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# CANADA MEDICAL RECORD

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JULY, 1900

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## Original Communications.

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### FOR "THAT NOSE."

By GIFFARD KNOX, M.D., Westfield, New Jersey, U.S.

He "would give anything" to be rid of it.

What? "That nose," red, bulbous, deformed.

Not the nose itself, but the deformity, the high color, the manifest deformity. "That nose," indeed! It is by no means a rare condition, and because of this fact it would seem as though a successful treatment should have been defined long ago. Instead—the records do not seem to justify any such conclusion. The practitioner's disposition is either to make light of the disorder or to ignore it altogether."

"It is no disease. Stop drinking, and it will disappear."

That is your opinion whether you say it or not. But you are not honest with yourself in saying this. It *is* a disease.

Dignified as "acne rosacea?" Not necessarily; neither is it necessarily the *fons et origo* of rhinophyma. But, beyond question, it is a disorder of the most stubborn character, and characterized by a chronicity that is disheartening to patient and physician alike. Both know that the aggravation is due to a complicated condition of affairs produced by indulgence in alcoholics. The disorder is nothing if not of a marked character—of such a marked character as to attract attention. *Pfundnase* is the expressive name that the Germans bestow on it. The patient, despairing of ever getting well, or, as he says, of "ever getting over that nose," offers his "anything" for the good riddance.

He asks bread, and the physician gives a stone. The "anything" crystalizes into a "You must stop your alcoholic habits." Job's comforter! You know as well as he does, perhaps better, that if he becomes as temperate as a Woolley or a Gough, the malady remains to mock and menace.

The tendency to the peculiar hypertrophy of the tissues of the nose is never uniform. In some it ceases after an uncertain length of time, in others, however chaste the habits may be, it continues. In others still, where there is but a minimum of exasperating irritation, it goes on to a degeneration of tissues. In still others a deformity supervenes which is something appalling in its dimensions,—a pendulous nose with rugous, shining, red surface.

It is not necessary to describe the disorder pathologically; it would be a work of supererogation. There are, however, certain points to be corrected as mistakes. On ocular examination it would seem as if the formation was one of dense fibrous tissue only, and occurrent in the cutaneous tissue. But, as we study such cases, we find, first of all, that the skin covering the hypertrophied mass is thin instead of being at all hypertrophied. In point of fact it might better be described as atrophied. It is healthy in every sense. It is not fibrous. In some cases the *rete mucosum* is thickened, but this is not uniform.

The openings of the sebaceous glands are large and patulous, and the glands themselves are encysted. Invariably these glands are numerous and distended with fatty material. These form the prominent element in the disease, as this condition of abnormal enlargement of the sebaceous glands becomes secondary to a connective tissue hypertrophy, which by its development occludes a portion of the sebaceous glands, which then go on secreting, and thus producing a retention of sebum, which in turn acts as an irritant, and thus stimulates to further hypertrophy. There also ensues upon this an enlargement of the blood vessels, together with some new formation of blood vessels. These blood vessels consist of arteries with hypertrophied coats and of dilated veins, with their coats unchanged.

If now we photograph the microscopical condition, we find

(1) that the epidermis is unchanged, (2) that the corium may or may not be hypertrophied, (3) that the number as well as size of the sebaceous glands appears increased, (4) that the blood vessels are also enlarged and more numerous, (5) that the appearance is strongly suggestive of a derivation from the subcutaneous adipose tissue, and (6) that the compensating hypertrophy is adipose rather than fibrous. Auxiliary pathological facts are (*a*) seborrhœa, (*b*) stasis of the blood in the vessels, and (*c*) a disagreeable itching. There is no tendency to suppuration, although under the influence of irritation the glands may become suppurating sacs. (In operations for rhinophyma, it is stated to me that the sutures are "always apt to ulcerate out." This is quite probable.)

"That nose" then represents an organ with the cellulose-adipose structures over-distended, and with the morbid accumulation mechanically interferent with nutrition.

While it is true that "that nose" condition may sometimes have nothing to do with abuse of alcoholics, still it is a condition manifesting mal-assimilation or mal-nutrition from some other cause of allied kind. If we will but receive it, "that nose" is a form of obesity. We have cases of unsightly abdominal fat, chin, facial, bust and hip fat. And we have also *nose fat*.

Now as to earning that "anything to get rid of it" fee. The indication is to inhibit or control the disproportionate activity of fat-cell nutrition by placing less fatty pabulum at the service of the absorbents and thus preventing further infiltration or super-storage of the adipose matter.

The primary indication points to a rational dietary, and I scarcely need to say that there is a wide choice for a system to limit the supply of fat-forming elements. The Bantingism that interdicts all fats, sugar and starches is perhaps unexcelled. As for medicinal treatment:—I am agnostic. The permanganate of potash and bromide of ammonium are both excellent in diminishing deposition and hastening the retrograde metamorphosis of fat; but both tend to cause gastric catarrh. The Cathell treatment for obesity is equally as good for nasal as for abdominal corpulence. I heartily favor it. I would, however, suggest a modification, and it is one that

has commended itself by large experience. Instead of giving the Vichy one day and the Kissingen the next, I order the Vichy for two successive days, a glass after each meal, then the Kissingen for one day, the Vichy for the fourth, the Kissingen for the fifth and sixth, the Vichy for the seventh, the Kissingen for the eighth and ninth, and so on. This plan of treatment leaves nothing to be desired. It is well nigh specific. The rationale is apparent. The water may be taken at the fountain, or the granular or effervescing salt post-prandially.

