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REMARKS ON THE MANAGEMENT OF
HIP DISEASE.*

BY V. P. GIBNEY, M.D., OF NEW YORK.

Mr. President and Gentlemen of the Association:

It was my intention to present at this meeting a paper on the above subject, but for many reasons I have decided to detain you only a short while with some remarks, which I think will at least open a discussion that may prove profitable. On my way across the continent I learned that Dr. Cameron, of Toronto, would read a paper on bone tuberculosis. I thought, therefore, that mine would be superfluous, and I contented myself simply with a desire to participate in the discussion which Dr. Cameron, I knew, was so competent to open. Furthermore, from the impressions I have gathered, it seems that long papers would be out of place on the present occasion.

So much, then, for an apology. Into the spirit of the views expressed this morning I naturally fall. At once, therefore, I array myself on the side of the tubercular origin of what is commonly known as hip joint disease. I have long since abandoned the traumatic theory. I believe that all cases occurring in children, with very few exceptions, are tuberculous. The researches of pathology during the last decade have, to my mind, abundantly established this

theory. Clinical experience furnishes irresistible proof that the lesion here encountered is almost identical with the lesion encountered in pulmonary tuberculosis. Mr. Savory, of London, a few years ago, drew a very happy analogy between pulmonary and epiphysial tuberculosis. The cancellous structure of bone, apart from its hardness, is in structure almost identical with the parenchyma of lung. When the bacillus is lodged in lung tissue there radiates from this focus an inflammatory areola. If the focus is near the pleura, the areola extends to this tissue and may light up an ephemeral pleuritis. This pathological process is usually known by the symptoms produced. When the bacillus lodges on one or the other side of the epiphysial line, there radiates from this focus an areola just as we find in the lung. The signs produced are lameness, stiffness of the hip, possibly a rise of temperature, pain at the knee, reflex spasm, etc., etc., in proportion to the degree of the inflammatory process. After a little while this process—exacerbation we call it—undergoes resolution, for it is often ephemeral, and only a small spot of bone around the bacillus remains involved. This tissue, through which the inflammatory excursion, so to speak, has traversed, becomes more vulnerable. Recurring exacerbations destroy a larger area of tissue, and ultimately this central abscess cavity breaks through into the environment. In the disease under consideration it breaks, usually, into the capsule of the joint near the digital fossa, and we have suppurative synovitis, just as

*Read at the meeting of the Canadian Medical Association in Banff, N.W.T., August 13th, 1889.

we have an empyema or a pyo-pneumothorax. A large clinical experience gives one a pretty intimate knowledge of the course, and the explanation of the various pathological processes becomes very easy. I can fully sympathize with fellow practitioners who have members of their family thus afflicted, and can readily see how they cling to the traumatic theory. Few of us like to admit that any tuberculous process has invaded a member of our family. If the treatment of the traumatic hip disease differed from that of the constitutional disease, a differential diagnosis might be desirable. I am familiar with a great number of so-called traumatic cases. The families insist on this, the family physician likewise, and yet the course of the disease is identical with that occurring in a notoriously tuberculous subject.

There is another good reason, too, for belief in the tuberculous theory—it forewarns us, and of necessity, forearm us. The ravages of tuberculosis throughout the world have impressed all physicians alike. Even the laity look with dread upon this decimating disease. If we, therefore, at once recognize the tuberculous lesion in the bones that enter into the formation of the joint, and if we recognize the disease sufficiently early, the responsibility will become very great. We will feel that we have a dread disease to combat; we will adopt prompt measures of relief; we will insist on these measures being protracted; we will know that disease does not run a short course; we will not be eluded by remissions; false hopes will not tempt us to omit protection of the joint; our duty to ourselves and to the patient, above all, will be emphasized. This much, then, on the etiology and the pathology.

I recall the title announced, and shall proceed to tell you how I would manage a given case. Let me first, however, dwell a little on early diagnosis. When a case comes to you for examination, take advantage of all the means that nature has given you. Remember that you have a hip with which you can compare the hip suspected. Have the clothing removed. Test the functions of the sound joint fully and carefully. By so doing you will gain the confidence of the child, and remember that the confidence is the *sine qua non* in a physical examination. Spend the time that you have in making obser-

uations. Don't waste valuable time with irrelevant talk. Observe whether there be any difference in the size of the limbs. If so, record this difference. Note any inequality in the functions of the two limbs; that is, try flexion, extension, hyper-extension, rotation, inward and outward, abduction, adduction. There is no occasion for any violence. Striking the foot or the knee with the palm of the hand, to test the tenderness of the joint, is not only valueless, but actually harmful. In the first place it destroys the child's confidence. In the second place the muscular rigidity, which is at once excited, shuts out all examination. Again, if it were possible to bring the joint surfaces suddenly into contact, an abscess in the bone might be ruptured, and a destructive joint lesion follow. So that such a procedure is, as I have just remarked, not only valueless but hazardous. Many physicians take a limb carelessly and move it up and down and from side to side, and if they find a pretty fair range of motion, they say the child has no hip disease. Many a case, both in large cities and in provincial towns, is thus hastily passed over, and an opinion given that there is no disease. The doctor waits for the mother to make the diagnosis. It is she who observes the persistent lameness, expression of pain, the tenderness on moving the limb, especially in putting on the stockings or the shoes. It is she who hears the shriek at night. All these facts can be brought out by a careful examination, and every patient threatened with hip disease is certainly entitled to this careful examination. Let men get into a routine method of examining. Pass nothing over hastily. The issues are too great. The public expects this of us. We claim to belong to an enlightened profession. In making the examination, therefore, look for atrophy and reflex spasm, that is, an involuntary spasm, which occurs in certain groups of muscles when they are passively put on stretch. Look for a persistent lameness—once lame, always lame. Regard suspiciously any statement of the mother that the child has been perfectly free of lameness for a certain period. Cross-examine, and find whether it is a fact or not. We attach very little importance now-a-days to the ilio-femoral crease, or to the shape of the nates. So much, then, for diagnosis.

While I employ the long splint known as the Davis Taylor splint, and while I find this very satisfactory, I am convinced that it is not so satisfactory outside of large cities, or, at least, away from instrument makers. The difficulty in securing a fit, a knowledge of the details, putting on adhesive plaster for instance, adjusting the perineal straps, getting the pelvic band at the proper angle with the stem, getting the stem sufficiently long—all these points require a little practice, and he who seldom sees cases does not get this practice. I am in the habit, therefore, of advising for country practice a plaster of Paris bandage, applied from the calf up over the hip in the shape of a spike, extending up to the free ribs. Then put the patient on a high shoe for the sound foot, and a pair of axillary crutches. This secures protection to the joint, maintains the limb in good position and approximates, as nearly as we can approximate, that great *desideratum*—absolute and unqualified rest to the joint. The old opinion prevails, I find, throughout the country, that immobilization produces ankylosis. This is a fallacy. Ankylosis is produced not by immobilization, but by imperfect immobilization. The slight amount of motion that is allowed in all splints is just enough to induce adhesions about a joint, and these adhesions are what produce the ankylosis. I have long since demonstrated that the best protection against ankylosis is immobilization while the disease is present. If the case be taken early, before deformity has arisen, there is no occasion for any deformity occurring. Plaster and felt, or anything that maintains the limb in a normal position and maintains it for a long time, will be a powerful factor in resolution. If deformity is present, then secure the limb in the plaster at the angle found. After a week or two the plaster can be removed, and the deformity with a little manual force, and without pain, be reduced to a certain extent. Secure this by plaster, and later on gain more motion and a better position. I am aware that there are plaster bandages, and plaster bandages. I am aware that very few men know how to put on a plaster of Paris bandage, but still this does not prevent me from urging them to learn how to apply a bandage. A skin-fitting bandage can be applied just as well as one with a lot of cotton intervening. The main

thing is to have good plaster that sets well and is fine in quality. The best plaster is known as the Dental Plaster. The Dental Manufacturing Company supplies this in six or twelve quart cans, hermetically sealed. It needs to be kept dry, and then salt and alum are unnecessary. Next in importance is a good crinoline bandage. The salient points may be protected by cotton batting, but this should not be thick. The bandage should be rubbed plentifully and be rubbed glossy, and then all inequalities will have been rubbed out. I have treated a number of cases of double hip disease by this method, and the results have been gratifying in the extreme. Time and again I have reduced a deformity by immobilizing the joint in plaster for a few weeks. I do not expect to cure a case in a short time. The case must be managed. If abscesses form and become alarming, then get rid of the abscess by incision and evacuation. If the abscesses give rise to no constitutional disturbance, or pain, or inconvenience, especially, do not take fright and make a grave prognosis, but let the abscess take care of itself. Many cases open spontaneously and good results are obtained. Bad results take place because the joint is not protected, not because the abscesses are present, but because the bone and joint are not attended to. The question of excision of the joint or gouging I shall not discuss, because I see many surgeons about me who are more competent to discuss this matter, and shall close my remarks by urging upon you the importance of early diagnosis—the diagnosis made before any deformity has arisen, the importance of regarding the lesion as tuberculous, the importance of protecting the joint first, last, and all the time.

