but nothing abnormal was apparent on the right side. The specimens exhibited showed how much disease of this nature could exist with so few subjective symptoms. The patient, now nine months since the operation, writes to say that her eyesight is sufficiently improved to allow her to read and do needlework, and that her general health has been quite restored.

(2) *A large Interstitial Fibro-myoma with Necrotic Centre.*—This patient was 50 years of age, and suffering, when brought to Dr. Alloway, from septicæmia. She was bloodless, high temperature, rapid pulse, unable to stand from exhaustion, and, generally speaking, in a dying condition. Had spent the past two years off and on in foreign hospitals for the relief of menorrhagia. Examination revealed a large myomatous mass about the size of a child's head at term, occupying the vagina. At its lower extremity was an opening leading to a necrotic centre with intensely fetid discharge. Urine was albuminous with fatty and granular casts. Loud cardiac bruit with dilatation. Dr. Alloway stated that at first he refused to operate under these unfavorable circumstances, but was eventually importuned by the relatives of the patient to give her a chance of recovery by removal of the tumor. The operation was completed as rapidly as possible, piece-meal, by the scissors and vulsellum. Very little blood was lost, but she died comatosed twenty hours after the operation. There was complete suppression of urine during this time.

(3) *Small Pedunculated Myoma.*—This patient was unmarried, aged 37; suffered from metro-rhagia during the past three months. The small growth was twisted off with the vulsellum. The cavity of the uterus was dilated, thoroughly curetted with a sharp instrument, and packed with iodoform gauze. Patient left hospital in three weeks, restored to health.

Tuberculosis of the Knee.—Dr. James Bell exhibited a specimen of the synovial membrane from a case of tuberculosis of the knee in a child. The patient had previously been treated with injections of tuberculin. On opening the joint two suppurating points were noticed, one on each side. There was a good deal more hyperæmia, and the tissues were much more fragile than is usually seen in such cases, and separated more easily from the surrounding tissues.

Dr. Johnston reported that the pus was more like muco-pus, probably due to an admixture with synovial fluid. It contained no tubercle bacilli, nor were there any micrococci, which was unusual when pus was found. The gelatinous changes were well marked. There was no eruption of miliary tubercles.

Stated Meeting, March 20th, 1891.

F. J. SHEPHERD, PRESIDENT, IN THE CHAIR

Thrombosis of the Portal Vein.—Dr. J. A. Springle exhibited this specimen from a patient, aged 30, who had died with symptoms of peritonitis. There had been ascites and hæmatemesis. At the autopsy was found an extensive adhesive peritonitis. The hepatic artery was considerably dilated, and its walls thickened. The portal vein appeared as a flattened fibrous cord about the thickness of a slate pencil, sending fibrous

branches to the under surface of the liver. The condition seems to have been a thrombosis at the junction of the superior mesenteric and splenic veins from peritonitis. Dr. Springle would report the case in full at a later date.

Appendicitis, Abscess of Pancreas and Liver, and Phlebitis.—Dr. G. E. Armstrong, who exhibited these specimens, remarked that the patient a young man aged 35, had first complained of abdominal pain one year ago, which had lasted but a few hours. On the 31st January he suffered from a second attack, which disappeared without any ill effects, when on the 2nd March he had a third and more severe attack. The temperature, which, shortly after the onset, had fallen to normal, rose again for the following ten days. There was no abdominal distention, no difference in outline, and pressure was well borne. The symptoms became severe on the twenty-fifth day of his illness, when Dr. Armstrong, assisted by Drs. Roddick and Ferrigo, operated. The appendix, containing one drachm of pus, was removed. There was nothing of visible. The symptoms became worse, and the patient died the third day after the operation. At the post-mortem was found what he believed to be the cause of the pyemic condition. The lower border of the omentum had become adherent to the anterior wall of the abdomen, near the pelvis, and was gangrenous. A septic phlebitis had thus extended along the mesenteric veins up the portal and splenic veins to the liver and the spleen. Metastatic abscesses were found in both the liver and the pancreas. He had had a similar case ten years ago.

Appendicitis.—Dr. G. E. Armstrong also exhibited a second specimen of appendicitis. The appendix, in this case, had been removed seventy hours after the onset of the symptoms which had been typical of the disease. At the operation one pint of pus was removed, and the whole of that side of the abdomen thoroughly washed out and drained. The operation failed to relieve the patient. The post-mortem showed extensive septic inflammation of both the visceral and the parietal layer of the peritoneum. There was no perforation or strangulation. Although the operation here had been performed early, the cavity thoroughly cleansed and free drainage provided, it had, nevertheless, proved unsuccessful.

Dr. Laphorn Smith remarked that it was difficult to know, in cases of appendicitis, when to operate and when not to operate. He asked the probable cause of the gangrene of the omentum, and whether Dr. Armstrong was in favor of the median or lateral operation.

Dr. Geo. Ross said that the existence of the great danger from septicæmia and pyæmia from appendicitis was well recognized. Pyelo-phlebitis septicæmia and pyæmia frequently occurred from the absorption of purulent matter into the veins. He did not see how we would be justified in

attributing the chief cause of pyæmia, in the case mentioned, to an adhesion to a structure surrounding a sloughing appendix.

Dr. Shepherd explained the sudden disappearance of symptoms in cases of appendicitis, such as acute abdominal pain and vomiting, by the pus which got into the appendix possibly getting back into the intestine. Many cases of appendicitis, he believed, were fatal from the first.

Dr. Armstrong, replying, remarked that the site of the incision he selected depended upon the case,—the lateral when the disease was localized; the median when the affection had already extended. He believed that recurring cases should be operated on. In the two cases which he had met with of appendicitis with pyelo-phlebitis, there had been an adhesion of the omentum at the site of the sloughing appendix, which led him to think that this condition had had something to do in the causation.

The Koch Treatment of Tuberculosis.—Dr. McConnell read, at some length, a paper on the above subject, giving a report of the cases he had witnessed treated in the Berlin hospitals. He referred particularly to the cases of tuberculosis of the lungs.

Dr. Roddick stated that the treatment had been discontinued in the Montreal General Hospital. In surgical cases the reaction had proved too violent and sometimes disastrous. He mentioned the case of a child with tuberculous disease of the ankle-joint, limited to the outer part of the tarsus, in whom, after three injections of tuberculin, rapid destruction of the bones had occurred, showing the great necessity for caution.

THE TREATMENT OF FURUNCLES.

Dr. Veil (*Monatshfte f. prakt. Dermatolog.*) states that the object of treatment in furunculosis should be, 1st, to destroy the micrococci, which have penetrated the skin, by parasticides; 2nd, to hasten the detachment of the necrotic portions; 3d, to prevent the formation of new furuncles by infection through pyogenic cocci escaping from the suppurating furuncles; 4th, to prevent as far as possible the invasion of the body by pyogenic organisms. The first indication cannot be readily accomplished unless the antiseptic is injected directly into the purulent centers. The second is best fulfilled by the old method of poulticing. At night we may apply a paste consisting of zinc oxide, vaseline and four per cent. of boracic acid. It is injurious to press out the contents at an early period. The third indication is fulfilled by rubbing in the paste three times daily, together with sublimate baths. The patient should be put on a nourishing diet; the administration of arsenic, however, is of no value.—*Wiener Medizinische Wochenschrift.*—*Medical Herald.*

Progress of Science.

NEURALGIA AND ITS TREATMENT.*

By R. E. M'Vey, M. D., of Topeka, Professor of Clinical Medicine in Kansas Medical College.

In considering the treatment of neuralgia the subject will be confined to what may be regarded as the curable forms of the disease, leaving out the question of organic affections of the brain and spinal chord, and the neuralgias caused from periosteal and osteal diseases and from tumors.

In the treatment of any disease some knowledge of its pathology and general behavior is necessary for the intelligent guidance of the physician. The pathological lesion of a neuralgia may be both central and peripheral. The sensory nervous filaments originate in the grey substance of the nervous centers and terminate in the sensitive membranes of the periphery. The neurilemma of the nerve trunks are penetrated by blood vessels, for their nutrition.

Neuralgic diseases may be regarded as the result of trophic and circulatory changes brought on by an exhausted condition of some part of the nervous system. Exhaustion in the nervous centers may be produced by overpowering mental influences or by sexual excesses and by whatever overtaxes the nervous energies.

In the long continued and intractable forms of the disease, it may be assumed that there are atrophic changes in the central cells of the grey matter in the posterior columns. If the central cells in the posterior columns are subject to long and protracted excitation their receptive faculties undergo alterations, by which ordinary sensations are grossly exaggerated, and normal stimuli may be received and transmitted in such a way as to cause pain, which is referred to the peripheral terminations of the nerves. When the heart is exhausted its action is quickened, as in an exhaustion of the cells of the posterior columns, their molecular action is enfeebled and with enfeebled action in the cells there will be electrical disturbances in the nerve centers, which will be manifested as a hyperæsthesia of the peripheral terminations.

In disturbed electrical conditions of an exhausted center, altered electrical currents will traverse the nerve, sometimes producing coarse stabbing pains, those coarse pains, temporarily overcoming the sensibility of the nerve filament, and we have in the affected nerve, hyperæsthesia alternating with anæsthesia.

Pains produced in every portion of the nerve filaments are referred to their terminations, but the central cells in the grey matter of the cord

are the receivers of sensations, painful or otherwise. This fact is well illustrated in amputation of the leg. When the stump of the divided nerve is irritated, the disturbance is referred by the patient to the foot or toes, the central cells not correcting the error until either the sense of the sight or touch is brought into requisition. In obstinate and protracted neuralgias of the fifth pair, painful branches distributed to the face have been divided, without any permanent benefit to the sufferer, showing the disease to be central. After the removal of the ovaries for ovarian neuralgia, when caused from excessive sexual excitement the disease often returns after the operation when the marital relations are re-established, the disease not being in the ovaries but in the central cells of the cord. The nerve trunks are subject to vaso motor disturbances, from central causes, which either constrict or dilate their blood vessels.

If there is insufficient blood in the nervous centers, there will be irritability with functional disturbances in the organs of the body, which are called upon to perform some extra exertion. The blood may be sufficient in quantity but deficient in quality or contain foreign elements, specific poisons, as malaria or syphilis or the poison of rheumatism and gout, either of which cause neuralgic pains in the branches of the fifth pair, which are distributed to the face. Neuralgias of the lumbar region and of the sciatic nerve are often found to be of rheumatic origin.