It is also indispensable that during the course of mineral water the patient should take before each meal ten drops of eucalyptol, preferably the Australian or Sander eucalyptol. We are, perhaps, too over-confident in this year of grace, but if the patient is in earnest in getting rid of "that nose," the eucalyptol will accomplish it, he meanwhile taking the waters in lieu of his alcoholic beverage. The eucalyptol acts on the abused tissues, and the waters correct the depravity in appetite.

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## Selected Articles.

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### THE WAR IN SOUTH AFRICA.

THE EPIDEMIC OF ENTERIC FEVER AT BLOEMFONTEIN.

By A. CONAN DOYLE, M.D.

*(To the Editor of the British Medical Journal.)*

The Langman Hospital, South African Field Force,  
Bloemfontein, June 5, 1900.

DEAR SIR,—You were good enough to suggest when I left England that I should send you some notes upon any points which might strike me. The pressure of work has prevented me from complying with your request, and even now I feel that you will find these comments of a very scrappy character.

When the nation sums up its debt of gratitude to the men who have spent themselves in this war I fear that they will almost certainly ignore those who have done the hardest and the most essential work. There are three classes, as it

seems to me, who have put in more solid and unremitting toil than any others. They are the commissariat, the railway men and the medical orderlies. Of the three, the first two are the most essential, since the war cannot proceed without food and without railways. But the third is the most laborious, and infinitely the most dangerous.

#### THE OUTBREAK OF ENTERIC FEVER.

The outbreak of enteric among the troops in South Africa was a calamity the magnitude of which had not been foreseen, and which even now is imperfectly appreciated. We naturally did not dwell too much upon it while the war was in progress. But it was appalling in its severity, both in quantity and quality. I know of no instance of such an epidemic in modern warfare. I have not had access to any official figures, but I believe that in one month there were from 10,000 to 12,000 men down with this, the most debilitating and lingering of continued fevers. I know that in one month 600 men were laid in the Bloemfontein Cemetery. A single day in this one town saw 40 deaths. These facts would have stiffened the resistance at Pretoria if they had been generally known. It is only now, when the worst is past, that they can be talked of.

#### THE HOSPITAL ORDERLY.

How was this unforeseen and unprecedented crisis grappled with? Entirely by the efforts of the medical men and by the devotion of the orderlies. When a department is confronted by a task which demands four times more men than it has, the only way of meeting it is for each man to work four times as hard. This is exactly what occurred, and the crisis was met. In some of the general hospitals orderlies were on duty for thirty-six hours in forty-eight, and what their duties were—how sordid and obscene—let those who have been through such an epidemic tell.

He is not a picturesque figure, the orderly, as we know him. We have not the trim, well-nourished army man, but we have recruited from the St. John Ambulance men, who are drawn, in this particular instance, from the mill hands of a northern town. They were not very strong to start with, and the poor fellows are ghastly now. There is none of the dash and glory of war about the sallow tired men in the dingy khaki suits—which, for the sake of the public health, we will hope may never see England again. And yet they are patriots, these men; for many of them have accepted a smaller wage in order to take on these arduous duties, and they are facing danger for twelve hours of the twenty-four,

just as real and much more repulsive than the scout who rides up to the strange kopje or the gunner who stands to his gun with a pom-pom quacking at him from the hill.

Let our statistics speak for themselves, and we make no claim to be more long-suffering than our neighbours. We have 3 on the staff (Mr. Gibbs, Mr. Scharlieb and myself). Four started, but one left us early in the proceedings. We have had 6 nurses, 5 dressers, 1 wardmaster, 1 washerman and 18 orderlies, or 32 in all, who actually came in contact with the sick. Out of the 6 nurses, 1 has died and 3 others have had enteric. Of the 5 dressers, 2 have had severe enteric. The wardmaster has spent a fortnight in bed with veld sores. The washerman has enteric. Of the 18 orderlies, 1 is dead and 8 others are down with enteric. So that out of a total of 34 we have 17 severe casualties—50 per cent.—in nine weeks. Two are dead and the rest incapacitated for the campaign, since a man whose heart has been cooked by a temperature over  $103^{\circ}$  is not likely to do hard work for another three months. If the war lasts nine more weeks, it will be interesting to see how many are left of the original *personnel*. When the scouts and the Lancers and the other picturesque people ride in procession through London, have a thought for the sallow orderly, who has also given of his best for his country. He is not a fancy man—you do not find them in enteric wards—but for solid work and quiet courage you will not beat him in all that gallant army.

#### ANTITYPHOID INOCULATION.

There is one mistake which we have made, and it is one which will not, I think, be repeated in any subsequent campaign. Inoculation for enteric was not made compulsory. If it had been so I believe that we should (and, what is more important, the army would) have escaped from most of its troubles. No doubt the matter will be fully threshed out in statistics, but our strong impression, from our own experience, is that, although it is by no means an absolute preventive, it certainly modifies the course of the disease very materially. We have had no death yet (*absit omen*) from among the inoculated, and more than once we have diagnosed the inoculation from the temperature chart before being informed of it. Of our own *personnel* only one inoculated man has had it, and his case was certainly modified very favourably by the inoculation.