In conclusion, I trust none of my hearers will accuse me of belittling the so-called American mode of traction with motion. I simply say that traction with motion is not only bad practice, but it is difficult to obtain. My observation is that those who employ this method do it only in name, not in practice. The joints of the splint are usually rusty, and the patients are not taught how to keep them in order. Good results are obtained by the traction. The traction produces fixation. With fixation and traction to the joint, therefore, we have the best attainable treatment. I employ traction in all

my well-to-do cases. In my charity cases I frequently omit this element, because of the expense, and I must confess that these do about as well as my well-to-do cases, sometimes better. I seldom find it necessary to confine the patient to bed. I do not use a splint by day, and weight and pulley by night. The splint is used night and day. I aim to keep the protection continuous. The perineal straps that pass from the pelvic band of the splint, serve as perineal crutches. The constitutional treatment employed is cod liver oil, hypophosphates, iron in its various preparations, according to the needs of the patient. The digestive functions must be good. When these fail, remedies to correct. In other words I aim to keep my patient's health above par, and great importance is attached to climatic influence. It is just as important to have a patient with hip disease in a climate where bacilli are in high dilution, as it is to have a phthisical patient in this altitude. With such advantages, then, the prognosis ought to be good. We can control a tuberculous epiphysis better than we can a tuberculous lung. By means of axillary and peroneal crutches the patients can live in the open air.

I thank the gentlemen of the Association for the audience they have given me, and I trust that I have made myself well understood.

PERMANGANATE OF POTASSIUM; ITS ACTION AND USES.

BY J. H. M'CASEY, M.D.

There appears to be a great diversity of opinion regarding the therapeutic value of permanganate of potassium. In my hands this drug has proved both valuable and reliable. Lacerda was the first to show that, when brought in contact with snake poison, it readily and effectually destroyed its toxic power, but when given by the mouth it had no effect on such poison. On coming in contact with organic matter, it quickly decomposes, and its power is lost. When put up in solution, pure water should be used, and no other drug should be combined with it. Fresh solution should be made every three to six days.

When taken into the stomach in concentrated solution, it produces heart-burning and vomit-

ing. But when taken in doses of gr. 1 to 2, diluted with half a glass of water, no irritation or inconvenience is experienced in the great majority of cases. Permanganate of potassium is contra-indicated in acute inflammation of the stomach, but may be used in chronic gastritis, accompanied by fermentative changes in the food. Dose, gr. 1 in pill three to four times a day after meals. Here it heals the mucous membrane, prevents fermentation, and relieves insufficient oxidation of the food, as shown by decrease of uric acid in the urine. It is stated on high authority that it favorably influences the glycogenic function of the liver, and promotes oxidation in the tissues, and therefore should be a valuable agent in the treatment of diabetes mellitus.

As originally suggested by Sydney Ringer, its chief internal use is in the treatment of amenorrhea.

In sudden cessation of the menses, whether due to cold, anæmia, grief, or deficient activity of the menstrual apparatus, it will restore the flow with great precision. It is contra-indicated, however, in congestive and asthenic amenorrhea. When the menses cease on slight cause, it indicates a debilitated condition of the organs, and the drug should be taken in moderation for some time. I have found this drug beneficial in cases where the periods were regular in point of time, but the flow was either too great or too small. In anæmic or chlorotic females, it is well to administer tonics such as iron, arsenic, phosphorus barks, etc., for several months. Iodide of iron is especially valuable where a strumous diathesis is present. Mode of administration: Take one grain in pill every four to five hours with half a glass of water after each dose. A sitz bath—a vaginal douche, as well as a warm enema once or twice a day for a few days, once in three or four weeks, have proved valuable aids in the treatment of amenorrhœa.

It is important to begin the treatment, if possible, three or four days before the expected sickness.

Mrs. L., æt. 23 years, first menstruated at the age of 15 years; being fearful of her mother's wrath, removed and washed the stained linen. She redressed with the same cold and wet clothing. The catamenia did not reappear for about three years after this. The lady married,

and in due time gave birth to a child. The catamenia appeared but once during an interval of three years, which intervened until the birth of her second child. Eighteen months after birth of second child, I was consulted with regard to lame back and other symptoms of suppressed menstruation, from which she had suffered more or less for eight years. I ordered a mixture of iron and strychnine as a tonic and gave a one grain pill of permanganate of potassium two or three times a day. She used the baths, and vaginal douche for a few days, once in three or four weeks. Under this treatment the catamenia returned in six weeks, and have remained regular since—a period of two years.

Miss A., æt. 22 years, gave almost similar history with regard to menses. Under treatment outlined above, normal menstruation was restored in eight weeks.

Miss N., æt. 17 years, consulted me on Thursday, with regard to amenorrhœa, of three months' standing. She had been under treatment for two months in a western town. I gave her one grain pill pot. permang. four to six times a day; used vaginal douche and enema of tepid water three times a day. Internally I ordered teaspoonful doses of equal parts of tr. soc. aloes and tr. myrrh to relieve constipation. In thirty hours she flowed four ounces. Her cousin, in playing with her, dashed cold water down her neck, which chilled her and checked flow for eighteen hours, but on continuing the treatment, the flow reappeared and constituted a natural period.

Local Action.—When applied to the skin it stains it brown. Applied to an abrasion, it causes smarting and burning, and is slightly caustic. Its action is chemical-antidotal, but not physiologically antagonistic.

It must therefore be brought in direct contact with poison to exercise any influence. By virtue of its oxidizing power it is deodorant and antiseptic. In sloughing phagedenæ, unhealthy ulcers and impending gangrene, applied in concentrated solution, it is of signal service. Used in saturated solution as a caustic, it has the advantage over other agents of this class of pursuing and attacking unhealthy tissues.

A girl, æt. 7 years, fell from a stairway five months previously, and sustained a severe cut on the head. The injury evidently had not been

properly dressed, and as a consequence had raised into an unhealthy granulation tissue the size of half a walnut. The history showed that physicians had applied various caustic and oil dressings. I poured out some permanganate of potassium on the bottom of an inverted tumbler, adding enough water to make a saturated solution. I dipped a portion of absorbent cotton into the mixture, and applied it to the sore for about five minutes. I repeated this operation daily for three to five days. At the end of twelve days the sore was healed.

Dr. P. had an indolent, superficial sloughing ulcer on his leg which had baffled the skill of many physicians, as well as his own, for years. I applied a saturated solution of pot. perman., with brush or feather every other day for twelve days. I kept away all greasy applications. (I believe greasy applications, when continued for many months, favour the growth of unhealthy granulations). I also applied rubber bandages. In six weeks the ulcer was entirely healed.

J. P. D., æt. 30 years, was suffering with ranula complicated with violent cankered sore mouth. I ordered a mouth wash gr. ss. pot. perman. to $\bar{3}j$ of water, to be used every two to four hours. The mouth was well in two days.

Girl, æt. 8 years, was suffering from cerebrospinal meningitis. I administered fl. ex. ergot, $\bar{5}$ iij, daily, in twelve doses four days, with good results on the disease, save the appearance of gangrene about the gums and fauces. I discontinued the ergot and swabbed the mouth every four hours with solution grs. ij to $\bar{3}j$. Gangrene was arrested in forty hours.

In mercurial salivation it is the best of all washes. I often use a few grains in a glass of water as a mouth wash in continued fevers where the breath emits an offensive odor. In threatened gangrene following amputations, I have used it with gratifying results.

The concentrated solution failed to benefit a tinea sycosis of the upper lip.

G. H., æt. 40 years, married, on examination showed nine soft chancres. I touched each gently with lunar caustic, and applied absorbent cotton moistened in a solution of pot. perman., grs. xv. to $\bar{3}j$. I ordered the solution applied momentarily every other day, and carbolyzed vaseline to be applied during the intervals. The cure was complete in eight days.

In gonorrhœa an injection of gr. j to ʒj, four to five times a day, during the first week, or hydrarg bichlor., gr. ¼ to ʒj. At end of first week increase strength of pot. perman. to grs. ii or iii to ʒ, and make one injection every other day. During the intervals astringent injections, as sulphate of zinc, sugar of lead, etc., may be used with excellent results.

Permanganate of potassium grs. 1 to 2 to ʒj as a vaginal douce twice daily, has served me well in the treatment of leucorrhœa. Except in very weak solutions this drug should not be used locally oftener than once in two or three days, for if employed frequently in strong solution it is an irritant.

CONCORDIA, KANSAS.

Selections.

THE PROGNOSIS OF CASES OF ALBUMINURIA, WITH SPECIAL REFERENCE TO LIFE ASSURANCE.

We take the following from the interesting discussion which took place at the Leeds meeting of the British Medical Association, as reported in the journal of the Association:

P. H. PYE SMITH, M.D., F.R.S.

Physician, Guy's Hospital.