In the peripheral forms of neuralgia, the blood supply of the terminal sensory filaments are affected by sudden lowering of the temperature, either alone or accompanied by dampness, which chills and depresses the capillary circulation in the exposed parts. The terminal sensory filaments are affected by alterations in blood supply, by vascular constrictions they are rendered anæmic and by vascular dilations, hyperæmic. A man lies at night with one side of his chest exposed to a cold draft of air from an open window, the next day he finds he has a pleurodynia. The surface vessels of that side of the chest have been chilled. There is diminished blood supply in the parts, and pain has been produced as a result.

Treatment.—Local pains are best treated by hypodermic medication, this treatment being quick and certain. The introduction of medicine hypodermically, may be done safely if the needles and syringe be kept aseptic.

By the use of hypodermic medication we know exactly the amount that reaches the tissues and circulatory system. Neuralgic patients who have taken large doses of narcotics, without benefit, are sometimes cured by a few hypodermic injections of appropriate medicines. The injections should be made in the tissues surrounding the affected nerve.

But it is not necessary to make the injection

over the diseased point if there are indications of inflammations resulting from previous injections. Timid patients who refuse to be treated hypodermically, can be relieved often by the local application to the affected parts of:

Morphia acetate,	grains $\frac{1}{4}$.
Spts. chloroform,	drams $\frac{1}{4}$.

Which should be put on antiseptic cotton and covered with oiled silk. For hypodermic treatment the sulph. morphia, grains $\frac{1}{2}$, and the sulph. atropia, grains 1.60, are therapeutical agents, which have long been in use and have proved efficient remedies in controlling neuralgic pain.

In visceral neuralgia the *tr. nux vomica* is indicated, as in gastralgia and hepatalgia. The *tr. gelsemium* is a most valuable remedy in neuralgia of the face. It should be given in small doses, not above four drops every four hours. *Croton chloral* is efficient in the *douloureux* and sciatica. Two grains may be given every hour until fifteen grains have been given. If atrophic changes in the central cells are suspected strychnia in very small doses, 1-100 of a grain may be given twice daily.

If there are alterations in the terminal filaments the

Alkaloid strychnia	grains 1
Spts. chloroform	ounces $\frac{1}{2}$

may be rubbed over the anæsthetic surfaces, twenty-five drops at a time, and the parts then covered with oiled silk.

A five per cent solution of the hydrochlorate of cocaine may be applied locally over the sensitive foci in facial neuralgia, and its absorption promoted by a compress saturated with chloroform.

The positive galvanic sponge electrode saturated with a five per cent solution of cocaine and applied over the painful surface will often give relief. Dr. Richardson was the first to recommend the induction of anæsthesia by the use of a chemical in conjunction with the galvanic current. As the retention of the medicine in the affected parts is of great advantage in holding the pain in check, bandages should be applied over the affected parts for this purpose.

In the treatment of long continued cases of neuralgia, the hydrochlorate of cocaine should be used in small doses. Dr. Corning injected hypodermically a solution of one half of one per cent. to the amount of one hundred minims in sciatica, along the course of the nerve, which relieved the pain from twelve to twenty-four hours, it being repeated if the pain returned. He retained the medicine in the tissues by means of a tourniquet applied near Poupart's ligament. In spondylalgia, Dr. Corning uses a fine needle about three inches in length, provided with a handle and a sliding nut, which may be fixed at any portion of the needle by means of a screw. This needle he thrusts down about half

an inch laterally, from the spinous process of the tenth dorsal vertebra, until the bone is reached. The nut is then pushed till it rests upon the skin, when it is secured by means of the screw. He then introduces a fine canula, with a sliding nut, to the distance previously noted on the needle. A hollow needle is then attached to a syringe of one hundred minims capacity. The syringe is filled with one-half of one per cent solution of cocaine and emptied deep into the tissues over the cord. In the constitutional treatment of neuralgia a knowledge of the family history, showing the nervous tendencies, is necessary.

We can not build a substantial structure with a faulty foundation. Where the nucleus of the cell is faulty and unstable in its functions little can be done toward its permanent restoration. Where there is faulty cell function, there will be alteration in the blood, secretions, absorption, assimilation and nutrition. Deficiencies found in the blood are effects instead of causes and exist previous to the local pains of neuralgia.

Medicines cure the affection chiefly by influences which cause the food to be transformed into healthy blood. In the central forms of neuralgia with atrophic change, quinine heads the list of restorative remedies. It should be given in small doses as it should be continued for a considerable length of time. It increases the blood supply of the central cells of the cord.

Antipyrin is a doubtful remedy only in neuralgias of rheumatic origin. It quiets pain through its analgesic effect. Fifteen grain doses are generally sufficient for neuralgias of rheumatic origin, as in lumbago, sciatica and the supra orbital affection.

Phenacetine may be used in neuralgia due to malaria, vaso motor disturbances and neurasthenia. The dose is from five to seven grains repeated from four to six times a day. Phenacetine may also be used hypodermically.

Iron and arsenious acid favor the transformation of food into blood and improve nutrition in the nervous centers.

Patients subject to neuralgia should eat food easily digested and assimilated and which contains iron, phosphorus or whatever substance is deficient.

Malarial and syphilitic neuralgia require specific treatment. In neuralgia of malarial origin, the sulph. of quinine is indicated and should be given in large doses and repeated until the pain is relieved, when prophylactic doses may be continued for some length of time.

In syphilitic neuralgia, the biniodide of mercury is a specific. The iodide of potassium also affords relief by antagonizing the syphilitic poison.

Reflex neuralgias may be controlled by the

sedative action of cocaine, over the central nervous system, administered internally.

There are various preparations made by the manufacturing pharmacists for internal use. One of these, a cordial prepared by Parke, Davis & Co., contains 60 grains of coca leaves to the ounce and the dose is from two to four fluid drams. This cordial represents the drug in a palatable form, commending it especially for the large class of persons of delicate nervous organizations. In small doses cocaine is a cerebral stimulant, it increases the pulse and respiration and raises the body temperature.

Phosphorus is a nutrient to the nervous system and in all cases of chronic nerve exhaustion it is of great value. As neuralgia is an expression of exhausted nerve power and lowered vitality, the oleum phosphoratum, containing one per cent., may be given in doses of from one to two minims, or in official pills, one one-hundredth of a grain each. In centric tic the drug has given very decided relief.

In the young cod liver oil is indispensable. It is easily digested and readily assimilated, a medicine which improves nutrition and supplies deficiencies of the blood.

In all cases of neuralgia hyper-nutrition is the best treatment. It should be the first and the last. Exposure and exhaustion either mental or physical, must be avoided.

There is nothing better for a man than that he should eat and drink and that he should make his soul enjoy good in his labor.—*Kansas Medical Journal*.

PAPAIN: THE VEGETABLE PEPSIN—ITS ORIGIN, PROPERTIES, AND USES.

It is one of the concomitants of the advance of human civilization, and perhaps a form of the Nemesis that follows man's neglect of nature's dictates, that as his power over the material increases and as he accumulates wealth and knowledge his physical being tends to undergo a kind of retrogression, and becomes less able to bear the strain imposed upon it by an active and almost unwearying intellect.

Thus it is that one of the characteristic features of the age is the number and variety of the devices for remedying the effect alluded to, sought after and introduced, prominent among which must be classed the ever increasing array of preparations for facilitating digestion, and remedying the evils resulting from confused and sedentary habits of life, combined with hurried and unnatural systems of supplying the severely taxed frame with nutriment.

Of artificial digestive agents few have been more conspicuous than the pepsins, which being natural peptonising substances, are apparently most suited to enhance the functional activity of an enfeebled stomach. It is, however, well

recognized that pepsin is not a definite body and that, as a matter of fact, its nature will vary according to the methods of preparation; it seems to be further inevitable that, by whatever process it is isolated, a considerable portion of mucus and similar substances will be present.

The fact that pepsins are of animal origin, has been the source of some amount of repugnance to their use, both on the part of patients and of physicians; the tendency of modern medicine has been to abandon the internal employment of members of the animal materia medica, and against this tendency the introduction of pepsins evidently militates. Again it has been pointed out, that the excretion of ptomaines or cadaveric alkaloids ceases in the animal body simultaneously with the arrest of the vital functions, so that it is not at all impossible that carelessly made specimens of pepsin might be contaminated with animal ferments or the products of their action upon the devitalised tissues. This danger is the more probable as consistently with the preparation of an active substance, sufficiently high temperatures cannot be employed in the isolation of the digestive agent to destroy the ptomaines possibly present.

In view of these objections to pepsin and the allied agent pancreatin, a good deal of interest was excited by the earlier accounts of the wonderful properties of the fruit of the Papaw tree, a native of tropical America, which was credited with the power of disintegrating and more or less completely digesting flesh simply hung beneath its branches.

Carica papaya, belonging to the Natural Order Papayaceæ, is a tree which grows to about 20 feet in height and 2 feet in diameter. It is easily and quickly raised from seed, attaining a thickness of 1 foot by the third year and commencing to decay during the fourth or fifth year. The straight and undivided stem is herbaceous and soft, though it develops an external layer of fibrous tissue; as might be expected from the rapidity with which it grows, the trunk is hollow, though at irregular intervals it has more or less dense, imperfect septa. The newer parts of the stem are green, but as they age become greyish; towards the top it also bears the scars formed by the falling off of leaves, which are arranged in a kind of umbellate canopy.

The large palmately-cleft leaves are borne upon long petioles, from the basis of which the pale yellow flowers originate. Like other species of the same order the flowers of the papaw are unisexual. The staminate flowers are borne upon a long peduncle in a racemose form, while the pistillate flowers are sessile.

The tree continually flowers and simultaneously bears fruit, the latter ripening at the lower part of the crown of foliage while the flowers are just opening at the apex. The

flowers, as also some other parts of the plant, resemble Indian Cress (the nasturtium of the garden) in odour and taste.

The fruits are somewhat melon-like in form, or they may be more ovoid and pointed at the apex. When first formed they are green, but as they mature they become yellow or dull orange coloured. A large fruit is said to sometimes attain a weight of 10 lbs. The rind is thin, and within it is the yellowish flesh, with a pleasant sweet taste, enclosing a cavity containing the dark brown or black seeds.

By the natives of the districts where it grows the fruit of *Carica* is largely consumed and regarded as highly nutritious. The milky juice of the unripe fruit and the powdered seed have the reputation of being powerful anthelmintics, and it was further reported, that the former had the property of softening the toughest meat when boiled with it for a short time. Some parts of the plant were esteemed as vulneraries, and the juices of the ripened fruit was said to be used in removing freckles and spots from the complexion.