#### THE SOLDIER IN HOSPITAL.

Of the courage and patience of the soldiers in hospital it

is impossible to speak too highly. We have had 500 cases pass through our hands, and can speak now from a fairly large experience. I had always imagined that in every large army there must be a minority of skulkers and shirkers, but they are singularly absent in the South African Field Force. I have not had more than two or three cases in my wards which bore a suspicion of malingering, and my colleagues say the same. They are uniformly patient, docile and cheerful, with an inextinguishable hope of "getting to Pretoria." There is a gallantry even about their delirium, for their delusion continually is that they have won the Victoria Cross. One patient, whom I found the other day rummaging under his pillow, informed me that he was looking for "his two Victoria Crosses." Very touching also is their care of each other. The bond which unites two soldier pals is one of the most sacred kind. One man shot in three places was being carried into Mr. Gibb's ward. I lent an arm to his friend, shot through the leg, who limped behind him. "I want to be next Jim, 'cos I'm lookin' after him," said he. That he needed looking after himself seemed never to have occurred to him.

#### THE SPECIAL HOSPITALS.

I do not think that any men have ever expended money better than those who fitted out the private hospitals. The officers of the Army Medical Department freely admit that they do not know what they would have done without their aid. They arrived out here at the very moment when the sickness was becoming alarming, and they took their share of the strain when the epidemic was at its height. The large general hospitals found it difficult to get to work on account of the pressure on the line which prevented them from getting up their bulky equipment, but the private hospitals, more compact and mobile, got to work almost at once after their arrival. The pressure was severe. Our own hospital, with equipment and *personnel* for 100 cases, had 150 cases, most of them virulent Paardeburg enterics, shot upon them, and had to cope with them as best they might. But the men had come out to work, and the orderlies, though untrained, never once grumbled at the great exertions which were called for. Without the Yeomanry, the Portland, the Irish, the Scotch, the Welsh and the other hospitals fitted up by private effort, and manned by volunteers, it is difficult to see how the epidemic could have been met.

#### THE WORK OF THE R.A.M.C.

There is sure to be some adverse criticism of the Army

Medical Department after the war, because they have had to meet so difficult a situation with such inadequate resources that it is impossible that there should not be particular instances where the machinery has broken down. A captious critic could quote cases of an overfilled, undermanned hospital without medical necessities in one place, or of hardships endured by the sick and wounded in another. How can it be otherwise when a Department which is sufficient for the needs of two army corps has to provide for the wants of 200,000 men with typhoid raging among them? Taking it on the whole, the Department has been well organized and well worked, and has met an unforeseen and exceptional state of things with remarkable success.

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## A CASE OF PNEUMONIA TREATED WITH ANTIPNEUMOTOXIN.

By CHARLES B. CANBY, M.D.

### CLINICAL HISTORY.

I was called on December 20 to see E. T., twenty years of age, who worked in the moulding-room of a large stove factory. He had an attack of pneumonia five years ago. His present illness began on the 18th, and may have been in a measure due to his having worked all day (on the 16th) in wet clothing.

The attack began with a chill on the 18th of December. When seen at noon on the 20th he was in bed, with cough and pain in the left side. He expectorated a large amount of rusty sputum, and had a temperature of 104°, pulse 120, and respiration 24. The physical signs were, increased vocal fremitus, bronchial breathing and dullness on percussion over the lower lobe of the left lung. The crisis apparently occurred on the 24th. Up to this time the patient had been treated with alcohol and digitalis, with one or two doses of morphia to quiet pain. On Christmas day, feeling very much better, the patient most imprudently left his bed, dressed and went into the yard.

On the 26th I found him in bed delirious, with a temperature of 104°, respiration 56, and a pulse that could not be counted. The pain was severe on the right side, and the physical signs were those of consolidation of the right lower lobe. At 6 o'clock in the evening his temperature had risen to 105°, his pulse was still uncountable, and his respirations were 56 to the minute. At this visit I injected 12 c. c. of antipneumotoxin. In three hours his temperature fell two

and one-half degrees, he was sweating freely, and his respiration came down to 40, but his pulse remained uncountable.

At 10 o'clock on the morning of the 27th his temperature was 99°, respiration 24 and pulse 96. Notwithstanding his apparent improvement I gave him again 12 c. c. of the antitoxic serum.

His improvement was not interrupted, and on the 8th of January, 1900, he was able to return to his work.

This clinical history, showing a left pneumonia having crisis on the eight day under ordinary treatment, followed by a much severer right pneumonia which came to apparent crisis in two days, suggests that the antitoxin might have produced a much earlier crisis than the first attack would have led one to expect. Indeed, the second attack seemed to be of extraordinary severity and likely to result fatally. One must not draw conclusions from a single case, but the record of this case seems worth publishing, because it seems, in effect, to have been two attacks of pneumonia in the same subject, treated upon widely different lines, and with strikingly different results.

Through the courtesy of my friend, Dr. Geo. H. Everhart, I am able to append the following brief notes of two cases of pneumonia in which he used antipneumotoxin.

Eli P. J. was seized with a chill on January 13. When first seen on the night of January 14, he had a temperature of 103°, pulse 110, rapid respiration, cough, rusty sputa, and the physical signs of consolidation of the lower lobe of the right lung. On the following morning, the 15th, the man was in substantially the same condition, and in the evening of that day he received a hypodermic injection of 10 c. c. of antipneumotoxin. On the morning of the 16th (fourth day in bed) he was in a profuse sweat, having a temperature of 99°, and with pulse and respiration much improved. On the 20th his temperature was normal, and on the 24th was up and apparently well.