Dr. Pye-Smith said that he believed there was no "physiological" albumen, and that "functional" albuminuria was really pathological for the time being. Admitting that excessive exertion, temporary asphyxia, or external cold might cause temporary albuminuria in apparently healthy persons, it must be remembered that these same conditions also increased albuminuria in cases of undoubted Bright's disease. Again, casts might be absent in very many specimens of urine in cases of renal cirrhosis, and they might be present in cases of temporary renal congestion. One form of occasional "functional" albuminuria was that which was really a slight form of paroxysmal hæmoglobinuria. He would, for practical purposes of prognosis, compare albuminuria with hæmoptysis. It was always serious, though it did not always indicate organic disease. Even when there were indications of structural lesion of the kidneys our prognosis might be good, for Bright's disease, like phthisis, was a curable disease. Even when believed to be "functional" it was better to

defer the application for assurance than to attempt to determine what was often an insoluble question.

W. T. GAIRDNER, M.D.,

Professor of Physic in the University of Glasgow.

Dr. Gairdner said that for a good many years he had been accustomed to examine the urine personally in every case of a proposal for life insurance, besides having brought under his notice from day to day the results of very numerous observations made in hospital upon a great number of miscellaneous cases in which the urine was examined as a matter of routine by the assistants. The results of this inquiry he did not propose to submit in detail, nor was he, indeed, able to do so; but the result of it all, taken in connection with all that he had seen, or heard, or read upon the general subject, was that, when the ordinary or old tests of serum albumen were used, the occurrence of albumen in cases otherwise wholly unexceptionable from the view of life insurance was so far from universal as to make the term "physiological albuminuria" one in all probability misleading, and therefore undesirable to use. Dr. Pavy had alluded to the case of Weston, a man presumably healthy and well organized, who, in walking for a wager, had albumen in his urine. The just inference from that case, taken by itself, would not be that the albuminuria was physiological, but that walking for a wager after Weston's method was unphysiological. And so with the cases reported by Sir Andrew Clark, showing that a large proportion of youths cramming for the examinations of the Civil Service were at least temporarily albuminuric. It is not necessary to maintain that the albumen in these persons always indicates serious disease, but it certainly shows that cramming for examination is not physiological. The term "functional albuminuria" is not open to the same objections, regard being had always to the difficulty of distinguishing, either during life or after death, what is functional and what is structural. The result of the whole in Dr. Gairdner's mind is that, while he freely admits a functional albuminuria (subject to the qualification just alluded to), he is altogether sceptical, or more than sceptical, as to physiological albuminuria. Considering this practically in relation to life insurance, Dr. Gairdner said that he could not find a more just or accurate expression for his

opinion than to say that serum albumen, when present in the urine even casually, must be regarded as a danger signal. As to the amount of danger implied in the fact in particular cases, he was neither pessimistic nor optimistic. He was able in a general way to accept Dr. Pavy's conclusions both as to the significance of the fact and the other circumstances to be taken into account in forming a prognosis. The only result that inevitably follows, or should follow, from ascertaining casually the fact of albuminuria in a case otherwise acceptable, is that judgment must be postponed for a period varying, according to circumstances, from weeks to months. It may be that the circumstances are such as to show, or to render it highly probable, that the occurrence is a purely casual and almost accidental one. It may be, on the other hand, that a long period of probation may be required, or that the danger is shown after a time to be such as to put an end to the negotiations. Having regard to the comfort as well as the real interest of the proposer, Dr. Gairdner has frequently thought it right to communicate, privately or otherwise, with the ordinary medical attendant (if attainable), indicating to the proposer at the same time that there is a flaw, but it may be quite a slight or temporary one, and that it requires to be investigated in the interest of the office, which is also in the end his own interest, as his medical man will explain to him.

THE DANGERS OF CARBOLIC ACID.—The following letter of Dr. Th. Billroth, of Vienna, has been published: "I have lately seen four cases, in which fingers which had suffered a most insignificant injury became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skilful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*London Lancet*.

THE PATHOGENY OF DUODENAL ULCER, AS A RESULT OF SEVERE BURNS.—Woakes, in writing on the correllating and reflex functions of the sympathetic system, says that "no better instance of this sort of reflex action, so distributed as to constitute a correllated tissue tract, can be afforded than is seen when burns of the chest are followed by a duodenal ulcer. Here the afferent sympathetic fibrillæ, associated with the injured cutaneous spinal nerves implicated in the burnt area, are in reflex relationship, through their ganglion, with the nervi vasorum of the arteries supplying the duodenal mucous membrane, though the evidence in this case goes to show that the impulse is in its issue one of vessel contraction rather than of dilatation the resulting ulcer being a tissue necrosis, the sequence of starvation from this reflexly-excited obliteration of its blood supply."—*Weekly Med. Rev.*

ALCOHOL IN PUERPERAL FEVER.—At the meeting of the German Society of Obstetrics and Gynæcology which was held on the 28th or June, Dr. A. Martin read a paper on the efficacy of alcohol in puerperal fever. Eighteen cases were cited, five of which died. Three cases were of pyæmia and fifteen of septicæmia. Besides the alcohol treatment, a strict local antiseptic treatment was also resorted to. The alcohol was given in large quantities in the shape of various wines and spirits together with a most nutritious diet. One of the cases which recovered was given, inside of six weeks, 17 bottles of cognac, 13 bottles of burgundy, 37 half-bottles of champagne, $4\frac{1}{2}$ bottles of other heavy wines, and 6 bottles of porter. When slight diarrhœa was observed the wine was changed.—*Deutsche med. Wochenschrift, Med. News.*

SULFONAL FOR NIGHT-SWEATS. — Although the number of remedies recommended for night-sweats is very large, it may not be amiss to give some information regarding a new cure: Sulfonal, the soporific recently so warmly recommended. Battrich's attention was first attracted to the subject by the case of a lady eighty years old, to whom he had administered only one-quarter gram as a soporific. The lady had been suffering with night-sweats so profuse that her clothes were changed twice every night. After

taking this powder, she asked him whether he had mixed anything for those sweats in it. Further experiments showed that in most cases night-sweats could be prevented by one-half gm. of sulfonal. He considered the effect of sulfonal to equal that of atropin, but it is wholly free from unfavorable side-effects. Moreover its effect is lasting, the sweats of the second night being much less profuse without sulfonal.—*Therapeutische Monatshefte*—*Brooklyn Medical Journal*.

SYPHILITIC CHANCRE OF THE LIP.—Dr. Vidal lately had, in his ward in the St. Louis Hospital, a patient presenting a syphilitic chancre of the lip of an unusual origin. The patient was a young girl of twenty-one years, who for the last three months, presented superficial lesions of the lips, particularly of the lower lip. These were taken to be eczematous. But on her admission into the hospital these became modified and presented an ulceration bearing the characteristics of a true chancre. This case was interesting, not only on account of the difficulty of the diagnosis, but on account of the conditions in which inoculation was effected. This young girl was working in a manufactory at the same time with a young man who had sore lips, and both had to use the same speaking tube. It was by placing his sore lips on the mouth piece of the tube that the patient got her chancre. If this be true, this mode of contagion deserves to be brought to notice.—*Paris Letter in American Practitioner and News*.

EXTIRPATION OF THE CÆCUM.—Durante (*Wiener med. Presse*) reports a successful case of extirpation of the cæcum; being the third of its kind on record. The patient, æt. fifty-six, suffered for twelve years from attacks of colic and vomiting. In the last year she experienced such extreme pain that she demanded relief at the hands of the surgeon. In the lower right side of the belly there was a slightly movable tumour, the size and form of a large citron, irregular in surface, and apparently dense and indurated. It was diagnosticated as a carcinoma of the cæcum or of the surrounding parts. The operation was most difficult, because of the multiple adhesions which had formed between the peritoneum, intestines, and tumour; the latter was finally extirpated, however, together

with the cæcum to which it was attached, and the continuity of the gut was restored by suturing. There was no fever. The first passage by the bowels occurred seven days after the operation, and on the tenth day the patient was up and about. Section through the tumour showed that it had replaced the cæcum and vermiform appendix. Pathologically it was made up of a fibroid induration, infiltrated with tubercle bacilli.—*American Journal of the Medical Sciences*.

SAPOLANOLIN.—Stern, of Manheim (*Medical Record*), under the name of "sapolanolin," recommends a mixture of two parts of green soap, with two and a half of lanolin. With this he incorporates all the ordinary medicaments except salicylic acid. He has found it specially valuable in the treatment of infiltrated eczema, parasitic diseases and seborrhœa with thick crusts. With the addition of 10 per cent. of white precipitate it renders excellent service in psoriasis capitis, usually clearing up the disease in from 3 to 8 days' time, and needing only the application of an indifferent ointment to complete the cure. He calls "lanolin wax paste" a preparation of 40 parts each of yellow wax and lanolin and 20 parts olive oil, melted together and shaken while cooling. It can be spread upon the skin, where it sticks, thus making an excellent base for fixed applications. When the medicament to be carried is tar, more wax should be used. It is useful in facial eczema with zinc oxide or boric acid. The following is highly lauded in vesicular or squamous eczema: Salicylic acid, 3 parts; olive oil, 17 parts; lanolin and yellow wax each 40 parts.—*Weekly Medical Review*.