These reports naturally attracted considerable attention and the juice was subjected to analysis by a number of chemists. Vauquelin found that the juice resembled animal albumen in its characters, and Wittstein stated, that it contained a ferment which had a most energetic action on nitrogenous substances.

The leaves, like most other parts of the plant, yield a neutral, yellow, milky juice, with a sharp bitter taste, which by the addition of sugar, glycerine, ether or chloroform may be readily preserved. Milk is at first coagulated by it, and subsequently changed to an aqueous liquid. Upon albumen, meat, and blood fibrin its effect is to soften and dissolve; the best temperature for effecting this is, as appears from experiment, 30 to 40° C. It was also found to kill and practically dissolve tænia, ascarides and other intestinal parasites.

From the milky juice of the fruit an active principle, Papain, is isolated, which occurs as an amorphous white, or yellowish white powder, odorless, and with a scarcely perceptible taste. The composition of the substance is not yet made out, but it indicates on ultimate analysis a content of 10.6 per cent. of nitrogen. Papain is soluble in water, and 0.1 part will dissolve 10 to 20 parts of blood fibrin. The aqueous solution is rendered turbid by boiling, and is precipitated by alcohol, by acetate of lead, by tannin, by nitric acid, etc.

This principle has been proved to possess the peptonising properties of the juice in a very high degree of concentration, and the experiments of careful observers have shown that papain, in concentrated solution, will dissolve more meat-fibrin or coagulated albumen than will pepsin in the same time. It must also be pointed out that the vegetable principle differs

from the animal substance in that first, it is most active in the presence of a small quantity of fluid, and secondly, it is almost equally effective in acid, neutral, or alkaline solutions.

One of the first uses to which the solvent powers of papain were put in European medicine was for the breaking down and solution of the false membranes of diphtheria. It is used in 5 per cent. solution, and painted or sprayed on the affected parts. Asch, Kohts, Oebrel, Rossbach, Schaffer and others used such solutions, and found them to be very successful. Dr. Jacobi, President of the New York Academy of Medicine, used papain in several cases of diphtheria or croup, and observed that its local application was followed in a few hours, or at the most days, by the disappearance of the membranes. Similar experience is recorded by Prof. Croner, Dr. J. R. Bromwell (Washington), and other authorities. Dr. J. B. Richardson characterised it as the best and most rapid solvent for diphtheritic membrane he had used.

It was in virtue of the same solvent property that the principle was recommended and employed in the treatment of the various affections of the skin associated with a thickening of the epidermis and with the formation of crusts. Drs. McKenzie and Johnston extended its employment, by applying a 5 per cent. solution, with half the weight of sodium bicarbonate, to the clearing out of the middle ear when it was plugged with masses of wax, or epithelium, or morbid secretion that syringing could not remove.

The property already mentioned of softening and more or less peptonising flesh and fibrin, at a temperature of 30 to 40° C., evidently indicates its adaptation to internal administration (in doses of 1 to 5 grains) as a means of relieving an enfeebled stomach of part of the work of digestion. It is further noteworthy that, besides exerting its peptonising action on the albuminous and fibrinous contents of the stomach, papain increases the secretion of the gastric juice and prevents the fermentation of the food. By virtue of these properties, it has been given with considerable success in the treatment of gastric catarrh, and in dyspepsia, while in dysentery and the chronic diarrhoea of infants it has also proved a valuable remedy.

Perhaps one of the principal fields of usefulness in which papain was been widely employed is in the expulsion of intestinal parasites. A number of authors have recorded cases in which its administration has been followed by the discharge of tænia, ascarides, etc. in a shrunken and partly digested condition. Unlike a majority of so-called anthelmintics it is not dangerous to the patient, nor is it unpleasant to take. It must be remembered that although papain destroys the parasites, it does not directly expel them from the body; this must be effected

by following the dose of papain with a laxative or mild purgative.

The vegetable peptoniser has also been given internally in diphtheria as an adjunct to the local treatment. In combination with cinchona it is given as a tonic to enable the patient to resist the debilitating tendency of the disease. The combination is also indicated in the treatment of the digestive troubles of children, and of those with delicate stomachs, as it combines the specific peptonising properties of papain with the strengthening qualities of cinchona.

With reference to the method of prescribing papain, it is unnecessary to say much. The remedy is best of all used alone in the solutions and doses mentioned above. As it is, as already stated, precipitated by alcohol, (tinctures, etc.) acetate of lead, tannin and nitric acid, it should manifestly not be prescribed with these; the same would be true of mercuric chloride and salts of other heavy metals, which are known to be prone to throw nitrogenous compounds out of solution. With dilute hydrochloric acid, and with boric acid, it is quite compatible. Against anæmia it has been recommended (2 grain doses) in combination with quinine (1 grain), or with calmus rhizome (4 grains). For flatulent diarrhœa 1 grain is prescribed in pill with $\frac{1}{2}$ grain of opium, and against gastric catarrh 2 grains with 5 grains of bicarbonate of soda. Externally an aqueous solution of 20 grains to the ounce is used; Dr. J. B. Richardson recommended, a combination of papain 2 drams, hydronaphtol 3 grains, dilute hydrochloric acid 15 min., distilled water to 4 ozs. A 10 per cent. solution with 5 per cent. of borax is useful against eczema, psoriasis, and callosities of the epidermis.

In conclusion attention should be called to the necessity of exercising care in the selection of brands of papain, as there are many kinds which are almost destitute of peptonising power and, therefore, useless for the purposes indicated above. The value of a good specimen can be readily estimated by digesting 100 grains of finely minced raw lean beef with 1 grain of the papain and 1 oz. of distilled water, containing 2 grains of hydrochloric acid or bicarbonate of soda. After 20 minutes, digestion at 100° F. (with assiduous stirring) the liquid should be strained through muslin, the undissolved residue washed, dried at 212° F. and weighed. Allowing 75 per cent. for moisture in the raw beef, from 60 to 90 per cent. of the meat should be dissolved.—*Notes on New Remedies.*

LIQ. HYD. PERCHLOR. IN DIPH- THERIA.

Noticing in the *British Medical Journal* of December 13th, 1890, the high percentage of deaths from diphtheria, I am induced to suggest through your columns a trial of liq. hyd. perchlor. in drachm doses, given every hour at the onset, and then at longer intervals as the case improves. I have now adopted this treatment in about sixty cases with the best result, not having had a fatal termination since first trying it. My formula for a child of 3 or upwards is R tr. fer. perchlor. ʒj, liq. hyd. perchl. ʒj, glycerin. ad. ʒij: dose a dessertspoonful every hour from four to six hours, and then every two, three or four hours, as the case may require. For an adult I give R tr. fer. perchlor. ʒij, liq. hyd. perchl. ʒj, glyc. ʒss, sol. pot. chlor. ad. ʒviij, dose ʒj each hour, and repeated as in the case of the child. The addition of potass. iodid. to this mixture does not appear to have any beneficial effect. With this treatment local applications, such as painting the fauces, spraying the throat, or the use of gargles, are not needed, and in my hands appear to do far more harm than good. In severe cases poultices and the steam kettle are certainly beneficial. I find in most cases, after four or five doses, that the membrane becomes dull and soft, and inclined to pucker up; by the end of twenty-four hours it is almost like mucous, and ready for expectoration; and that by the end of forty-eight hours nothing but an inflamed sore throat remains. In one obstinate case I gave a drachm dose to a child, aged 7, every hour for thirty-two hours without any evil result. I have never yet met with a case of salivation from the use of this drug, nor have I seen a case of diphtheric paralysis follow when it has been employed.

Some time since, when attending two children, the nurse girl contracted the disease. I sent her some medicine, and the next night, after dark and in heavy rain, she came to the surgery for more. The day following, instead of being worse, I found her considerably better. Since then I have not been so particular about confining a patient to one room, but have treated a number of cases where the patients have gone about, indoors and out, as they saw fit, with equally good results.—*Frank A. Coward in Brit. Med. Jour.—Denver Med. Times.*

GOOD POINTS FOR STUDENTS AND DOCTORS.

Dr. W. H. Steele, in *Items of Interest*, says: Our colleges will turn out an unusually large number of graduates in the spring, who undoubtedly expect to locate in some Canaan of promise and build up a practice. It shows push and pluck for a young man to strike out for

Paddock in the *Archives* says, ergot of rye is useful in all forms of chronic congestion and vascular dilatation in the eye, particularly episcleritis and chronic conjunctivitis. It should be given in maximum doses.

himself, much more so than to buy out a practice or partnership. We all, who have tried it, know it requires many things besides a sheep skin to successfully conduct a practice. I will give a few points, many of which I have learned from sad experience, so that others may profit by my errors and losses. Don't neglect your business. Don't misrepresent anything to get business. Don't try to economize by using cheap material or poor instruments. Don't make any promises, either financial or professional, that you cannot fulfil. Don't lock your office during office hours to go off on a frolic, or to attend to any side show, or for any other purpose that can be avoided. Don't try to tear down a competitor's reputation on which to build your own; it makes a rotten foundation. Don't forget that the poor have feelings, as well as the rich, and are just as deserving of respect and your best services. Don't be cross to the little ones; some day they will be men and women, and they will remember you for good or for bad. Don't fail to take several good journals, and to keep yourself posted on all new instruments and improvements. Don't buy a bill of goods because they are cheap or you can get time on them. Do a cash business, and be a cash customer to everyone. It will wonderfully enhance your reputation in the community. Don't repeat some slanderous story that may have been told you by talkative parties while operating for them. Don't let a "good enough job" go out of your office; do your very best every time for every patient. By this means you will improve your work, improve your patronage, and improve your bank account. Don't fail to be prompt in collecting and paying your bills, if from any cause you feel obliged to give or receive credit. By so doing you will gain and keep the confidence of all. Don't use tobacco in any form; it is certainly of no benefit to you, and, to say the least, will work you harm physically, morally and financially. Don't use intoxicating liquors, for intemperance is the rock on which many a good practice has been stranded, and by indulgence leads to excess. Don't forget there will come a time when your eyes will grow dim, and your hand lose its cunning. It is when you are young, healthy, and prosperous that you should lay aside something to fall back on in sickness and old age, and when you will be glad to be able to reflect that you are leaving a busy, bustling world better for the part you have played in it. A serene, satisfied old age, well provided for, must be delightful.—*Dixie Doctor.*—*Med. Herald.*

CONTINUOUS INHALATION FROM THE YEO RESPIRATOR.