On Tuesday evening, February 1, Kate C., aged twenty years, was found ill with pneumonia, the signs of consolidation being apparent everywhere over the right lung; temperature 103°, pulse 108, respiration 40. On the morning of February 2, her temperature being at the time 103° and pulse 110, she received by hypodermic injection 10 c. c. of antitoxic serum. At the evening visit her temperature was 102°, pulse 108, respiration 33. On the morning of February 3, her temperature was normal, pulse 80 and respiration 20. She was in all respects comfortable, and remained so until the 5th, when she sat up in bed. In the evening she had a chill and a rise of temperature to 105°, with a respiration rate

of 32. Next morning she was again injected with 10 c. c. of antipneumotoxin, her temperature then being  $104.2^{\circ}$ , pulse 113, respiration 32.

As happened after the first injection, very little change in her condition was apparent at the evening visit, when her temperature was  $104^{\circ}$ , pulse 108, respiration 32. On Feb. 7, twenty-four hours after the second injection, her temperature was normal, pulse 70, respiration 18. From this time on, her convalescence was uninterrupted, and on the 12th of February she was discharged.

I am indebted to Dr. Louis F. Frey for the following notes of a case in his practice, together with Dr. Stokes' report upon the sputum:

W. S., driver of an express wagon, had a chill on the afternoon of January 30, followed by fever, headache and pain in the chest and abdomen. I saw him for the first time at 9 o'clock in the evening of January 31. He had a temperature of  $103^{\circ}$ , pulse 120, respiration 38, cough and rusty expectoration. The physical signs were moderate percussion dullness, increased vocal fremitus, and fine crepitant and bronchial rales on the left side.

"He was put on five-grain doses of carbonate of ammonia. On the following morning he was no better, his temperature having risen to  $103.6^{\circ}$ , pulse 138, respiration 40; at 4 p.m. his temperature was  $103.8^{\circ}$ , pulse 140, respiration 42. At this visit I gave him 20 c.c. of antipneumococcic serum. At 10 p.m. temperature  $103.6^{\circ}$ , pulse 102, respiration 28, headache and pain better, but percussion dullness much increased. A second dose of serum, 20 c.c. was injected. At 9 a.m. on the following day (February 2), temperature 99, pulse 76, respiration 28; next morning his temperature was  $98.4^{\circ}$ , pulse 70, respiration 23, and he had slept well during the night.

"Up to this date (February 14) his temperature has remained normal, and he seems well, but I have not yet permitted him to go out.

"Two specimens of his sputum, submitted to Dr. Wm. R. Stokes, were reported on as follows:

"February 1, 1900.—The sputum shows a dusty light-brown color, and is streaked with blood. Fresh examination shows areas where the red-blood corpuscles are in excess when compared with the pus cells, and other areas where the pus cells are greatly in excess. Specimens stained with Stirling's gentian violet show a few typical pneumococci, with unstained capsules, but no organisms are seen inside the pus cells. There are also present numerous large cocci and a few bacilli.

"February 2, 1900.—The gross appearance of the sputum is the same as on yesterday, and the examination of a fresh specimen shows no change. Specimens stained with gentian violet show a greater number of pneumococci, and at times these organisms are included within the protoplasm of the pus cells, showing a phagocytosis. There are very few other organisms present." — Abbreviated from *Maryland Medical Journal*, March, 1900.

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## ALCOHOLISM.

By CHARLES J. DOUGLAS, M.D., Bcs'on.

There are few chronic diseases that will more surely yield to proper medical treatment than alcoholism. Proper treatment can be given, however, only when the patient has been removed from his home and customary surroundings. Any practitioner who has attempted to treat alcoholics at their homes will admit that it is practically impossible to more than temporarily relieve such patients. Still, a removal may be made that will be to the patient's disadvantage. Confinement in a jail is worse than no treatment at all, and an insane asylum is almost as objectionable. The so-called "homes" for inebriates are another class of worse than useless institutions, in which an intoxicated man is thrown into a cell and allowed to rave without stimulants till sober, or till death relieves his suffering. A humane man would not treat a dog with such barbarity. The sudden withdrawal of alcoholic liquors in this way not only causes the patient intense suffering, but, after a protracted spree, is the principal cause of delirium tremens and death. The withdrawal of alcohol should be gradual, its place being temporarily taken by such remedies as hydrastis or capsicum, or other indicated remedies. I have followed this course for years in the treatment of many hundreds of alcoholics, and my cases of delirium tremens never go beyond the first symptoms, and I have never had a death. To successfully treat alcoholism the patient should be removed to a sanitarium where the treatment of such ailments is made a specialty. Here he can be under the constant care and observation, day and night, of physicians and attendants whose special training and experience enable them to adopt the best methods in the management of the changing conditions of this peculiar disease. Fortunately, there are now sanitariums of this kind in many parts of the United States. I, of course, do not here have reference to the quack "cures".

in which secret nostrums are dispensed in a routine way by a physician who knows nothing of their composition. No self-respecting practitioner can take his patients to such an institution. But I refer to sanitarium that are ethically conducted, to which a physician can take his alcoholic cases and receive any information he desires regarding the remedies employed in the treatment of his patients, and where he will be cordially welcomed as a consultant by the house physician.