KRAUROSIS VULVÆ.—In 1885, the late Prof. Briesky described a peculiar degeneration of the tissues of the vulva, to which the name of kraurosis vulvæ was given. The labia minora especially undergo atrophy, and owing to the degeneration of the vestibular structures, the meatus urinarius gapes, and becomes liable to severe irritation, or even ulceration. The skin of the perineum and the clitoris share in the atrophic process. The sudoriparous and sebaceous glands of the labia become diminished in size and in number. Dr. Janovsky, of Prague, has

recently published observations on kraurosis vulvæ in the *Monatshefte für praktische Dermatologie*. He studied six new cases, and found that their etiology was obscure. Therapeutic aid was of no avail. In one instance he believed that he could trace the disease to œdema, which was followed by a sclerotic process, and consequent atrophy of the involved tissues. Dr. Janovsky also considered that chronic gonorrhœal discharges and venereal ulcers at least predisposed to kraurosis, if they did not actually cause that obscure and somewhat interesting affection.—*Brit. Med. Jour.*

ON SALICYLATE OF BISMUTH IN CHRONIC DIARRHŒA.—In the *Méditz*, No. 2, 1889, p. 1, Dr. S. Mikhailoff, of St. Petersburg, warmly recommends the treatment of obstinate chronic diarrhœa by the internal administration of salicylate of bismuth, in six grain doses, given thrice a day. He adduces, for the sake of illustration, the striking case of a gentleman, aged 55, who had been suffering from diarrhœa and treated since he was 25, when he had had an attack of Asiatic cholera. After all possible means had been successively tried in vain (by numberless doctors of "several generations"), the administration of the salicylate was followed in a week by marked improvement, and in a few weeks by permanent cure (about one year and a half has passed since the disappearance of his diarrhœa). The case is regarded by Dr. Mikhailoff as "some affection of the large bowel," depending upon "some morbid fermentation." The drug was selected (in view of researches by Vulpian, Bouchard, and Dujardin-Beaumetz) as one of such antiseptic substances that may pass through the upper portion of the digestive tract in a more or less undecomposed state. The author adds that he obtained singularly excellent results in a good number of cases of the sort.—*Méd. Age.*

ZOSTER GANGRÆNOSUS ATYPICUS.—In the *Wiener klinische Wochenschrift* Kaposi contributes, under the above designation, the notes of two cases of an anomalous herpetic disease. Both patients were females of a nervous temperament. The eruption occurs in patches or groups, similar to ordinary zoster, beginning usually as a somewhat elevated efflorescence,

showing, in a day or two, scattered thickly over its area, subepidermic darkish or brownish points. The redness fades, and the gangrenous points rapidly involve the epiderm, and the patch then appears as a superficial, incompletely formed dry slough; or suppuration beneath the sloughing points takes place, and gives the patch the appearance of a dotted, superficial, sharply outlined erosion or ulceration. One or more patches may be present, and may be irregularly distributed. In four to eight days the disease tends to retrograde, disappearing entirely at the end of a few weeks, leaving behind, as a rule, more or less scarring with a keloidal tendency. In the one case a number of such attacks had occurred. The patches when developed suggested an artificial origin—from caustic potash or nitric acid—but when studied carefully it could be seen that the beginning of the process was subepidermal, involving primarily the corium. The disease, while unquestionably neurotic, differs from that which has been described as "herpes zoster gangrænusus" by the recurrence of the attacks, its irregular localization, and also by the fact that the eruption is not confined to one side.—*American Journal of the Medical Sciences.*

THE CURABILITY OF CIRRHOSIS OF THE LIVER.—In a lecture delivered some time ago at the University of Naples, Professor Semmola called attention again to his method of treatment of cirrhosis of the liver, which he had first proposed in 1879 at the Amsterdam Congress, although he had suggested the possibility of curing the disease ten years before that time. The method is a very simple one, and consists in the enforcement of a pure milk diet, no solid food whatever being allowed. By this diet, he claims, nutrition is sustained, while the least possible work is put upon the digestive organs, and it is upon this physiological rest that he relies for a cure of the beginning cirrhosis. It is, of course, only in the earlier stages of the disease that a cure can be expected, that is, during the stage of interstitial hepatitis, before atrophy of the organ has advanced.

In this connection, the lecturer took occasion to inveigh against too great a devotion to pathology, which tended, he thought, to promote pessimism in therapeutics. At the post-mortem

table interstitial hepatitis is generally found in its atrophic stage, when the newly-formed tissue has become fibrous and contracted, and when no hope of cure can be entertained. One who has such a picture always before his mind, as the interpretation of the early symptoms of the disease, is not encouraged to treat the affection to the end of effecting a cure. Professor Semmola reported several cases in which the symptoms pointed to an early stage of hepatic cirrhosis, and in which a cure was obtained by means of a rigid adherence to a milk diet without solid food or drugs.—*Medical Record*.

CHLORIDE OF AMMONIUM IN NEURALGIA.—W. T. Greene, M.D., writes: A gentleman recently called at my house, who said he had been suffering from neuralgia in the head and neck, left side, for fifteen weeks without a day's intermission, and that the pain was getting worse instead of better. He said that he had been prescribed for by several medical men, with scarcely any alleviation of his sufferings. He produced a bundle of prescriptions which rang the changes upon sulphate of magnesia, quinine, and iron. I made him up a mixture of chloride of ammonium, twenty grains to the dose, which he took away with him. The next evening the gentleman called to say that he had taken what I had given him, and for the first time for fifteen weeks had passed a day without pain, having felt an improvement after taking the first dose of the medicine. He begged for another bottle as he was afraid the neuralgia might return, so I gave it to him, but he did not take the whole of it, and has had no return of the neuralgia since. Chloride of ammonium is a very simple, most valuable, and strangely neglected drug, which I have never known to fail in the treatment of neuralgia.—*Med. Press, London*.

BIBORATE OF SODA IN EPILEPSY.—The objections to a long-continued use of the bromides in epilepsy are well known. Substitutes are eagerly sought after. Of the biborate of soda for this purpose, Dr. J. D. Munson, Medical Superintendent of the Northern Michigan Asylum, in his last report, which we quote from the *American Lancet* for July, says: "It has been found quite equal to the bromides in con-

trolling the seizures. In some cases it has been found superior. It is prompt in its action, and does not affect badly the general condition, and is usually well borne after the first few doses. Biborate of soda tends to constrict the peripheral bloodvessels in a remarkable manner, and to this action is doubtless due its beneficial action in epilepsy. In epileptics with high arterial tension, borax is sometimes harmful, while in those with low arterial tension, but strong heart action, it is most apt to be useful." In cases with weak heart it acts badly, probably by its vaso-motor action, obstructing still more the outward blood. Among the drawbacks to its use, he gives the following: "Given regularly in moderate doses it is apt to affect the nutrition of the scalp, the hair becoming rough and brittle, and in one or two cases alopecia has followed. A troublesome psoriasis is occasionally induced, which, according to our experience, has not yielded readily to treatment, nor has the administration of Fowler's solution with it always prevented its appearance. In one case a suppurative inflammation of the middle ear was always induced by the use of the biborate." He advises that the drug be never given before meals, or for long periods continuously. It is well sometimes to alternate its administration with those of the bromides.—*Medical News*.

GLYCERINE IN CONSTIPATION.—The glycerine treatment of constipation, enemata of from forty to fifty grains being used, has been tried by L. Norotny in two hundred cases, representing the most varied forms of disease. In almost all defecation took place after one or two minutes, but in four or five cases from two to three hours elapsed before the effect occurred. No unpleasant action was observed. In about one-third of the cases there was first a solid movement, followed in an hour by a second that was soft as liquid. Resinger also reports satisfactory results from the treatment. As an improvement upon the enema, Messrs. Eli Lilly & Co., of Indianapolis, have prepared a suppository containing 95 per cent. pure glycerine, which are permanent, convenient and effective. We mentioned in a previous number of the *Medical News* that when glycerine is used as an injection in quantity of about a teaspoonful in the rectum, it will speedily cause a movement

in the bowels. We understand that the remedy originated in Holland, with a physician who, instead of making it known to the medical profession through the medical journals, introduced it in the way of a proprietary article, advertising it as a remedy for constipation. An analysis revealed the presence of glycerine with a minute quantity of conium and a salt of sodium. These additions do not seem to be necessary, as the glycerine alone secures invariably a prompt action of the bowels. This action, as has been explained in the *Medical News*, is probably due to the fact that glycerine has a strong affinity for water and attracts it from the mucous membrane of the rectum, causing irritation of the sentient nerves; this leads to peristaltic contractions, promptly producing the effect of relieving the bowels.—*Cincinnati Med. News*.