One of the most useful, as it is one of the simplest, devices for the inspiration of medicinal vapors is the little perforated zinc respirator devised by Dr. J. Burney Yeo, of London. In New York this little instrument is erroneously called the "Robinson Inhaler."

It is simply a little cage of perforated zinc, bound with cloth or chamois skin, carrying a sponge, and fitted with elastic hoops to attach around the ears, so that it fits over the nose and mouth. The respired air becomes impregnated with the vapor of any volatile medicament dropped upon the sponge, and as the little machine, being light and cleanly, can be worn for prolonged periods, a continuous medication of the respiratory tract is thus effected.

Specimen formulæ of the solutions most generally useful are as follows:

R—Creasoti (Beechwood) }
 Eucalyptol (puriss.) } aa f 3 ij.—M.
 Terebinis,
 Chloroformi }

Sig.—For inhalation, twenty drops to be placed on sponge of Yeo respirator and renewed as necessary.

R—Thymol 3j,
 Alcohol, } aa f 3 iv.—M.
 Spts. chloroformi, }

Sig.—For inhalation, ten to fifteen drops on sponge of Yeo respirator, etc.

Among other medicaments which may be used singly or in combination, are alcoholic solutions of menthol, compound tincture of benzoin, oil of turpentine, oil of pine (sylvestris or pumilon), and, indeed, all terbinthinates, balsamics and essential oils. A very useful drug for inhalation in this way is ethyl iodide. It may be used singly or in combination. A favorite formula in the Medical Clinic of the Jefferson Medical College Hospital, during my term of service there, was the following:

R—Creasoti (Beechwood) }
 Ethyli iodidi, } aa f 3 ij.—M.
 Terebinis,
 Alcohol, }

Sig.—For inhalation, twenty drops on sponge of Yeo respirator.

In cases of syphilitic disease of any portion of the air passages, ethyl iodide is particularly applicable, but it is often of great use in non-syphilitic phthisis, in simple bronchitis, in bronchorrhea and in chronic catarrhal pneumonia. It may produce systemic effects, even iodism, if pushed sufficiently. Creasote and thymol find their principal indication in phthisis. Terebene, eucalyptol, and the like, are useful in subacute and chronic bronchitis, and when used in phthisis their principal benefit is from their influence upon collateral inflammations. Com-

IVY POISONING.—Kite (*Med. News*) says that bathing the parts with "black wash" effects immediate relief and a prompt cure.

pound tincture of benzoin is advantageous in acute cases of bronchitis and laryngitis, but steam inhalations are to be preferred in acute conditions, as set forth in the first of this series of clinical notes. Alcohol is used as a solvent and diluent. Chloroform and its solution in alcohol are useful in allaying irritative cough, and in mitigating the sharpness of the more pungent vapors—thymol eucalyptol, menthol, and some specimens of terebene. In some cases chloroform alone may be employed, especially at night, to secure relief from useless cough which prevents sleep. From five to fifteen drops is usually a sufficient dose.

In making use of the respirator, the sponge should be moistened with warm water, all excess of water being removed by squeezing. The medicinal liquor is then dropped upon it, and need rarely be renewed in less than eight or ten hours, sometimes not for twelve hours. The respirator should be worn as often as possible during the twenty-four hours, and as long as possible at a time. Many patients can comfortably sleep with the respirator in position. The object is to secure a mild and continuous topical medication.—Solomon Solis-Cohen, M.D., in *Univer. Med. Mag.—Columbus Med. Jour.*

ACTION OF CAFFEINE.

Germain See (*L'Union Medicale—N. W. Lancet*) says:

Caffeine, in small repeated doses amounting to about ten grains per diem, may be given with advantage to soldiers on the march, aiding the muscular work by increasing the activity of the motor part of the nervous system, cerebral as well as spinal. The result of this double action is to diminish the sensation of effort and to ward off fatigue, constituting at the same time a nervous and a chemical phenomenon.

Caffeine prevents shortness of breath and the resulting palpitation. It also gives at once to a man who undergoes violent and prolonged exercise the force which he needs. By its excitation of the motor part of cerebro-spinal system, upon which depends the increase of muscular tonicity, it increases the loss of carbon from the organism, particularly from the muscles, but does not restrict the loss of nitrogenized material; it is not a means of saving to the economy.

A saving action in general could be completely exercised upon superior animals, to prevent the bad effects of fasting—only in a condition impossible to realize,—inaction or immobility more or less absolute, where there is little expenditure without work. With caffeine we find just the reverse; that is to say, hard work, obtained only at an extravagant expenditure of the organism. It is by making combustion more active that caffeine makes possible muscular work together with the effort.

It has no mysterious property of taking the

place of food; it takes the place only of the general tonic excitation produced by the ingestion of food. If, in a word, we admit that it is the immediate action of foods that stimulates the stomach and the nervous system, and that their alimentary value is at first of no account, we may substitute one stimulant for another. But caffeine, from saving the reserve force, puts the ill-nourished man in a position to work only by attacking these reserves, which it hastens to destroy by the excitation of the nervous system and of the muscles; thus the nutritive stock of the organism is quickly exhausted, and caffeine cannot prevent it.—*Columbus Med. Jour.*

TO PRODUCE LOCAL ANESTHESIA.

A British dentist says:—From time to time we have had recommended to us formulæ for solutions for producing local anesthesia in teeth extractions, but in my hands they have been “vanity and vexation of spirit;” so have the preparations which are advertised in the dental journals. The following has given the best results, especially for the extraction of stumps, the objection being its powerful odor:

R Æther pur.	ʒvj.
Menthol,	ʒiv.
Ext. Cannab. Ind,	grs. 80.
Ol. Menth. Pip,	ʒj.—M.

I used it this morning in the extraction of a broken down first upper molar, and though it had to be extracted in two pieces, not the slightest pain was experienced. Such was the testimony of my patient, and he was the better judge.—*Columbus Med. Jour.*

NOTES ON CHLORALAMID.

Dr. I. N. Love prints the following in the department, “Therapeutic Tips,” edited by himself in his own journal, the *Medical Mirror*:

“There has been nothing presented to the profession for many a long day in the form of a sedative which is of more real value than Chloralamid (Schering.) It has become one of the favorite hypnotics. The *Journal of Nervous and Mental Diseases* has recently commended it very highly:

‘Locally, chloralamid has been found to be absolutely free from irritation, even when applied to the conjunctiva.

Chloralamid induces an apparently natural sleep in from one half to three hours. The only unpleasant effects that have been noted are occasionally headache, lassitude, and a desire to sleep in the morning. The best results are obtained when insomnia is due to neurasthenia, hysteria, old age, and to such conditions as chronic alcoholism, cardiac and bronchial asthma, subacute nephritis, diabetes and other chronic conditions. Auide considers its chief

advantages lie in the fact that it is not objectionable to the palate, and that its effects are soon manifested. Brainerd calls attention to the fact that it is more soluble and less expensive than sulfonal. The danger of a large dose is less than in chloral. Hagen and Huefler, of Erlangen, pronounce it one of the most reliable of hypnotics.

Administration of Chloralamid.—Much depends upon the proper administration of the new hypnotic, chloralamid, to obtain the full effect, and satisfactory and beneficial results. The dose is from 15 to 60 grains, with an average dose of 30 grains. Chloralamid is soluble in about 20 parts of cold water, and in one and a half parts of alcohol.

An additional caution is necessary: Never dissolve or disperse chloralamid in hot water or warm solutions, as the heated preparation decomposes.

The best modes of administration are:

1. In a teaspoonful of whisky or brandy.
2. In properly proportioned solutions with wine, spirits, or spirituous compounds.
3. In a small cup of cold water or cold tea.
4. In powder form, in wafers or cachets washed down with cold water.

I have found that it served admirably as a sedative when other agents had failed among the cerebral disturbances of children. Give an infant from six months to a year old from two to four grains and it will produce good sleep often when chloral hydrate and the bromide of sodium have failed."

Some Physicians are particularly inclined to administer drugs and remedies by hypodermic injection. It must not be lost sight of that in chloralamid, for instance, or in the case of similar remedies, the hypodermic dose must be very much smaller than the regular dose orally, or serious consequences will ensue. It is a poor way of giving this remedy, however, and should be discontinued.

PRESCRIPTION OF CHLORALAMID.

Galiana recommends the following prescription when using chloralamid:

℞ Chloralamid	45 grains.
Dilute hydrochloric acid	5 drops.
Distilled water	2 ounces.
Syrup of raspberry	2½ drachms.

One-half of this amount may be given. This may be divided into four doses, one of which may be given every four hours. For rectal injection he recommends:

℞ Chloralamid	30 grains.
Dilute hydrochloric acid	3 drops.
Distilled water	3 ounces.

Or the chloralamid may be dissolved in an infusion of tea to which should be added a considerable quantity of sugar.—*Medical News.*—*Notes on New Remedies.*

FOREIGN BODIES IN THE EYE.

Prof. David Webster, of New York, thus concludes an article on this subject, in the *Med. Record*:

1. Always search carefully for foreign bodies on the cornea and on the conjunctiva in cases of inflammation of one eye coming on suddenly and without other apparent cause.

2. Remove them, when found, with as little injury to the surrounding parts as possible.

3. When a foreign body is lodged within the eyeball, especially in the ciliary region, the patient is in danger of losing the fellow-eye by sympathetic inflammation, whether the foreign body is removed or not. The removal of the foreign body greatly lessens such danger.

4. If the foreign body has already destroyed the sight the eye should be enucleated without delay.

5. If sympathetic inflammation sets in, the sooner the eyeball containing the foreign body is enucleated the better will be the patient's chances of retaining useful sight.

6. If the fellow-eye is attacked with symptoms of severe *sympathetic irritation*, the eye containing the foreign body should be enucleated without waiting for actual sympathetic inflammation.

7. The magnet is serviceable in cases where the foreign body is of attractable material and *can be seen*, and is not firmly embedded in the eye-wall, nor encapsuled with organized lymph.

8. Where the foreign body is small and its lodging place uncertain the introduction of a magnet into the eyeball is generally to be deprecated.

9. After the foreign body has been *extracted* from the interior of the eye the patient should be warned that sympathetic inflammation may occur, and, in such a case, should not be neglected.—*Columbis Med. Jour.*

Menthol dissolved in vaseline, five grains to the ounce can be sprayed into the throat and forced thence into the ear by Valsalva's method. This is a very neat and simple way of applying a medicament to the lining of the eustachian tube and when the tympanic cavity is inflated in this manner the result is more marked and more permanent than when inflation without spraying is practiced.