In treating of the pathology of this disease it is customary to enumerate the abnormalities found in the stomach, liver, bowels, kidneys, etc. But the disease of alcoholism stands quite apart from these ailments. The patient may or may not have gastritis or enteritis or nephritis, but in all cases he will have an abnormal condition of the nervous system that produces either a perpetual or a periodic demand for the drug action of alcohol. Hence alcoholism *per se* is a disease of the nervous system. He who can drink moderately without ever becoming intoxicated may have the drinking habit, but he has not acquired the disease. This, however, does not prove that he possesses superior intelligence or will power. It only indicates that his nervous system is less susceptible than others to the poisonous action of alcohol. It is purely a physical difference that distinguishes the moderate drinker from the helpless drunkard. Professor Atwater's dictum that two ounces of alcohol a day is a food, and more than that a poison, may be true in some individuals, but as a statement of universal law it is absurdly false. I have a patient now under treatment to whom two ounces of alcohol is such an active poison as to transform him from a clear-headed business man into an irresponsible automaton.

The ætiology, symptoms and diagnosis of alcoholism are well known, but its treatment deserves far more attention than it has ever received. The advice given in some text-books appears to be of a purely theoretical character, unsupported by sufficient practical experience. Much of it is certainly very erroneous. In the acute stages, sleep and nourishment are of the first importance, especially if the patient has been on a protracted spree, or is showing signs of delirium tremens. If the stomach is too weak to retain more substantial food, an excellent aliment is hot malted milk. But the best food in this stage of the disease is eggnog, if the stomach will retain it, and it usually will. Beat up one egg in a tumbler, nearly fill the glass with milk, and add one or two ounces of whisky. Sugar may be added if desired, but sweets are usually distasteful to a patient in

this condition. I believe this combination to be the *ne plus ultra* of foods in acute alcoholism. In many cases, however, the patient refuses all nutriment till after he has been made to sleep.

A very satisfactory hypnotic in this disease is a mixture of bromide of potassium and chloral in equal parts. This should be given in several small doses, the effect of each dose being carefully noted. Of the coal-tar products trional is the best hypnotic, but it must be given in large doses. Suggestion, as practised by the school of Nancy, is occasionally useful in promoting sleep. I never use morphine unless there is some unusual complication.

There is, however, one harmless remedy that will produce sleep in a few minutes, even when the patient is suffering with the wildest delirium. That remedy is apomorphine. I inject subcutaneously just enough to produce slight nausea, but not enough to cause vomiting. One-thirtieth of a grain is the average quantity required, but individual susceptibility to this drug greatly varies. In a few minutes after administering the remedy perspiration appears and the patient voluntarily lies down, when a sound and restful sleep immediately follows. This sleep lasts at least an hour or two, and, if other sedatives are previously given, it will usually last six or eight hours. The use of apomorphine in this manner and for this purpose is, I believe, original with me. While its value has remained so long unrecognized by the profession, yet in point of fact there is no hypnotic in our materia medica that is at once so prompt, so safe, and so sure. It is of special value in all forms of mania, regardless of the cause. It may also be given in full emetic doses in many cases of alcoholism with marked benefit. I have frequently had such patients express gratitude for the great relief afforded by this emetic. It seems to frequently act as almost a specific in relieving the alcoholic craving.

After the patient has recovered from the acute symptoms, he should have a course of tonic treatment covering a period of several weeks. The limits of this article will not permit a discussion of all the remedies that should be employed in the varying states of this erratic disease. An excellent one, if properly and judiciously used in connection with other remedies, is the nitrate of strychnine. It may be given, however, in much smaller doses than the textbooks usually recommend. Potter, in his *Materia Medica*, advises the hypodermic use of this remedy. He says: 'It removes the craving for stimulants, counteracting the vasomotor paralysis, to which most of the injurious effects of alcohol are due; and is probably in other respects a true

antagonist to the action of that narcotic poison on the human system."

Dr. Portugaloff, of Russia, under date of September 2, 1891, writes as follows: "I have first and foremost to state that the use of strychnine in the treatment of alcoholism is no discovery of mine. In all the articles I have ever written upon the subject I have always pointed out that the credit of the discovery belongs to the English and French doctors Luton and Dujardin Beaumetz. Convinced that all forms of drunkenness are but forms of disease, with perhaps a basis of vice, I have during the period of five years treated about five hundred patients suffering from different forms of alcoholism by hypodermic injections of strychnine . . . I do not order the patient at once to discontinue drinking. I prefer that he should voluntarily leave it off, and that alcohol should become distasteful to him. . . . Then I have cases of relapse—patients who once a year return to their old bad habits, but who, on such occasions, always come to me for a repetition of the treatment, which invariably sets them right again for another year. . . . I have always felt sure that if in obstinate cases the patient could be isolated, and all possibility of obtaining alcohol removed—which would be easy in a 'sanitarium for inebriates'—cure would certainly follow."

There are several reasons why the hypodermic method here recommended by Dr. Portugaloff and Dr. Potter is preferable to the administration of remedies exclusively by the mouth. The stomach is less burdened by drugs. The remedy goes directly into the circulation without being subjected to the action of the digestive fluids. The dosage can be regulated with great accuracy. The remedial action is more prompt. It brings the patient face to face with the physician several times a day.