CARDIAC TONICS.—M. Bucquoy, who was delegated to introduce this subject, said that the therapeutics of diseases of the heart was directed not so much to combat the lesions of the organ as to raise its tone when it is wanting. For many years digitalis was regarded as the agent *par excellence* prescribed with that intent, and even at present its wonderful effects in certain cases justified the opinion. However, in the last few years other agents have been introduced such as convallaria majalis, adonis vernalis, strophanthus, squill, etc. The greater part of these act in strengthening the ventricular systole of the heart, in regulating the pulse, and in producing a diuresis more or less abundant. Unfortunately it was not exactly known how these agents differed from each other in their action. It would be well if their action on the vasomotors were determined precisely, for they are not all vaso constrictors like digitalis. It would be necessary also to know how long the administration of each of these medicines could be pursued. Caffeine and strophanthus could be continued for a long time, while digitalis accumulates rapidly. He tried strophanthus on 200 patients, and he remarked that in mitral disease the pulse became strong and regular, while where the aortic valves were the seat of the lesion, Corrigan's pulse becomes greatly exaggerated. He considered that the drug was a precious agent, for it gave tone to the pulse and could be prescribed indefinitely. Its diuretic action was

constant, and there was only one counter-indication to its administration, and that was fatty degeneration. Strophanthus is not so efficacious as strophanthus. M. Masius said he preferred digitalis, and several other members were of the same opinion.—*Medical Press and Circular*.

THE OPERATIVE TREATMENT OF PERFORATION PERITONITIS.—Professor Miculicz, of Koenigsberg, read a paper on this subject before the late Congress of the German Surgical Society. He distinguishes two forms of perforation peritonitis, the diffuse and the progressive fibrino-purulent peritonitis. In the former, owing to traumatism, or to a broad perforation of the gut, the entire peritoneum is affected from the first. The process is characterized by a serous, slightly fibrinous, markedly septic exudation, and runs its course rapidly. These cases are only to be operated upon during the earlier stages. In the second form the peritonitis is at first localized, but spreads gradually, while the different purulent centres are shut off from one another by firm adhesions. To destroy these safeguards against the extension of the suppurative process is bad surgery; it should rather be the aim of the surgeon to spare these adhesions, and to seek for each abscess separately, and by the removal of pus externally induce healing. By following these principles the author has obtained successful results in several cases. It should be remembered that the abscesses may be opened at different times and sometimes several from the same incision. The persistence of a suppurative centre is usually shown by the presence of fine fistulous pus passages. The exudation is best removed by a warm salt or weak boric acid solution. All traction on the gut is to be avoided, the drainage is best accomplished with iodoform gauze. In the after treatment the administration of opium and the application of moist heat to the abdomen are especially important. If ileus persists in the absence of peritonitis, the establishment of an artificial anus is indicated.—*Wiener Medizinische Presse, International Journal of Surgery*.

PNEUMONIA AND PREGNANCY.—Mrs. M., aged 33, the mother of three children, was admitted

on January 21st. She thought herself eight months' pregnant, and till five days before admission had enjoyed good health; but on that day, without any known cause, she suffered from stabbing pain in the left axilla on breathing or coughing; during the next few days she became feverish and short of breath, and on the morning of her admission she shivered for a few minutes. The patient had marked orthopnoea; the whole face was red and suffused, while the lips were a little blue. The pulse was 116, of good size, but very compressible, while the temperature was only 98.4°. She had a good deal of cough, with rusty expectoration. The respirations were 40 to 48, and on examining the chest, there was found to be dulness, with tubular breath-sounds over the upper and middle lobes of the right lung and over the lower lobe of the left lung. The uterus was enlarged to the size of the organ at full term; the foetal heart-sounds were plainly heard and were 120 per minute, but the child's movements became less active as the mother grew worse. The patient was well propped up in bed, while mustard poultices were applied to the chest and stimulants administered; but the next day the dyspnoea was more distressing, while the pulse became gradually weaker; there was, however, no delirium, and the highest temperature recorded was 100.4°. The urine was non-albuminous, nor was there any marked diminution in the amount of chlorides present. On the morning of January 23rd, labor came on, and in three hours the patient was very easily delivered of a healthy, non-febrile, apparently full-term child. The amount of blood lost was certainly below the average; and though for about an hour afterwards she was much depressed (pulse was weak and only 80 per minute), she then rallied, and the comparative ease with which she now breathed was most striking. From this point she rapidly improved, and in four days the temperature was normal and the pulmonary physical signs had almost disappeared.

Remarks by Mr. Burton.—Especially striking in the above case were the slightness of the fever and the relief to the breathing which soon followed delivery. This relief was so obvious that I cannot help questioning the absolute correctness of Lusk's statement, who, speaking in his work on *Midwifery*, of pneumonia and

pregnancy, says: "Parturition itself, whether naturally or artificially produced, greatly imperils the woman's life."—*Brit. Med. Jour.*

TREATMENT OF ACNE VULGARIS. — The treatment recommended by Dr. Isaac, of Berlin, consists chiefly in producing sufficiently intense peeling of the skin to remove all obstructions from the sebaceous glands, and eventually also to reduce excessive vascularisation of the skin. This is most effectually achieved by the application of naphthol or resorcin paste.

Formula. — R. Naphthol, 1 part, sulphur præcip. 5 parts, sapon. virid. and vaseline aa 2 parts—M. f. pasta.—To remain on for half to one hour and to be repeated daily until the skin peels thoroughly, which usually requires a few days. In case of a too intense reaction, a 2 per cent. salicylic acid paste or powder readily gives relief. Another formula warmly recommended is the following:—R. Pulv. cret. alb. 5 parts, B naphthol, camphor and vaselin flav. aa 10 parts, sapon. virid. 15 parts, sulphur præcip. 50 parts. M. f. pasta. This preparation should not be applied for longer than a quarter of an hour. Resorcin was used in about 50 cases with most satisfactory results. It is also applied as a soft paste. R. Resorcin, zinc. oxyd., amy. aa 5 parts, vaselin flav. 10 parts. M. f. pasta mollis. Isaac has found it advisable to commence with a less concentrated (10 per cent.) ointment, gradually increasing the strength if necessary.

It is important to bear in mind that acne is often merely a symptom of a disturbance of the inner organs, as it is more than likely that the sebaceous glands which become inflamed by the exit of superfluous quantities of bromine and iodine also serve for the removal of other irritating bodies from the organism. In this way the effect of cheese, beer, and coffee on the skin is satisfactorily explained, and the necessity of avoiding such irritants sufficiently proved.—*British Journal of Dermat.*

PHENACETIN IN THE TREATMENT OF NEURALGIA.—According to Dr. Ott (*Zeitschrift für Therapie*), phenacetin, in doses of from seven and one-half to seventy-five grains daily, possesses most marked value, according to his experience, in the treatment of neuralgia of

peripheral origin ; while it is without action in the treatment of neuralgia dependent upon disease of the brain or spinal cord. Dr. Ott administers the remedy in the form of a powder enclosed in capsules, in doses of seven and one-half grains, and has never had occasion to use larger amounts. One or two of these powders, given at intervals of an hour, are found to succeed easily in arresting suffering. His most brilliant results are stated to have been obtained through the use of phenacetin in hemicrania, and in occipital neuralgia, which so frequently occurs in women during the menstrual period, or in men as a consequence of marked hemorrhoidal congestion. In one case of hemicrania he had marked success even after the patient had taken antifebrin without avail. In pure trigeminal neuralgia it only produces transient relief, so that final resort must be had to other remedies, such as quinine, salicyl, or electricity. He reports two cases of cardialgia in which there was marked relief, as well as three cases of intercostal neuralgia. On the other hand, it produced no effect in an extremely severe case of sciatica, even though the dose was increased to seventy-five grains in twenty-four hours. Unfortunately, the economy appears to be accustomed to the use of phenacetin, and, after continued employment, its analgesic properties are lost.—*Therapeutic Gazette.*

WAKEFULNESS IN NEURASTHENIA.—A wide range of opinion on the management of this condition found expression at a recent meeting of the Epidemiological Association. The use of drugs, with the exception of sulphonal, perhaps, did not find much favor with the members. Some of them had found that their patients of this class slept when they were at the seaside, while others recommended the Colorado atmosphere. Some patients had been found to be able to sleep at sea, but not on land. The weight of evidence seemed to favor the resort to mountain air for patients who were anæmic, with a presumption in favor of sea air for those who were plethoric. Dr. Solly, of Colorado Springs, has found that a large proportion of anæmic neurasthenics find sleep on the mountain heights, but this can not be said of the entire class. It is not improbable that other conditions besides those of climate enter into the

account where the patient travels from our Eastern cities to the Rocky Mountains in pursuit of sleep. The jaded matron leaves the worries of the household, and the business man, broken down by the rush of daily cares, finds many things changed besides the atmosphere among the far Western altitudes. Still, as a rule, the climate gets all the praise when an improvement takes place. Business men from the East report a larger percentage of recoveries than the matrons, however, probably because fewer of their anxieties can follow them. Improvement in the assimilation of food, it should not be forgotten, goes a great way towards sleep-production in those who are affected with derangement of the nervous system ; and this is one of the frequent accompaniments of any change of scene and environment. Not that there is always any marked increase of appetite or in the amount of food taken, but there is an appropriation of the food by the nervous centres to their consequent strengthening. It is often a prominent feature in neurasthenia that the food may be taken in and digested fairly well, but stops short somewhere in its distribution to the tissues and is largely wasted. Ordinarily, when this waste ceases there is a corresponding abatement of wakefulness and other neurotic symptoms.—*N. Y. Med. Jour.*

Therapeutic Notes.