The above spray will relieve the irritation of chronic asthma when other remedies fail to give satisfactory results.

Nothing is much more disagreeable the moment it is applied to the nasal mucous membrane or much pleasanter five minutes later, than a solution of iodoform in ether, one-half drachm to the ounce.

Chronic inflammation of the mucous mem-

brane of the naso-pharynx which persists in spite of detergent and astringent sprays and washes, is sometimes relieved by touching the surface here and there with a saturated solution of chromic acid.

Batteries sometimes fail to give satisfaction because the connecting wires break off inside the insulating cover and the connection is only made occasionally.

The following prescription has given great comfort to some of our patients suffering from piles of great tenderness, but of short duration and no marvellous magnitude :

R. Plumbi iodidi	3ij.
Tr. iodini co.	ʒxx.
Pubo. galli	gr.xx.
Ext. opii	gr.xx.
Cocoa butter	3ij.
Misce et ft. supposit. No. xx.	

Apply one night and morning after replacing the hemorrhoids.

For infantile diarrhoea we have this summer adopted the following treatment in most cases and with happy results. Stop milk and all other food and give only Mellin's food or one of those akin to it. Give one of the following powders every hour till the stool becomes less offensive in odor and more natural in consistency :

R. Salol	gr. j.
Zinci sulphocarbolat	gr. ss
M.	

—*Kansas Medical Journal.*

NASAL SPRAY.

Several years ago Dr. Roosa, of New York, published an article in which he warned his medical brethren that the use of the nasal douche could not be considered as entirely harmless, and he narrated a number of instances in which more or less serious inflammation of one or both middle ears had followed its use. Other writers confirmed his statement and, recently, in the *Record*, Dr. A. H. Buck has reaffirmed his former opinion as to the dangers of the douche. As a substitute, he recommends the use of a spray of the following ingredients :

R.—Eucalyptol,	1 grain,	
Oil wintergreen,	1 grain,	
Menthol,	2 grains,	
Benzoinol,	2 ounces.	M.

Or, if the patient dislikes an oily preparation, the following may be prescribed :

R.—Listerine,	1 part,	
Water,	3 parts.	M.

In the presence of an accumulation of viscid mucus or of crusts, a stream of flowing water will doubtless be found a more effective cleansing than a stimulating spray, but it is only in this respect that I can perceive any superiority of the douche over the sprays formulated above.

Furthermore, if the latter are used freely—that is, several times a day—and each time during the inhalation (by the patient) of a deep breath, with closed mouth, crusts and tough mucus will speedily cease to play a part in the therapeutic problem.

“In not a single instance have I known the freest introduction of the mixtures named to be accompanied by any unpleasant aural symptoms. The immediate effects are very gratifying to the patient, and in a brief time a permanent diminution of the nasal and naso-pharyngeal irritation can generally be noted. The use of sprays, however, must be looked upon only as a valuable method of supplementary treatment, and not as a therapeutic procedure of the first order. The removal of hypertrophied glandular tissue and the local application of silver nitrate are the only remedial measures that are at all worthy of being considered fundamentally curative of the conditions which usually lead the physician to prescribe the use of the nasal douche or one of its substitutes.”—*Columbus Med. Jour.*

TO PRESERVE CADAVERS.

The best injecting fluid is ten per cent. of phenic acid in glycerin ; in winter five per cent. will do. Alcohol may be used with an equal quantity of the glycerin, making the solution more penetrating. For economy a saturated arsenical solution may be added to the injection ; two-thirds of the ten per cent. glycerin with one-third of arsenical solution will suffice. The preservative would be better if composed of half a litre of chloride of zinc to half a litre of the arsenical solution ; five litres would be required for an ordinary subject. The injection may be made by the carotid, or, better, the aorta, and should be given slowly with moderate pressure, using either a syringe or an elevated receptacle. The room for storing cadavers should be dry, of constant temperature, and scrupulously clean and free from odor.—*N. Y. Med. Jour.—Columbus Med. Jour.*

GLYCERIN SUPPOSITORIES.

The *Boston Med. and Surg. Jour.* quoting from one of its exchanges states that Balland gives the following formula, stating that the suppositories are not brittle :

R. Lanolin,	
Glycerin,	āā gr. xxx
Cacao butter,	
White Wax,	āā gr. xv

M.—Sig. For one suppository.

The lanolin is first melted with the wax and the cacao butter. Then the glycerin is added, and the mass is poured into moulds. The mould should be placed in a mixture of ice and salt to prevent a separation of the glycerin.

MOLLIN, A NEW OINTMENT BASE.

Dr. Julius Kuhn writes to the *Berliner klinische Wochenschrift* regarding the objectionable features of some of the ordinary excipients for ointments. Almost all animal fat, he says, becomes rancid; lanolin is too tenacious for inunction purposes, will not dissolve chrysarobin, and will not subdivide mercury fine enough; vaseline is better in some respects, being more permanent, but it takes up some substances with difficulty, and in hot weather is soon too fluid on the skin; moreover, some specimens of it contain so much of impurities as to be irritating to the surface treated. In 1885 Unna pronounced it as his opinion that the best ointment base was soap, but it was not always easy to find a pasty soap that would remain unaltered at ordinary temperatures, have penetrating qualities, and mix well with the curative ingredients proposed to be used. A soap has been made by the druggist Carez, called mollin, which is said by Kuhn to meet all these requirements. Mollin appears to be a superfatted soap, holding 17 per cent. of fat in excess. It contains a little cocoa-nut oil and about 30 per cent. of glycerin, besides kidney-fat, tallow, and soda and potash mixed, chiefly the latter. It is said to keep unaltered for years. It is put up in two forms, one a little harder than the other.—*Med. Herald.*

A READY METHOD OF DIAGNOSING CORNEAL ULCERS.

When a solution of fluorescein is dropped into an eye that has lost any of its epithelium the spot is dyed a deep green color. It is one of the coal tar products, of a red color, and soluble in water. The strength of the solution used was ten grains to the ounce with the addition of fifteen grains of sodium bicarbonate. It is non-irritating even when there is intense inflammation present. Dr. Randolph has used it in over one hundred cases and has found its effects constant. The stain remains from half an hour to two hours, and has no effect on the healthy cornea. Small ulcers hardly distinguishable by oblique illumination were made plainly visible by a drop of the solution. This means of diagnosis is especially of service in the case of young children with corneal ulceration in which the photophobia is so intense that a good view is hardly obtainable. Also in the cases of foreign bodies in the cornea, their position can be located by the green ring formed around them.—*Kansas Med. Jour.*

The diseases of the uterus and its appendages and diseases of the eye bear a strong relationship to one another and a direct connection can be traced between the two. Patients unquestioned

will often remark that during menstruation their eyes give them more trouble than at any other time. Ladies who suffer from scanty and painful menstruation, invariably have small pupils at their menses. This is doubtless due to the iris being unusually supplied with blood, owing to the scanty menstrual flow. A sudden cessation of the physiological functions of the uterus causes venous hyperæmia, which on its part will cause stagnation of the blood in remote localities. Misplacement of the uterus, ovarian disease and insufficient menstrual flow are female troubles most likely to produce or aggravate eye diseases; diseases of the uveal tract and scanty menstruation bear a very close connection.—*Kansas Med. Jour.*

RECTAL ALIMENTATION.

Dr. Weaver formulates the following conclusions, which are quoted in the *Medical News* by Dr. A. H. Hills:

1. By the use of enemata life can be sustained indefinitely with little, if any, loss of weight to the body.
2. In a large proportion of cases in which rectal aliment is used, true digestion of albuminous saccharine and fatty food takes place, by virtue of a reversal of the normal peristalsis of the alimentary tract.
3. While this is the case, there are doubtless instances in which retrostalsis does not occur, and for that reason the food used should first be artificially deposited before being injected into the rectum.
4. While milk, eggs and brandy are the best ailment for rectal nutrition, no one article should be used for too long a time, but frequent changes should be made, observing the greatest care to prevent irritation of the rectum, or intolerance of that organ for the nutriment required.
5. The enemata should, if possible, be administered by the physician himself. Where difficulty in retaining the aliment is encountered, the colonic method is preferable, the food being propelled through a rectal bougie. The food should be of the temperature of the body.
6. The rectum having once become intolerant of enemata, *absolute rest* must be given to that viscus for a few days, and reliance be placed on nutritious inunctions of the surface of the body.
7. For rectal alimentation there exists a wider range of usefulness than has heretofore been assigned to it. It is not only appropriate in the severer forms of chronic disease of the stomach and œsophagus, but is indicated and should be utilized in the management of all *acute* diseases when, from any cause, the stomach becomes intractable and rebellious.
8. In diseases of the stomach, even where a portion of the food ingested is retained by that organ only to undergo fermentation, inducing thereby pain and distress, it is more logical to

employ rectal alimentation, not as an *adjunct* to, but a *substitute* for, stomachal ingestion.

9. Certain organic lesions as well as functional disturbances of the stomach are curable by means of rest to that organ, and by no other means. In rectal alimentation we have a safe and sure means of nutrition, pending the necessary period of rest to that organ.

THE TREATMENT OF GONORRHEAL RHEUMATISM.

According to *Wien. Klin. Wochenschrift*, Rubenstein has found potassium iodide a rapidly-effective remedy in the treatment of gonorrhoeal rheumatism. He gave small doses, usually ordering one drachm of the iodide in five ounces of water, of which he directs the patient to take one or two tablespoonsful in the morning, and four or five tablespoonsful in the afternoon. In some cases he gives a still weaker solution, the patient taking one tablespoonful every hour. After a few hours, in most cases, the pain is markedly lessened, swelling subsides, and a cure is brought about in two or three days.

As to local treatment, the author usually envelops the joint in cloths saturated with a one per cent. carbolic acid solution. In some cases he uses a dressing of blue ointment, and in still others a solution of common salt. When the pain disappeared he applied an elastic band, and if there is effusion he aspirates. Rubenstein has treated in this manner fifteen cases, some of which were acute, others chronic, and all were cured.—*Med. Age.—Columbus Med Jour.*

LIGHT IN THE SICK ROOM.

Dr. B. W. Richardson, in the course of a Lecture on "Disease and How to Combat it," remarks as follows:

Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick room in the daytime to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often a compliance with this request reveals a condition of room which, in a state of darkness, is almost inevitably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

In brief, there is nothing so bad as a dark sick room; it is as if the attendants were anticipating the death of the patient; and, if the reason be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient

cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice, which once prevailed so intensely that the sick, suffering from the most terrible diseases, small-pox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick room. It is not only that dirt and disorder are results of darkness, a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily the hospital ward, notwithstanding its many defects, and 'it has many, is so far favored that it is blessed with the light of the sun whenever the sun shines. In private practice the same remedy ought to be extended to the patients of the household, and the first words of the physician or surgeon on entering the dark sick room should be the dying words of Goethe, "More light, more light!"—*Sanitarian.*

NOVEL METHOD OF LAYING A FLOOR.