It is remarkable how few physicians know how to properly give a hypodermic injection. It should not hurt nor scarcely be felt by the patient. It should never produce an abscess. It should not produce a temporary subcutaneous swelling. The operation should be performed so quickly that five can not be counted between the insertion and withdrawal of the needle. The physician who fails in any of these respects has not yet learned the art of administering a hypodermic injection.

As early as the sixteenth century gold was recommended as a remedy for alcoholism, and recently extraordinary virtue has been alleged for it. I have not, however, found that it possesses the marvellous properties attributed to it by the public, although it is probably not devoid of merit.

One or more of the bitter tonics should be employed during the entire period of convalescence. With good appetite and digestion and restful sleep the patient will rapidly improve. The aim of the entire treatment should be to build up his general health, so that when he returns to his home he will be in the best possible condition.

Cheerful and hopeful surroundings, in the company of others who are under similar treatment, are conditions of great value. It is desirable that an earnest and purposeful spirit should be cultivated. It has been our custom for several years at our sanitarium here, in Boston, to begin each day with a simple service of songs and reading, lasting about ten minutes. I consider the *esprit de corps* of a properly regulated sanitarium is of great importance in the treatment of this disease.

The rescue of humanity from the physical, mental and moral ruin resulting from alcoholism and other drug addictions devolves not upon the moralist but upon the physician. This is the medical man's burden, and the enlightenment of the future will hold him responsible if he does not earnestly take it up.—*New York Medical Journal*.

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## THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM AT THE MT. SINAI HOSPITAL, NEW YORK CITY.\*

By L. A. S. BODINE, M. D., of New York City.

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In the following brief summary of the treatment employed for rheumatic cases in the Mt. Sinai Hospital, I have tried to adhere as closely as possible to rheumatism itself, and no make no mention of treatment used in any of the numerous rheumatic complications. In acute articular rheumatism, after a thorough clearing out of the alimentary canal with calomel and salts, our patients are at first put on sodium-salicylate, from fifteen to twenty grains every four hours, with very frequently the addition of bicarbonate of sodium, the latter drug being given to render the urine alkaline and to maintain its alkalinity during the course of progress of the disease. Fluid diet, rest in bed, with sponge baths for hyperpyrexia at a temperature of from 95° to 75° F., depending upon the patient's condition, constitute the initial treatment

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\* Read before the Section on Practice of Medicine, New York Academy of Medicine, March 20, 1900.

of these cases. If, for any reason, the salicylates are not well borne, owing to *tinnitus aurium*, eruptions or gastric disturbances, either the oil of wintergreen or the citrate or acetate of potassium is used as a substitute. In nephritic subjects neither the oil of wintergreen nor the salicylates are given. The bowels are kept open by cathartics, preferably salines and enemata. Hyperidrosis is controlled by doses of belladonna or its alkaloid. To control or relieve pain, phenacetin, acetanilid, antipyrin, and codein are used sometimes, but rarely morphine. To induce sleep, trional, in combination with the bromide of sodium, is a frequent remedy. Sometimes chloral, chloralose, cannabis indica, or even morphine itself is given. The diet during the acute stage consists of fluids only. Milk, strained soups, clam-broth, cocoa, egg-nogg, milk-shakes, ice-cream, lemon and orangeades satisfy the patient much better than does a pure milk diet, and hence he takes his nourishment more willingly and frequently. Coffee in small quantities is also given, but if often taken is apt to cause insomnia. Nitrogenous food is avoided as much as possible, and large quantities of water are taken daily. The salicylates are always given well diluted, and never, if it can be avoided, on an empty stomach.

Local applications of oleum gaultheriæ, salicylate of menthol, or guaiacol painted over the inflamed joints, and rubber protective bandaged firmly over them, seem to afford great relief to the majority of patients, and also to exert a favorable influence on the inflammation. When a joint involvement passes the ordinary inflammatory stage and there is a commencing effusion, local applications of tincture of iodine, uniform pressure by bandaging, cold in the form of ice-bags, immobilization, and elevation of the joint, if possible, are successfully used to abort and inhibit the exudation. In spite of treatment the effusion may persist, and with it some elevation of temperature. In these cases the joint itself is aspirated in order to determine the character of the exudate. If pus or purulent serum is found, the case becomes a surgical one, and is treated accordingly. In those cases in which the effused fluid is absorbed and there is a disappearance of all of the constitutional symptoms, there may still remain pain on motion, some periarticular thickening, and more or less ankylosis. In these cases local treatment seems to give the best results, and is the only treatment used, except the internal administration of the iodide of potassium. For local treatment we use daily baths of hot air at a temperature of 200° F. 400° F. for from twenty minutes to a half hour duration, hot salt-packs, hot sand-bags, local applications of iodine, galvanism, cataphoresis, passive motion, and massage.

In the majority of instances iodide of potassium internally, combined with passive motion, massage and the hot-air bath have given the best results. What gives good results in one case does not always do so in another; so we may have to try a number of remedies before finding one suited to the case in question.