SALVE FOR ANAL FISSURES.—The following salve, given in the *Revue gén. de Clin. et de Thérap.*, is designed to augment the healing in conjunction with the use of other curative methods. The fissures should be thoroughly stimulated with nitrate of silver and the salve applied several times daily. Its antiseptic and analgesic properties will be found most valuable.

R.—Boracic acid 3 parts.
Hydrochlorate of cocaine 1 part.
Lanolin 30 parts.—M.

—*Medical News.*

BUTYL-CHLORAL IN TRIGEMINAL NEURALGIA.—Liebreich (*Therap. Monats.*) says he is convinced that butyl-chloral in doses of 15 to 45 grains causes anæsthesia in the course of the trigeminal nerve. Unfortunately the effect is

not continuous, and large doses cause sleep. It is very useful, however, in affections of the trigeminal, which are not chronic in character. Rheumatic pains in the face, and those occasioned by injury or toothache, due to inflammation of the pulp or periostitis, can be relieved by the administration of butyl-chloral. When the filling of a tooth gives rise at first to a feeling of pressure, butyl-chloral gives satisfactory relief. The taste is unpleasant, and the drug is soluble with difficulty. It may be given as follows:—

R.—Butyl-chloral gr. 30 to 45.
Spir. vin. rect., m. 150.
Glycerini dr. 5.
Aquæ, oz. 3, dr. 6.—M.

Three or four teaspoonfuls for a dose.

The dose must be graduated according to the pain and the special conditions of the patient.

—*Medical Chronicle.*

ANEMONIN is the active principle of *Pulsatilla* (*Anemone P.*) It consists of colorless, aciculate crystals, melting at 152° C [305.6 F]; very sparingly soluble in water or ether; but easily so in warm alcohol.

According to P. Q. Brondgeest (*Nederl Tydschr. voor Geneesk.*, 1888, p. 131) anemonin is a cerebral poison, whose lethal action proceeds by annihilation of the function of the central nervous system, the effect being preceded and accompanied by spasmodic and paralytic phenomena. This result, however, being attainable only by large doses and after a considerable lapse of time, anemonin is not to be classified with the strong poisons.

Medicinally applied, its daily dose varies from 5 to 10 centigrammes [$\frac{3}{4}$ to $1\frac{1}{2}$ grain], to be exhibited in two divisions, in powders, wrapped in wafers. Doses greater than 10 centigrammes should be avoided; because, already at 20 centigrammes (3 grains), cephalalgia and difficulty of articulation are among the possible effects.

The indications for the administration of anemonin are: Pertussis, bronchitis, and asthma.

—*Merck's Bulletin.*

TREATMENT OF HEMORRHOIDS. Some time since Unna strongly recommended the use of chrysarobin in hemorrhoids. A report of twenty-two cases treated with this remedy now comes from a Russian physician, Dr. Kossobudski.

True, he did not use the drug in such strong solutions as recommended by Unna (five to ten per cent.), yet the result of the treatment was most gratifying. After washing the parts with a two per cent. carbolic acid, or a one per cent. creolin solution, and drying them with absorbent cotton, he applied, three or four times daily, a salve of the following formula:

R.—Chrysarobin grs. xij.
Iodoform grs. v.
Extract of belladonna grs. jx.
Vaseline ʒjv.—M.

In cases of internal hemorrhoids he prescribed suppositories as follows:

R.—Chrysarobin grs. $1\frac{1}{4}$.
Iodoform gr. $\frac{1}{3}$.
Extract of belladonna gr. $\frac{1}{6}$.
Cacao butter grs. xxx.
Glycerine q.s. for suppository.

If bleeding was severe, tannin was added to the above. With such therapeutics the pain and bleeding disappeared in all cases within three or four days, and the hemorrhoids had completely shrunk away in three or four months.—*Centralbl. für Chirurg., Med. News.*

For a case of *posterior spinal sclerosis*, of four years' duration, with severe headache, Prof. DaCosta directed argenti nitras $\frac{1}{4}$ gr. t. d., and for the headache the following:—

R. Aconitinæ, gr. j. M.
Lanolin, ʒj. M.

Sig.—Rub in a very small quantity at night.

For a man with *progressive muscular atrophy*, at the clinic, Prof. DaCosta directed avoidance of muscular exertion; gr. $\frac{1}{3}$ oxide of silver t. d., and the following:—

R. Liqueur, potassii arsenitis, gtt. j.
Olei morrhuæ, ʒjv. M.

Sig.—t. d.

In a case of *singultus* (hiccough) of long standing, attacks of which would last 112 days without intermission, Prof. DaCosta ordered the following prescription, which arrested the spasms in a short time:—

R. Chloral hydrat., gr. v.
Sodii bromid., gr. x.
Tinct. belladonnæ, gtt. iij.
Aq. destil., q. s. ad ʒj. M.

Sig.—Every 4 hours.—*Coll. and Clin. Record.*

GUAIACOL.—The therapeutic use of guaiacol as an anti-tubercular is thus detailed by recent investigators :

A. Nobili (*Gazetta degli Ospitali*, 1888; 76 and 77) credits guaiacol with two distinct powers, both that of augmenting the organic power of resistance against tuberculous infection, and that of destroying the tuberculous bacilli. Hence Dr. Nobili considers guaiacol "The sovereign of all known remedies in pulmonary tuberculosis." He prefers it to creasote on account of its being a homogeneous substance (having necessarily a more reliable and uniform mode of action), and "because creasote very often exhibits a vomitory effect!"

Nobili's formula of exhibition is as follows :

A.—Guaiacol 1 gramme (15 grains).
Alcohol 200 grammes (8 fl. oz).
Tinct. Gentian 25 grammes (1 fl. oz).

At first, this mixture is given to the extent of only 5-15 drops daily, after meals, best to be taken in wine, broth, or sugared water. In the combination as by the above formula, guaiacol is easily taken and entails no inconvenience. Gradually the dose may be increased up to 1, 2, and even 3 grammes (16, 32, and 48 minims) of the mixture per day.

All the patients treated with guaiacol, according to Dr. Nobili's report, experienced an increase of appetite; the cough, especially at night, was decreased; also, in some cases, the fever and night-sweats were reduced. Generally, a distinct improvement in the rattling sounds was noted, and the subjective feeling of the patients was markedly elevated.

Another investigator, Dr. Bourget, exhibits it in vinous solution; in winter, in mixture with cod-liver oil.

The summer mixture is composed as follows:

B.—Guaiacol 7-5 grammes (2 drams).
Tinct. Cinchona 20 grammes (6 fl. dr).
Malaga Wine 1,000 grammes (35 fl. oz).

Of this, 1 tablespoonful is given at every meal in the beginning of the treatment; which dose is gradually increased, up to 2-3 spoonfuls.

If, at any time, the medicament be less well borne than usual, its form is to be changed to that of an enema, as follows :

C.—Guaiacol 2 grammes (30 grs).
Sweet Almond Oil 20 grammes (6 fl. dr).
Gum Acacia 10 grammes (2 ½ dr).

Distilled Water 950 grammes (2 pints).

Make into emulsion; for four enemas.

(This enema should be made to go as high up as possible, being administered through a flexible tube, with the patient lying on his left side; sometimes it may be advantageously preceded by a water injection.)

The treatments per os and per rectum may be alternatively combined, the guaiacol wine being given one fortnight, and the guaiacol enemas the next.

For the winter treatment this formula is directed :

D.—Guaiacol 3 grammes (45 grs).
Cod-liver Oil 200 grammes (8 fl. oz).

One tablespoonful at each principal meal is the internal dose of this.—*Merck's Bulletin*.

De la Lobéline dans la Thérapeutique de l'Asthme.—Dr. Silva Nunes.—The author of this pamphlet recommends lobéline in gradually increasing doses, from ½ grain to 3 grains in pill, every two hours for the treatment of spasmodic asthma.