The *National Builder* says that a curious method of laying down floors has been adopted in France and has obtained a wide application. It consists in putting down flooring, not as hitherto on sleepers, but in embodying the boarding in asphalt.

The new floors are used mostly for ground stories of barracks and hospitals, as well as for churches and courts of law. Very little is known of the method outside of France, and as its usefulness is evident, it should have a wider application; therefore we append the following description:

For the floors in question, pieces of oak, usually two and one-half to four inches broad, twelve to thirty inches long, and one inch thick, are pressed down into a layer of hot asphalt not quite half an inch thick, in the well-known herring-bone pattern.

To insure a complete adhesion of the wood to the asphalt and obtain the smallest possible joints, the edges of the pieces of wood are planed down, bevelling toward the bottom, so that their cross-section becomes wedge-like. Nails, of course, are not necessary, and a perfectly level

surface may be given to the flooring by planing after laying down. The advantages of this flooring, which only requires an even bed on which to rest, are said to be the following :

1. Dampness from below, and its consequences, rot, is hereby prevented.
2. Floors may be cleaned quickly and with the least amount of water, insuring rapid drying.
3. Vermin cannot accumulate in the joints.
4. Unhealthful exhalations from the soil cannot penetrate into living rooms. Asphalt being impermeable to damp, rooms become perfectly healthful, even if they are not vaulted underneath.

In building with several stories, as in hospitals, the vitiated air of the lower rooms cannot ascend, an object which it has hitherto not been possible to attain by any other means known.

5. The layer of asphalt will also prevent the spreading of fire from one floor to another in case of conflagration.

The flooring here described has been laid in the numerous casements of the forts around Metz, to the satisfaction of the authorities. The cost is about twenty-five cents per square foot. This estimate, somewhat high, would be much lower in districts where oak and labor are cheaper, and the distances from places of construction less.—*American Gaslight Journal.—Sanitarian.*

A NEW WAY OF IRRIGATING THE NASAL CAVITIES.

Dr. E. Pins (*Wr. Med. Woch. ; Obl. f. Ther.*) has for some time endeavored to think of a method by which it would be possible to force fluids into the nasal cavities under a not too strong pressure, and to attain a shutting off of the upper pharynx or post-nasal cavities without external aid, with at the same time the least liability to danger by the entrance of the fluid into the ear or the other cavities opening into the nose. Observing the fact that in strong expiration with the mouth closed, the soft palat completely shuts off the the nasal cavity, he made use of it in constructing an apparatus, which consists of a bottle with perforated cork, through which two glass tubes of unequal length pass. The longer tube, which passes to the bottom of the bottle, is furnished at its outer end with an olive tip which fits into the nose ; a mouth-piece is attached to the shorter tube, through which the patient blows while the other tube is in the nose.

The bottle being filled with fluid, the expiratory pressure is sufficient to force one to two quarts of fluid through the nose in a short time; but is at no time so great, according to the author, as to involve the danger of forcing the fluid into the extra-nasal cavities. This did not

take place in 400 applications of this method among thirty patients of the author.

The method finds its contra-indications in diseased conditions of the respiratory and circulatory organs.—*Weekly Med. Review.*

SULPHONAL IN DIABETES.

Casarelli (*Annales de Thérapeutique Médico-Chirurgicales*, September, 1890) thus summarizes his observations: Sulphonal exerts a favorable influence upon diabetes, gradually lessening the quantity of sugar. The amelioration is evident after the remedy has been used for several days in the daily dose of one to two grammes (fifteen to thirty grains). The administration of sulphonal, even if very prolonged, is followed by no evil consequences. In the dose of three grammes, long continued, it produces a condition of lethargy, and sometimes delirium. But, if intermitted for a day, or if the dose be diminished, these manifestations cease. If the drug be abandoned the sugar soon reappears. Casarelli has also made use of antipyrine, but the results were less decided and satisfactory.—*Lancet-Clinic.*

INDIGESTION IN COLITIS OF INFANTS.

Dr. James M. French states (*Jour. Am. Med. Ass.*) that in cases of colitis of infants over-feeding should be avoided and cold drinks prohibited. Digestion may be facilitated by the administration of an active pepsin or pancreatine ; and the addition of a small quantity of calomel tends to arrest abnormal fermentation. He has rarely employed any medicines other than those contained in the following prescriptions :

R. Pepsini, gr. xij to xxiv
Hydrargyri chlor. mitis. gr. ss to j
Sacch. lactis. q. s.

M. ft. chartas No. xii.

Sig. One powder every three hours.

Or, in cases in which the intestinal digestion appears to be at fault :

R. Extracti pancreatis ʒss to j
Hydrarg. chlor. mitis., gr. ss to j
Sacch. lactis. q. s.

M. ft. chart. No. xii.

Sig. One powder every three hours.

It is better to give explicit directions that the powders be given immediately before or after nursing, and not oftener than once in three hours, as it is in this way possible to more completely rectify the error of too frequent feeding than by any other means, for our instructions as to the giving of medicine are more likely to be obeyed than are those pertaining to the correct manner of feeding the infant, a subject on which every mother has her own ideas.

TREATMENT OF HERPES ZOSTER.

Dr. Matthew Beattie thinks (*Medical Record*) that he has found a treatment which will arrest and cure herpes zoster. He states that the methods given in works on "general medicine" are of no value in retarding the progress of the disease. He reports a case of lumbar zona in which his treatment was followed by comfort in eight hours and cure in six days. He failed to state how long the eruption had lasted before he was called in. The treatment is as follows—for internal use:

R. Ext. gelsem, ʒj
Sod, sulphocarbonate, ʒj
Aqua, q. s., ad. ʒiij
M.

Sig. A teaspoonful every two hours.

R. Tinct. bellad., ʒss

Sig. Five drops every two hours until throat begins to feel dry.

Externally:

R. Plumbi acetat, ʒj
Pulv. alumen, ʒj
Aqua, ʒj
M.

Sig. Apply to painful part every two hours.

We have nothing to say about this treatment.

—*St. Louis Med. and Surgical Journal.*

GARGLE AFTER TONSILLOTOMY.

Dr. E. J. Moure prescribes the following gargle after tonsillotomy:

R. Sodii bromid.
Sodii borat, āā gr. xxxvj
Acid. carbolici, gr. vj
Glycerini puriss, ʒv
Decoct. hordei et althæ, ad. ʒvj

M.—Sig. To be taken during the day.—*St. Louis Med. and Surg. Journal*

BEEF TEA AS A NUTRIENT.

Thousands of sick people have been starved to death on this diet, and I want to enter my protest before it is everlastingly too late. What you want is the albumen and fibrin of the meat. The moment you coagulate these ingredients by heat you render them practically indigestible. Good milk is always preferable, but if you give beef tea don't boil it.—*Journal of Am. Med. Ass.—Kansas Med. Journal.*

Morphine can be given through the nose, dividing the dose into two parts, placing them each on the thumb and snuffing up the nose. It instantly begins to be absorbed, and its action is as rapid as when given hypodermically. Nasal cavities should first be cleansed before administering.

THE TREATMENT OF BURNS.

Bardeleben treats burns after the following plan: The injured part is first thoroughly washed with carbolic acid solution from 2½ to 3 per cent., or with a solution of salicylic acid about 3 in 1,000. All the bullæ are then punctured and the serum allowed to escape, after which the whole part is thoroughly dusted with finely powdered nitrate of bismuth, and a thick layer of cotton wool applied. The latter is changed whenever it is impregnated with the discharges from the wound. If the burn is a very extensive one, the powdered bismuth may be set aside, and a bismuth ointment used instead. The author affirms that with this dressing cicatrization proceeds very rapidly, and there is less discomfort than when any other dressing is employed. Despite the large quantities of bismuth that have been applied, no toxic symptoms have been noted in consequence of its use.—*The Medical Age.*

CHILBLAINS.

The season is here when that very troublesome affection, perplexing to physician and aggravating to patient alike, known as chilblains, is with us. There are a multitude of cures offered, and while each has its defenders there probably are few that equal and none that surpass the following, which I think came from that distinguished physician and most estimable gentleman now numbered among the silent majority, Prof. Joseph Carson:

R. Ol. terebinth,
Copaibæ, aa f ʒj

M. Sig.—Apply to surface where not denuded.

Try it, and if it does not agreeably surprise you your experience will not tally with mine.—J. A. DeArmond, M. D., (Davenport, Iowa.)—*Med. Summary.*

SIMPLE HYPODERMIC SYRINGE.

Dr. Thomas, of Youngstown (*Med. and Surg. Reporter*), has devised a new form of syringe, so simple that every physician can make his own. It consists of an ordinary syringe needle attached to the bulb of the ordinary medicine dropper. The union between the two can be made more secure by winding around a few turns of thread. There is nothing about it to get out of order, and it is always ready for use.

TREATMENT OF GALLSTONES.

According to Lekarek, pilocarpine is almost a specific in the treatment of gallstones. It relieves at once the pruritus of jaundice. The dose hypodermically is one-eighth of a grain twice a day. Thirty cases have been treated successfully.

DIARRHŒA.

The following simple and harmless recipe was a favorite of mine during the first twenty-five or thirty years of my practice. But now arsenite of copper is the professional fad, and this old formula may not be required. Still I think it worth recording:

R. Aquæ calcis, $\frac{3}{3}$ vi
Syr. rhei. arom., $\frac{3}{3}$ j
Tr. opii. camph., $\frac{3}{3}$ ss
Tr. cardam. comp., $\frac{3}{3}$ ss

M. Sig.—One teaspoonful often in diarrhœa, cholera infantum, acid vomiting and acid stools, etc., of infants and young children.—*Med. Summary.*

VOMITING.

The following was also my favorite and never-failing recipe for many years, for the vomiting of food in cases of dyspepsia, pregnancy, etc.:

R. Pulv. rhei., gr. x
Sod. bicarb. gr. xx.
Ferri subcarb., gr. xv—xxx.
Bismuth subnit., 3 j

M. et div. in pil No. x vel xii. One before rising in the morning in case of pregnancy, and one one-half hour before each meal.—*Med. Summary.*

DIARRHŒA MIXTURE.