Before the convalescent stage, particularly if the attack has lasted for any length of time, tonic treatment is instituted, most frequently in the form of iron, strychnine, and quinine. The salicylate of iron is another remedy often employed. After the temperature has remained at the normal point for from forty-eight to seventy-two hours the diet consists of eggs, bread, potatoes, toast, and fresh vegetables, but no meats. In some cases in which the fever persists and the patient seems to be suffering from malnutrition, it may not only be advisable, but necessary, to enforce such a diet at an early date. Meats are withheld until convalescence is well established, and are first given in the form of chicken or turkey. Absolute rest for all cases of pyrexia is required, and all patients are kept in bed for from two to five days after their temperatures have reached the normal point.

Out of thirty-eight cases of acute articular rheumatism treated in this hospital during the past year, twenty-nine left the hospital cured, and nine were discharged improved. Of these thirty-eight patients all but three had had salicylic acid in some form or other.—*Interstate Medical Journal*.

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY.

IN CHARGE OF

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### THE USE OF COLD IN THE TREATMENT OF PNEUMONIA.

[EDITORIAL NOTE.—The following question was addressed to a selected list of representative clinicians in various parts of the United States:—"Has the application of cold given you satisfaction in the treatment of pneumonia?" The replies came in very speedily, and the assembled opinions not only form a mass of strong testimony, but have also, as the *Journal* desired, much of the force and freshness of speech.]

A partial analysis of the testimony, made, as nearly as possible in accordance with the language of the writers' gives the following results :

- The therapeutic use of cold in lobar pneumonia is—  
*Very valuable*, according to seven observers : Baruch, Folsom, Fowler, Mays, Musser, Stucky, Wilson ;  
*Valuable*, according to nine observers : Atkinson, Bowditch, Cutler, Forcheimer, Johnston, Lange, Rochester, Stockton, Tyson ;  
*Useful*, according to four observers : Fitz, Hare, Janeway, Smith ;  
*Unsatisfactory*, and abandoned, one observer : Eichberg.

#### MODE OF EMPLOYMENT.

- Ice bags*, by thirteen observers. Those who do not recommend ice bags are Baruch, Bowditch, Fitz, Folsom, Fowler, Janeway, Johnston ;  
*Cold wet compresses* are approved by seven observers : Baruch, Cutler, Folsom, Fowler, Johnston, Musser, Stockton ;  
*Cold sponging*, five observers : Atkinson, Bowditch, Fitz, Musser, Stockton ;  
*Cold plunge or tub*, six observers : Atkinson, Folsom, Musser, Rochester, Stockton, Wilson ;  
*The cold sheet* is applied to the front of the body by Janeway.

#### INDICATIONS.

- Hyperpyrexia* is the only symptom relieved by cold, according to Janeway, Smith and Tyson ;  
*Pain and delirium* are also relieved, according to Atkinson, Baruch, Bowditch, Cutler, Fitz, Folsom, Forcheimer, Fowler, Johnston, Mays, Musser, Rochester, Stockton ;  
*The heart and lungs* obtain relief from mechanical embarrassment, in the opinions of Baruch, Cutler, Fowler, Hare, Lange, Mays, Musser ;  
*The toxemia* is lessened, according to Baruch and Musser.

#### CONTRAINDICATIONS.

As to contraindications, Musser says that they are precisely such as are recognized in typhoid fever. Atkinson, Bowditch, Cutler, Folsom, Smith and Tyson admit practically the same contraindications. Forcheimer warns against the use of ice bags in children. Janeway says that furunculosis may follow the application of cold to the posterior chest. Lange considers marked toxemia a contraindication.

*Broncho-pneumonia* is mentioned by Forcheimer, Hare, Lange, Rochester, as unlikely to be benefited by cold. Mays employs ice bags in catarrhal pneumonia. The good effects

of warm moist applications in this class of cases, especially in children, are spoken of by Forcheimer, Rochester and Smith.

#### PERIODS OF EMPLOYMENT.

On this point Stucky advises cold applications from the moment of diagnosis until "resolution is well established." Cutler says that the indications for the use of cold "do not extend beyond a few days, perhaps only over a few hours." Baruch, Bowditch, Folssom, Fowler, Mays, Musser, Rochester and Tyson use cold through the period of pyrexia. Fowler mentions  $104^{\circ}$  and over as the thermometric indication for cold applications. Tyson applies ice as often as the temperature goes above  $104^{\circ}$ .

*Eichberg* alone of the twenty clinicians has abandoned cold applications, having found them unsatisfactory. He uses hot baths in all but anemic or very prostrated patients.

The collected testimony seems to assign to hydrotherapy a very important place in the treatment of lobar pneumonia, and these short utterances, coming as they do from authoritative sources, form a substantial contribution to practical therapeutics.—*Maryland Medical Journal*.

Dr. Andrew H. Smith, in the *Medical News* of December 16, advocates the use of creasote in the treatment of pneumonia. He believes that pneumonia could be prevented if persons known to be susceptible would always begin at once to take full doses of creasote on the appearance of those symptoms which are popularly described in the phrase "taking cold".

His use of this remedy is based upon his very interesting views upon the pathology of pneumonia. He lays especial stress upon the double circulation in the lung, that from the left heart, borne in the nutrient vessels, and maintaining its integrity during the whole course of pneumonia, and that from the right heart which becomes thrombotic throughout the affected area.