The Treatment of Purpura Hæmorrhagica by Nitrate of Silver.—Poulet (*Bull. Gén. de Thérap.*)—The author relates two cases of purpura hæmorrhagica: the first, a boy aged 12, had petechial eruption and epistaxis not controlled by perchloride of iron, acid infusion of roses, plugging the nostrils and subcutaneous injection of ergotin. Nitrate of silver, in one-fifth grain doses twice a day, cured him in three or four days. The second case was even more severe, as there was hæmorrhage from the nose, stomach, and bowels, with petechiæ, deafness, blindness, and albuminuria. The hæmorrhages ceased after the first day's use of the remedy, and twelve pills effected a cure.

Diet in Bright's Disease.—Schreiber (*Berliner Klin. Wochenschrift*) has shown that eggs do not cause an increase of albumen in Bright's disease, and in this he is supported by Leyden and Oertel. (The reporter agrees with this, and has permitted the use of eggs in his practice for several years.)

Uterine Medicines.—Mr. Naunton W. Davies (*The Lancet*, June 8th, 1889) says it can safely be said that no medicines are so disappointing in their action as those which are supposed to act upon the uterus and its appendages, and

influence the menstrual habit in women. These remedies, so formidable in number, look very imposing when the long list is scanned; but is there not something in the multitudinous array suggestive of conscious weakness—of individual feebleness hidden in a crowd? Let me instance the following: Borax, cantharides, ergot, aconite, pulsatilla, caulophyllin, permanganate of potash or soda, peroxide of manganese, santonin, rue, savin, cimicifuga rac., sanguinaria, megarthes, pot. iodi, apiol, iron, and the various cathartics. Now, of all these remedies, have any of them shown a disposition to act consistently when given to different patients apparently suffering from identical troubles? It would be affectation to pretend that they have generally any such characteristic.

Of the long list of remedies noticed, there remain caulophyllin and pulsatilla, and of these much can be said of a favorable nature. Caulophyllin, the resinoid prepared from caulophyllum thalictoides, known in America under the various names of squaw root, papoose root, and blue berry, has been recognized in the country as a valuable therapeutic agent from very early times. There seems to be a general agreement amongst those who have studied its action that its effect is chiefly felt by those motor nerves which are connected sympathetically with the menstrual organs, and that this action is of a sedative character, allaying that irritable condition of the generative system which so often lies at the root of functional irregularities. As a remedy in these derangements, in "irritable neurotics," especially when they are marked by disturbance in the sacral plexus, it has undoubtedly acquired a sounder reputation than most of its competitors, and deserves a permanent place in the select circle of approved remedies. But its action, although often favorable when administered alone, is much more reliable when given in combination with pulsatilla (anemone pulsatilla, pasque flower), which has long been known as a popular and effective remedy in uterine functional derangements. A few years ago it was well spoken of by Dr. Brunton and Dr. Gerard Smith as a sedative agent of much power in the treatment of inflammatory states of the testicle and spermatic cord, producing such rapid abatement of pain as to supersede even the necessity for morphine. As pulsatilla

increases the beneficial action of caulophyllin, so the latter increases the action of the former, and it is therefore when they are both combined that we get the most perfect emmenagogue that our present state of knowledge has yet suggested.

My own experience in the use of liq. caulophyllin et pulsatilla is most encouraging; and while I urge with much confidence its use by my confreres, I would, at the same time, beg them to make their experience known.

The preparation used by Mr. Naunton W. Davies, was, we understand, that prepared by Oppenheimer Bros. & Co. —*Dr. Robt. Saunders, F.R.C.P., Lond., Birm. Med. Review.*

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS
OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

When a change of address occurs please promptly notify the Publishers, THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, OCTOBER 1, 1889.

ONTARIO MEDICAL COUNCIL.
BUILDING.

We see by the report of the committee that the total cost of the building of the Medical Council, situated on the corner of Richmond and Bay Sts., including pavement of the yard, and a granolithic pavement on the two streets, was, up to the date of the June meeting, \$73,194.00. The elevator was not considered satisfactory, and had not been accepted by the architect. A few days ago we learned the troubles connected with the elevator were still unsettled.

Twelve offices in the building had been let at an annual rental of \$3,700, and there is reason to anticipate (the report says) the early letting of the remaining offices for about as much more. From a business point of view

this very handsome but substantial structure will be an actual source of revenue to the Council, besides providing suitable rooms for its officers, a hall for its regular sessions, and another large hall for the examinations. Great credit is due to those who had the management of this undertaking.

THE JOHNS HOPKINS UNIVERSITY.

Various reports have been circulated to the effect that the efficiency of the Johns Hopkins University will be seriously impaired through a loss of the greater portion of its income. It is true that the revenue from the Baltimore and Ohio Railway bonds has been cut off for the present, at least, but we are pleased to learn from a recent statement of President Gilman that the financial difficulties are not so serious as some suppose. The University will be opened at the usual time, early in October, with its full staff, which will include several members lately appointed. The annual receipts from tuition average \$40,000, and there is an emergency fund of \$108,000, available for the next three years. Within six months the University has received \$300,000, and other gifts are expected. Under such circumstances it is not likely that the managers will be compelled to close their doors.

ETHER VERSUS CHLOROFORM.

It will be remembered that at the meeting of the British Medical Association last year, Sir George MacLeod, of Glasgow, in referring to the comparative merits of these two anæsthetics, strongly favored chloroform, considering it safer and better in every respect. At the meeting of the same Association, held this year at Leeds, Mr. Teale discussed the same subject, but differed materially from his distinguished confere, as the following quotation from the report in the *British Medical Journal* will show:

"There are many hospitals in England, and still more, I believe, in Scotland, where the use of ether is practically unknown, or where, if ether is given, the obsolete towel or the grid, or the very inferior inhaler of Ormsby is used; or even should the hospital possess a Clover, it may not possess an etherist who knows how to use it to the best advantage. To administer ether badly is to bring it down nearly to a level

with chloroform as to safety, and to render it inferior to chloroform as to comfort to the patient. A bad etherist will cause fear, coughing, distressing sense of suffocation, excitement, struggling, blueness of lips, mucous rattling in the trachea and bronchi. He will take many minutes, five to ten, in getting his patient under the anæsthetic. will use twice or thrice as much ether as is needful, will keep his patient when unconscious overcharged with ether in a state of profound stertor, and will now and then set up a dangerous bronchitis. A good etherist will win the confidence of his patient, even of the most timid, by judicious encouragement, and by first applying the mouthpiece alone. As confidence becomes established he adds the reservoir and then the india-rubber bag, slowly turning on the ether as tolerance of the vapour becomes established, and unconsciousness begins to steal on. Then he more rapidly increases the proportion of ether, and the patient quickly falls into complete anæsthesia. Such an administrator will, in nine cases out of ten, have his patient ready for operation in two or three minutes, and not infrequently in about a minute and a half, without a struggle, without coughing, often without even a transient sense of suffocation, and with the expenditure of about half an ounce of ether, and will but need about one ounce of ether for each quarter of an hour that the anæsthesia is kept up. In such a case we need fear no danger at the time, nor subsequent bronchitis. So much for the patient.

But there is another side of the ether question which I have never seen adequately stated. The advantages to the operator of using ether instead of chloroform are very great. In the first place his anxiety is less, his fear of a fatal issue is less, and when obliged to trust an inexperienced administrator, as he must do at times in sudden emergencies, he can more efficiently keep an eye on the patient's condition, and superintend the administrator, than when chloroform is used.

In the second place there is a saving of time, a patient being brought under the influence of ether in two or three minutes, whereas chloroform, in my experience, needs eight or ten. Such a saving is of no slight moment in modern hospital practice now that the sphere of surgery has become so enormously extended.

In the third place, under ether return of consciousness to pain generally lags behind the return of mental perception, and thus anaesthesia can easily be re-established without interrupting the operation. So marked is this fact towards the end of a prolonged operation, that sometimes the surgeon may continue to operate for ten minutes or a quarter of an hour without re-application of the inhaler, and even converse with his patient whilst stitching up a wound. This is hardly, or rarely, the case with chloroform. Let any one who is not yet a convert to ether, or who, having used ether, is wavering in his allegiance to it, ask himself these questions: Have I myself studied the details of successful etherisation? Am I using the best form of inhaler? Have I taken pains to have those who act for me properly taught and trained? If not, let him ask himself one more question--have I done my duty?

NOTES.

GUM-CHEWERS' paralysis is the latest neurosis announced.

DR. CROBACH has been appointed to the chair of midwifery and gynaecology of the Vienna University.

DR. A. B. MOTT, the well-known surgeon of New York, died at Yonkers, on the 12th of August, of pneumonia.

L'AFFAIRE MACKENZIE, we are informed, has assumed proportions as a matter of irate dispute sufficient to threaten the very life of the British Medical Association.

SPEAKING of quacks, the *Press and Circular* says, "It is saddening to think that the British public should allow themselves to be gulled by knaves and pretenders, while at their doors there are numbers of highly-trained men almost on the verge of starvation."