And one more handy mixture to carry in the pocket-case or vest pocket for ordinary diarrhœa:

R. Tr. camphoræ,
McMunn's elixir opii.,
Tr. rhei, aa $\frac{3}{3}$ ss

M. Sig.—Five drops every half hour until relieved; children, one or two gtt.

These old friends of late years have been more or less abandoned for new ones, but I often ask myself, "to whose good?"—Abram Livenzey, M. D., in *Med. Summary.*

VOMITING OF PREGNANCY.

Gottschalk, of Berlin, recommends menthol in severe cases of vomiting of pregnancy. His formula is as follows: R—Menthol. gr. xv.; Spts. vini, ʒvj; Aquæ dest, ʒv. M. Sig.—One tablespoonful every hour.—*Med. Herald.*

Dr. W. K. Harris of Mulvane, Kas., uses for dyspeptic vertigo:

Acidi nitrici gtt lx.
Acidi muriatici gtt. c.
Aquæ camphoræ f $\frac{3}{3}$ viij.

M. Sig. Shake. Take one tablespoonful in one-half cup of water thirty minutes before each meal.—*Kansas Medical Journal.*

ITEMS OF INTEREST TO THE PROFESSION.

PRURITUS VULVÆ.—

R.—Sodium hyposulphite $\frac{3}{3}$ ʒi;
Carbolic acid gr. ʒo;
Glycerine $\frac{3}{3}$ ʒi;
Water $\frac{3}{3}$ ʒi.

Sig.—To be applied locally.—*Buffalo Medical and Surgical Journal.*

R.—Acid phenic., gr. xv;
Tinct. opii., fl ʒ iv;
Acid, hydrocyanic, fl ʒ iss;
Glycerin, fl ʒ iv;
Aquæ, fl ʒ iv,—M.

R.—Cocaine hydrochlorate, gr. x,
Lanolin, $\frac{3}{3}$ j.

M. Sig.—Ointment. Apply a small quantity to the affected parts.—*Gaz. de Gynec.—The Med. Bul.*

CHRONIC CISTITIS IN WOMEN.—

R.—Benzoic acid, pure, gr. j,
Biborate of soda, ʒ i,
Distilled water $\frac{3}{3}$ vj.

M. Sig.—Inject into bladder night and morning.—*Columbus Med. Jour.*

ANEMIA WITH AMENORRHEA.—

J. Milner Fothergill's prescription for amenorrhœa accompanied by anemia:

R.—Acidi arseniosi, gr. j
Ferri sulphat. exsicc., ʒss
Pulv. pip. nigr., ʒi
Pil. aloes et myrrhæ, ʒj

Misce. et div. in pil. no. XL. Sig.: One twice a day after meals.—*Columbus Med. Jour.*

EMMENAGOGUE PILLS.—

R. Valerianæ pulveris., } āā gr. 30,
Carthamii tictor, }
Ferri deuteroxid. nig., gr. 60,
Syrup acaciæ, }
Pulv. gumm., } q. s.

Make forty pills.

Sig.—One pill after each meal, to be increased to two or more.—*St. Louis Clinique.*

GONORRHEA.—

R. Zinci sulpho-carbolatis, ʒ ss
Fl. hydrastis, ʒ ij
Glycerini, ʒ ss
Aquæ rosæ, q. s. ad. ʒ viij.

M. Sig.—Inject t. i. d.—*Med. Summary.*

FOR LEUCORRHEA.—

R.—Infusion of chamomile, $\frac{3}{4}$ xvij,
 Alum, ʒijss,
 Iodide of potassium, $\frac{3}{4}$ j,
 Tincture of iodine, m. xxxij.

M. Sig.—Three injections should be made daily, and in addition general tonics and sulphur baths are advisable.—*Columbus Med. Jour.*

VOMITING OF PREGNANCY.—Goodell recommends:

R.—Ceri oxalat, 1 grain
 Ipecacuanhæ, 1 grain
 Creasoti, 2 drops M.

Sig. This to be taken every hour until nausea is controlled.—*Kansas City Med. Index.*

CONSTIPATION IN FEMALES.—(Lutand, *Rev. de Ther.*)

R.—Cit. of Iron and ammon., gr. 30,
 Fl. ext. of cascara sagrada, m. 30,
 Saccharine, gr. 8,
 Distilled water, f $\frac{3}{4}$ ijss.

M. S.—Half teaspoonful before each meal.

FOR HYSTERICAL VOMITING.—(Ewald, *Rev. de Therap.*)

R.—Hydrochlorate of morphine, 3 grs.,
 Hydrochlorate of cocaine, 5 grs.,
 Tincture of belladonna, 75 m.,
 Cherry-laurel water, f $\frac{3}{4}$ vjss.

M. Sig.—M. x-xv drops each hour.

—*Columbus Med Jour.*

LA GRIPPE.—

R. Tr. belladonna, gtt. 72
 Tr. cannabis indica, gtt. 120
 Tr. benzoin comp, f $\frac{3}{4}$ ij
 Syr. prunus virg, ad f $\frac{3}{4}$ ij

M. Sig.—A teaspoonful every three hours.

—W. R. D. Blackwood, M. D., (Philadelphia, Pa.)—*Med. Summary.*

PROF. PEPPER GIVES FOR HYDROTHORAX:—

R. Mass, hydrarg., }
 Pulv. scillæ, } aa gr. xx
 Pulv. digitalis, }
 Ext. nucis vomicæ gr. x

M. et ft. pil. No. xx. Sig.—One pill three times a day.

Or.—

R. Hydrarg. chlor. corros., gr. j
 Potassii iodidi, $\frac{3}{4}$ ij
 Spt. etheris nitrosi, f $\frac{3}{4}$ ss
 Aquæ cinnamomi, q. s. ad. f $\frac{3}{4}$ iv

M. Sig.—One teaspoonful thrice daily.

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MONTREAL, JUNE, 1891.

WANTED A CURE FOR CANCER.

A few centuries ago there were no doubt many diseases which were at that time considered, and rightly so, to be incurable. But since then and especially during the last decade the list of incurable diseases has gradually melted down under the penetrating rays of pathological research and scientific therapeutics. Of the few obdurate diseases which so far have resisted treatment or at least in which treatment has not been followed by cure, one of them, consumption bids fair before another quarter of a century to be as much a thing of the past as plague is now. For even if Koch's tuberculin treatment fails at least his investigations have forever settled the question of its contagiousness and from that point to the complete stamping of it out by isolation is only an easy step. But from the cure of cancer we seem to be just as far off as ever, in fact we are completely in the dark. But with a whole army of ardent investigators at work upon it we have good reason to hope that even it will eventually come under the category of curable diseases. Among the many claimants to the title of cancer cure is Count Mattei, an Italian nobleman, one of whose remedies

bears the captivating name of "green electricity." The bottles so labelled contain a liquid which careful analysis has shown to be nothing more than water. Nevertheless there are not wanting even medical men who maintain that although they were altogether sceptical as to its being able to produce any effect were obliged to confess that the patients on whom it was tried showed unmistakable signs of improvement. An English journalist, Mr. Stead, is about to have Count Mattei's remedies tested so as to either establish or demolish their claims to a cure. Sir Morrell McKenzie, Mr. Lawson Tait and Dr. E. W. Votter have consented to act as a committee, Mr. Stead having placed four beds at their disposal for this purpose. Among the other claimants to the title of cancer cure may be cited the continuous galvanic current, the interrupted galvanic current, chian turpentine, and pyoktanin or methyl blue. High currents of galvanism and solutions of methyl blue have been found by experience to kill bacteria, and it is on the supposition that cancer is a germ disease that reliance upon these remedies is based. Although the death rate from cancer is small compared with that of consumption it is a disease so dreaded by all that the discoverer of a cure for it would be hailed as one of the greatest benefactors of his race.

SULPHONAL.

According to a recent editorial in the *N. Y. Medical Record*, the above drug has come to stay. We had already come to the same conclusion after having tried it in a great variety of conditions in which increased cerebral and spinal irritability were annoying symptoms. Dr. Vorster, in the *Allgemeine Zeitschrift für Psychiatrie* states that he has used three hundred ounces of the drug in fifty-six cases of mental disease in the insane asylum of Koenigsutter. He says that its systematic exhibition results in sleep at night and pacification by day. Motor explosions, he says, are suppressed

by sulphonal, and this accounts for some unpleasant phenomena occasionally observed such as staggering gait, vertigo, difficulty of speech and weakness of the extremities. Our own experience with it has been almost entirely limited to its use in gynecology, and in this class of cases it is the hypnotic *par excellence*. Most of these cases are characterized by increased reflex irritability, the result of an exhausted nervous system with complete inability to restore it by means of sleep. Opiates make these patients worse because they arrest the already weak digestion and thereby starve the nerves. Sulphonal, on the contrary, seems to have no bad effects beyond tranquilizing the excited sympathetic, as evidenced by slowing and weakening of the pulse. The only cases in which it must be administered sparingly or not at all are those in which there is a tendency to heart failure. Owing to its sparing solubility in water, viz., 1 in 120, and consequent slow absorption it is necessary to observe the following precautions: 1. Always prescribe it powdered; 2. It is preferable to order it to be triturated with equal parts of sugar of milk; 3. If not powdered or subdivided by means of an inert substance it must be administered from four to six hours before its effects are desired; for instance, if sleep is desired at ten p. m. it should be given at four in the afternoon. If the patient is only seen at night and the effects are desired as soon as possible it should be dissolved in boiling water, and a tablespoonful of whiskey should be added, which not only increases the dissolving power of the water, but also counteracts the depressing effect on the heart. In our experience a full dose of twenty-five grains is required to begin with, after which half a dose every afternoon or evening is generally sufficient to keep up the effect. It seems to be eliminated slowly from the system, for even after one dose the patient is generally drowsy for the few following days. On the whole we consider sulphonal

one of the most valuable remedies we possess, and especially suited to the new class of diseases evolved by 19th century civilization.

BOOK NOTICES.

HEREDITY, HEALTH AND PERSONAL BEAUTY. By John V. Shoemaker, A.M., M.D., Professor of *Materia Medica*, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc. "The law of the wise is the fountain of life."—*Proverbs*. Svo. Pp. 422. Philadelphia: F. A. Davis. Cloth. Price, \$2.50.

This work, by a very well-known medical author, is written rather for the general public than for the professional reader, and yet it contains much that will prove both instructive and interesting to the latter.