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.—We have received the eighth annual announcement of the New York Post-

graduate Medical School and Hospital. The success of the institution has been somewhat remarkable. During the year just completed there were 415 in attendance. The number from Canada (51) exceeded that of any State in the Union, excepting New York, which furnished 72. For some years about one-eighth of the total number attending were Canadians.

THE NEW PLAN OF TREATMENT FOR PNEUMONIA advocated by Dr. G. R. Martine at the last meeting of the American Medical Association is really the old mode of using veratrum viride. He administers this drug "when the maddened blood, fired by the lash of inflammation, rushes wildly through the channels of life, extruding with demoniacal force through the very walls of the blood vessels the blood-corpuscles and threatening to strangle out the life of the unfortunate victim, intuitively I cry out, Shut not down the head-gate but the heart-gate and thus save the suffocating patient who helplessly looks to you for rescue. Say to the wildly pulsating heart, so far or so fast shalt thou go; and no faster, and continue to hold the heart's action under absolute subjection until the crisis is past and the life of the patient is saved."

REGULATION OF HYPNOTISM.—The International Congress of Hypnotism, recently held in Paris, adopted the following: "Whereas the Congress of Hypnotism, perceiving the danger involved by public experiments and seances of magnetism, and believing that the employment of hypnotism as a therapeutic agent should be restricted to the demands of medical science, and that the official instruction concerning its application should belong to psychiatry, therefore be it *Resolved*, That public seances of hypnotism and magnetism should be interdicted by the authorities in the interest of the public hygiene and sanitation; *Resolved*, That the practice of hypnotism as a curative means should be subject to the laws and regulations which govern the practice of medicine; *Resolved*, That it is desirable that the study of hypnotism and its application be introduced and adopted in medical schools, as a part of the medical instruction afforded by these schools."

Book Notices.

Transactions of the Michigan State Medical Society, Twenty-fourth Meeting, held in Kalamazoo, June 9th and 10th, 1889.

The chairman of the publication committee and editor of the *Transactions*, Dr. Geo. Duffield, is to be congratulated upon having issued a volume alike creditable to his literary abilities and the progressive society of which he is the honored secretary.

A Text-Book of Human Physiology. By Austin Flint, M.D., LL.D., Professor of Physiology in the Bellevue Hospital Medical College, New York. New York: D. Appleton & Co.

The present edition, which is the fourth, has been entirely re-written and enlarged, and sixty-three new figures added. It has been the author's endeavour to give concise and connected statements of well-established and physiological facts, and in such form that they can easily be acquired by students, and in language that cannot be misunderstood, while he has avoided, as far as practicable, all disputed questions in physiology.

What to do in Cases of Poisoning. By William Murrell, M.D., F.R.C.P. Sixth edition. London: H. K. Lewis, 136 Gower Street, W.C.

The preface to this excellent vest-pocket companion states that the present issue has been carefully revised, and the details of most of the recent cases of poisoning have been incorporated. A work which has reached a sixth edition does not need an elaborate notice.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D. Sixth American from the seventh English edition, revised and enlarged by Stanley Boyd, M.B., B.S. Lond., F.R.C.S., Eng., with one hundred and sixty-seven fine engravings. Philadelphia: Lee Brothers & Co., 1889.

This introduction to the study of morbid anatomy has for many years been a favorite text-book in our Canadian medical colleges, though Ziegler and Payne stand well to the front as being *au fait* with the views of modern pathologists. To former editions we were constrained by the manifest merits of the work to extend a favorable notice, which we are again able to fully endorse.

Books and Pamphlets Received.

McGill University Annual Calendar, Faculty of Medicine, 57th Session, 1889-90.

Seventh Annual Announcement of the Woman's Medical College, Toronto, 1889-90.

Seventh Annual Report of the Provincial Board of Health for Ontario for the year 1888.

Sixty-fifth Annual Announcement of the Jefferson Medical College of Philadelphia, Session 1889-1890.

New York Post-Graduate Medical School and Hospital, Eighth Annual Announcement, Session 1889-90.

Suspension in the Treatment of Affections of the Spinal Cord. By Alexander B. Shaw, M.D., St. Louis.

University of Bishop's College. 19th Annual Announcement of the Faculty of Medicine, Montreal, Session 1889-90.

A Contribution to the History of Gun-shot Wounds of the Intestines. By Theodore A. McGraw, M.D., of Detroit, Mich.

Address by Wm. Mulock, M.A., M.P., Vice-Chancellor of the University of Toronto, at the Annual Commencement, June 1st, 1889.

Inebriety, its Etiology, Pathology, Treatment and Jurisprudence. By Norman Kerr, M.D., F.L.S. Second edition. London: H. K. Lewis, 136 Gower St., W.C.

Gynecological Electro-Therapeutics. By Horatio R. Bigelow, M.D., with an Introduction by Dr. George Apostoli, with Illustrations. London: H. K. Lewis, 136 Gower St., W.C., 1889.

A Clinical Study on Alopecia Areata and its Treatment.—On Unusual Methods of Acquiring Syphilis, with Reports of Cases.—On the Value of Frequently Repeated Doses of Arsenic in the Treatment of Bullous Diseases of the Skin, especially in Children. I. Duncan Bulkley, A.M., M.D., New York.

The Opium Habit: a Clinical Lecture.
The Cinchona Cure for Intemperance.
Retained Debris as one of the Causes of Puerperal Fever.
The Influence of Sewerage and Water Pollution on the Prevalence and Severity of Diphtheria.

Address of the President, delivered at the Thirty-ninth Annual Meeting of the Illinois State Medical Society, May 21st, 1889.

Cephalic-matoma of the new-born.

Cirrhosis of the Pancreas; or Pancreatic Anemia.

The Treatment of Puerperal Fever.

Observations in Vienna.

Antiseptic Obstetrics.

Infant Feeding.

All by Charles Warrington Earle, M.D., Professor of Obstetrics in the College of Physicians and Surgeons, Chicago.

Miscellaneous.

THE WINE AGREED WITH THEM.—Young waiter (at a recent medical dinner)—“Them doctors use a lot of wine, but I s’pose they kin stand it.”

Old waiter—“Dunno about that; I’m thinkin’ they’re gettin’ pretty tight already.”

“They don’t look so.”

“No; but they’re beginnin’ to agree.”—

Record.

A ROWLAND FOR HIS OLIVER.—A celebrated but very vain and overbearing French painter in Paris, had a pet dog that was taken ill, and he had the audacity to send for one of the leading physicians in the capital, on the assumption that a veterinary surgeon was not good enough for the valuable dog of so great a personage as himself. The physician who had been honored with the summons was at first quite shocked at the impertinence of the notion, but soon recovered his equanimity, and returned the following message to the knight of the brush: “Would M. M— be good enough to step over to my house, as I have a couple of new window shutters that want painting.”—*Ex.*

THE LONDON DOCTOR’S WIFE.—The London physician, however, is but half what he seems; his wife has made for him the better half of his position. She cheers him when he is careworn, defends him if blackmailed, gives lessons in music when he is poor, illustrates his book and revises the text, manages his household and trains his children, brings around him the choicest of his friends, assists him in his correspondence, conducts the family prayers in his absence, returns friendly calls, and finally assumes the title of “lady” with dignity and

grace.—*Foreign Correspondent Cincinnati Lancet-Clinic.*

LONDON HOSPITALS.—According to the *New York Times*, London has 81 hospitals and 50 dispensaries which are supported by voluntary contributions. These hospitals contain 8,012 beds, of which number 5,926 were occupied every day of last year, the number of patients being 74,316. Besides these, 1,038,427 out-patients were treated at the dispensaries and out-service departments of the hospitals. How many recurrent cases are included in these aggregates it is not possible to discover, but the reports do not suggest that there are any, so that if the statements are absolutely correct, they show that one in every four of the inhabitants of London receives gratuitous medical treatment when ill, a condition which at least suggests large abuse of this form of charity and want of vigilance in its administration.—*Med News.*

REJECTED CONTRIBUTIONS.—Medical editors are usually so glad to receive contributions that, whenever they feel obliged to reject a communication they do it in the gentlest manner possible, so as to discourage contributors as little as may be. It is, therefore, a matter of astonishment to read the reply which the editor of the *Medicinische Monatsschrift* makes to a contributor whose article does not please him. The unfortunate woman whose communication called forth the editorial strictures must indeed be thick-skinned if she was not hurt by the following, taken from the “Briefkasten” of the May number of the *Monatsschrift*: “Frau Emilie S., Buffalo, N.Y.: Your work on the ‘Prevention of Yellow Fever and the Improvement of the Healthfulness of the Southern States,’ we have returned to you as it is. Your ideas are not new, and your way of writing not entirely correct. We do not know what is more to be regretted, the paper, the ink, the postage-stamps, or—a woman who knows no other way to improve her financial position than to discharge the cobwebs of her brain upon unsuspecting and harmless editors. Give up writing and take in hand the darning-needle and the coffee-pot; it is to be hoped you can work better with these useful objects than with the pen and the eucalyptus tree.”—*North-western Lancet.*