The author *apologizes* for its preparation by the remark "that there is among educated persons a generally confessed need of popular instruction as to matters of health, and of all things indirectly appertaining thereto; and this, in effect, is the concession of the existence of a considerable public need. There can be no dissent from the conclusion that the want arising from this need can be increased by perceptions aroused by such treatment of the subject of well-being as we have here endeavored to employ; that, in a word, supply will increase the public demand for instruction in this branch of knowledge. If, therefore, this work prove satisfactorily to have accomplished the purpose in view it will be gratifying, not otherwise, to find it receive a lease of life." The subjects of not a few of the chapters are quite unique, the titles often exciting an interest as regards their contents. The book deserves to become popular. The physician may derive great pleasure from a perusal of the work, and may gain much that will prove of use to him in his practice.

TEXT-BOOK OF HYGIENE. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohe, M.D. Philadelphia: F. A. Davis, Publisher. 1890. Price \$2.50.

The aim of the author in writing this book has been to place in the hands of the American student, practitioner and sanitary officer, a trustworthy guide to the principles and practice of preventive medicine. He has endeavored to gather within its covers the essential facts upon which

the art of preserving health is based, and to present these to the reader in clear and easily understood language. A second edition of this work following so closely the first is sufficient evidence to indicate that its value has been appreciated. The present edition includes the advances made in sanitary science and art. Since the appearance of the first, additions will be found on almost every page, while many of the chapters have been entirely rewritten; the bulk of the volumes is increased by nearly a hundred more pages.

The work contains twenty-three chapters, each chapter being devoted to some subject pertaining to hygiene. For instance, Chapter I. treats of Air; Chapter II., Water; Chapter III., Food; Chapter IV., Soil; Chapter V., Removal of Sewage; Chapter VI., Construction of Habitations; Chapter VII., Construction of Hospitals; Chapter VIII., School of Hygiene. Other chapters treat of Military and Camp Hygiene, Naval Hygiene, Prison Hygiene, Baths and Bathing, Clothing, Disposal of the Dead, The Germ Theory of Disease, History of Epidemic Diseases, Antiseptics, Disinfectants and Deodorants, etc.

It is a valuable work and a copy of it should find its way on the shelf of every physician's library.

TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM, FOR PHYSICIANS AND STUDENTS. By Dr. Ludwig Edinger. Second revised edition with 133 illustrations. Translated by Willis Hale Vittum, M.D. Edited by C. Eugene Briggs, M.A., M.D., Professor of Mental and Nervous Diseases, University of Minnesota, etc., Philadelphia: F. A. Davis. Pp. xii-230, Cloth.

The anatomy of the higher nervous system is imperfectly understood by the student, and very often by the physician. The lectures of Edinger make this intricate subject highly interesting, and we do not hesitate to say that they are the best on the subject yet presented to the profession.

The advance in knowledge of the nervous system has been such during the past few years that the author has found it advisable to entirely rewrite many of its chapters for the present revised edition of this work. The energy in style so characteristic of the book in the original is not lost in the translation which is very well rendered. The marking of the various tracts and other portions of the nervous system with the terms which are used by our German colleagues is certainly a mistake in a book in which the text is English. With this exception nothing but praise is due to the author. The work, if carefully studied, will materially aid the student in the localization of brain affections.

THE MODERN ANTIPIRETICS; THEIR ACTION IN HEALTH AND DISEASES. By Isaac Ott, M.D. E. D. Vogel, Easton, Pa., 1891.

The author's desire has been to present new facts to the profession regarding the antipyretic drugs recently come into such general use; and hence the work is a resumé of the properties of the coal-tar products used in medicine. As the recent advances in therapeutics make the want of such a little volume felt, we feel sure the author has succeeded in filling the place previously left vacant. A brief perusal of the work will amply repay all.

THE POCKET MATERIA MEDICA AND THERAPEUTICS
A resume of the action and doses of all official and non-official drugs now in use, by C. Henri Leonard, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, Detroit College of Medicine. 300 pages, cloth, \$1.70 postpaid. 1891: The Illustrated Medical Journal Co., Detroit Mich.

Like the other works by this author, this one is characterized by terseness and compactness.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.—Consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: Differentiation in Rheumatic Diseases (so called), by Hugh Lane, L. R. C. P. Mental Affections of Childhood and Youth, and other papers, by J. Langdon Down, M. D. Cure of the Morphia Habit, by Oscar Jennings, M. D. Notes on the Examination of the Sputum, Vomit, Fæces, and Urine; by Sidney Coupland, M. D. Published monthly. Price, \$10.00 a year, single copies, \$1.00. May, 1891. New York: William Wood & Co.

The last article on the examination of the sputum, vomit, fæces, and urine, is especially valuable and interesting.

ACTION, THERAPEUTIC VALUE AND USE OF THE CARLSBAD SPRUDEL SALT (POWDER FORM) AND ITS RELATION TO THE CARLSBAD THERMAL WATER.—By Dr. W. Jawowski, Demonstrator at the University Clinic of Prof. Korczynski in Krakow, with a Dietary by the translator, A. L. A. Toboldt, M. D., assistant Demonstrator of Pharmacy, University of Pennsylvania; editor *Journal of Balneology and Medical Clip-pings, etc.* Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1891.

As Carlsbad salt contains 43 per cent. of sulphate

of soda, 36 per cent. of bicarbonate of soda, and 16 per cent. of common salt, it is a valuable remedy in acid dyspepsia, in torpidity of the liver and in constipation. Dr. Toboldt gives us many valuable suggestions for its use, and also a carefully prepared dietary for this class of patients.

MATERIA MEDICA AND THERAPEUTICS, WITH ESPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS.—By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of diseases of the skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Vol. II of a Treatise on Materia Medica, Pharmacology, and Therapeutics. Being an independent volume upon drugs. Philadelphia and London: F. A. Davis, Publisher. Price cloth, \$3.50. Sheep \$4.00.

This volume has been expected for some time past, but has been delayed from various causes. It is a great improvement on its predecessor, because it is a complete work on therapeutics of drugs and chemicals. It is constructed much on the plan of Gubler's splendid work in French, which has always been our standard of what a work in Therapeutics should be, but which we have not heretofore seen in the English language. In this work under review the various drugs are arranged in alphabetical order, which is much better than under their classified order, as one can thus find any drug without referring to the index. The following is the arrangement: First the various synonyms; then the various preparations, then a description of the substance; then its pharmacology or method of preparation; then its physiological action is thoroughly described and this we consider one of the most valuable features of the work. After which follows the therapy, including the mode of administration and dose. The type and paper are good, and altogether the work is a credit to the author and publisher.

PAMPHLETS RECEIVED.

Additional facts regarding correct vocal training, by Eugène L. Crutchfield, M. D., Baltimore.

The application of vocal culture to the treatment of throat and pulmonary affections, by Eugene L. Crutchfield, M. D., Baltimore.

RESECTION OF THE OPTIC NERVE.—By L. Webster Fox, M. D. Reprinted from *The Medical and Surgical Reporter*, May 30, 1891. Philadelphia: Binder & Kelly, Printers and Publishers, 518-520 Minor Street.

A NEW OPERATION FOR PROLAPSUS OF THE ANTERIOR VAGINAL WALL.—By Andrew F. Currier, M. D. New York. Read before the Section of Obstetrics and Diseases of Women at the meeting of the American Medical Association, at Nashville, Tenn., May, 1890.

CLINICAL CONSIDERATIONS CONCERNING ANÆMIA IN YOUNG WOMEN, INCLUDING ITS TREATMENT.—Read before the Connecticut Medical Society, at its annual meeting in New Haven, May 29, 1890. By Andrew F. Currier, M. D., New York City. Reprinted from *The Times and Register* July 12, 1890. Philadelphia: The Medical Press Company, Limited, 1890.

Le traitement des suppurations pelvines et des lésions inflammatoires des annexes par l'hystérectomie vaginale. Par S. Pozzi, Professor agrégé à la Faculté de Médecine de Paris, chirurgien de l'Hôpital Lourcine-Pascal.

PERSONAL.

Dr. Kirkpatrick has been appointed Assistant Surgeon of the Montreal General Hospital.

Dr. George E. Armstrong has been elected Surgeon of the In-Door Staff of the General Hospital.

Dr. McKechnie was recently appointed assistant attending physician to the Montreal Dispensary.

Dr. Neilson, of "B" Battery, Kingston, Ont., was in the city recently and favored us with a brief visit.

Dr. Geo. T. Ross, Professor of Physiology in Bishop's College, has removed to Dorchester street near Mountain.

Dr. F. R. England (Bishop's '85), has been elected attending physician to the Western Hospital, vice Dr. Trenholme lately deceased.

Dr. Fenwick has retired from active work on the In-Door Staff of the Montreal General Hospital, and has been placed on the consulting staff.

Dr. A. Laphorn Smith, one of the editors of THE CANADA MEDICAL RECORD, has been elected Professor of Gynecology in Bishop's College, to fill the vacancy created by the death of Dr. Trenholme, and the duties of which position he has been fulfilling during the last three years as lecturer.

Dr. F. W. Campbell, one of the editors of the RECORD, left early this month for his "Salmon" River at Metapedia, Que., where he will spend about three weeks.

Dr. Wolfred E. Nelson (Bishop's '72.) of New York City, paid Montreal a hurried visit, the end of last month. He came to attend the meeting of the Canadian Royal Society. Dr. Nelson was one of the first graduates of Bishop's College, and always retained a kindly feeling for his *Alma Mater*. We wish him long life and prosperity.

FOR ACUTE TONSILLITIS.—Sodii salicylatis, gr. v-x, every three hours, and for local application:

R. Potassii chloratis, q. s. ad. sat. sol.
Tr. ferri chlor.,
Glycerini,
Aquæ, } aa f ̄ ss

M. Sig.—Use locally.

FOR ACUTE GASTRITIS.—1, Absolute rest for stomach. 2, Nutritive enemata. 3, To quiet stomach.

R. Hydrarg. chlor. mitis, gr. ij
Bismuthi submit, ʒ j

M.—Ft. chart No. xx. Sig.—One powder every four hours.

Or—

R. Acid. carbolic, gtt. iv
Sodii bicarb., ʒ j ss
Elixir, f ̄ ss
Aquæ, q. s. ad. f ̄ ij

M. Sig.—ʒ j every three hours.

4, Opium, hyoseyamus or assafetida by suppository for nervous symptoms. 5, Counter irritation over epigastrium

Give nothing by mouth, except for its local action on the stomach.

Especially avoid all purges. If one is necessary, use calomel.—*Times and Register*.—*Col. Med. Journal*.