This arrangement of closely adjacent double circulating channels removes pneumonia, he says, "out of the category of diseases for which analogous conditions can be found in other parts of the body." The pneumococcus is the essential pathologic factor, but it does not excite inflammation, the elements of perverted nutrition, necrosis, interstitial deposits, obliteration of vessels and new formations being absent. The process, he says, is a germ culture going on in each air-cell, as in a tiny test tube, on a special medium supplied by the functional blood-vessels. This bacterial growth is the essence

of the pathology of pneumonia, and the mechanical and chemical results are but more or less serious epiphenomena. The extent of the bacterial growth is limited, partly by exhaustion of the medium, partly by the formation of pneumonic acid, inhibiting growth, and partly by the development of an antitoxin. Crisis occurs promptly upon the arrest of growth of the pneumococcus, because the nutrient vessels permeating the consolidated area, but not participating in or suffering from the disease process, are ready at once to assist in removing the exudate and restoring the functional blood channels.

From this central idea that "the beginning of pneumonia is the lodgment of the pneumococcus in the air-cell" he reasons that the symptoms and signs upon which we ordinarily base the diagnosis of pneumonia really indicate a very advanced stage of the disorder. Antimicrobial treatment is nevertheless valuable, since it is possible to charge the blood with a substance which, being borne to the margins of the consolidated area, will prevent the further growth of the bacillus. Besides its accessible situation in the lung, he considers the known cultural peculiarities of the pneumococcus, its brief existence under laboratory methods, and its sensitiveness to acids. He cites the successes in the treatment of pneumonia claimed by various authors for calomel, chloroform, the salicylates, and creasote.

Of these, Smith strongly prefers creasote in the form of the carbonate creasotal. He takes occasion to condemn the use of digitalis in those cases marked by cyanosis and dilated veins, where life is threatened chiefly by the mechanical obstruction. He says that in his experience "blueness and digitalis go hand in hand."

His remarks upon accessory treatment are very brief, comprising, first, stimulation of the emunctories; second, sustaining the heart by stimulation and hydrotherapy; third, relieving the pulmonary condition by vaso-dilators or venesection; fourth, compensating loss of respiratory surface by inhalations of oxygen; fifth, reduction of excessive temperature by cold applications.—*Maryland Medical Journal*.

## TREATMENT OF INSOMNIA.

In the treatment of habitual sleeplessness there are two main factors: The removal of the cause and breaking up the habit. When acid or gouty dyspepsia is the cause, says J. B. Bradbury (quoted in *Monthly Cyclopaedia of Practical Medicine*), it is essential to avoid tea, fruit and vegetable acids. An alkaline bitter before meals and an occasional mercurial at bedtime, followed by a saline aperient the next

morning, are of service, and in the gouty, colchicum and magnesia or sodium salicylate should be prescribed. Nuxvomica and strychnine are good remedies for the insomnia of age and fatigue and cardiac and vascular disease. Digitalis and other cardiac tonics are indicated at times in cardiac disease and neurasthenia with low arterial tension. For anemia, iron, nuxvomica and sometimes digitalis are required. Sleeplessness from overwork and worry demands mental rest and change of air and scene. Capsules containing 30 minims of turpentine, taken at bedtime, are occasionally beneficial in these cases. No beverages containing caffeine should be drunk after breakfast. The cool air bath or wet pack or bath is often decidedly sedative, as is a glass of whiskey and water, to those unaccustomed to alcohol. The bromides are very useful in nervous and hysterical women, and a mixture of a bromide with tincture of sumbul and tincture of hops in camphor water is serviceable at the climacteric.

Concerning the habit of sleeplessness, it is here that hypnotics are of great value, the bromides being the least harmful (30 or 40 grains dose), though sulphonal (20 grains) and paraldehyde are in the front rank for effectiveness. If possible the bedroom ought to be in a quiet part of the house, well ventilated, of moderate temperature, scantily furnished and darkened. For young and middle-age adults a firm mattress is the best bed, but the old may require something softer. The covering should be light and warm. The pillows may be arranged according to individual choice. As a rule, a light supper is best, and for many, especially those who awake in the middle of the night, a little hot milk or meat juice with a small amount of alcohol is helpful. If the feet are cold, rub them vigorously or use the hot bottle or the foot-bath with mustard. Massage is sometimes advantageous, and may be aided by a hot compress to the abdomen. Walking about naked or taking a cold or tepid bath is also often of service.

### **PAINTING WITH FORMALIN IN THE SWEATING OF PHTHISIS.**

Dr. H. Hirschfield (*Medical Press and Circular*, April 11, 1900) covers the patient with a coat of formalin, protecting the nostrils with plugs of lint soaked in turpentine. In this way no harm is done to the respiratory organs. In the 100 cases treated by Dr. Hirschfield there were no failures, although one-half of the cases were such as had derived no benefit from antihydrotics. In some cases a single painting

was sufficient to prevent a return of the sweating for some weeks. Others required two applications, and in three the painting had to be done three times before a lasting success was effected. No physical effect was produced on the skin except a slight scaliness, and in one case a mild urticaria and slight erosions.

### INFANTILE COLIC.

It is one of the commonest ailments in infancy, and frequently appears in those perfectly well in other respects. It may occur either only occasionally or many times every day. The symptoms consist of sudden and violent crying—which may continue until the child is bluish in the face and often exhausted and cold—a swollen and hard abdomen, and doubling up and straightening of the legs, arms and trunk. These symptoms last a variable time and then suddenly cease, perhaps preceded by the passage of wind by the mouth or bowel. Chilling of the skin and indigestion are the commonest causes, the latter usually depending on too frequent or too abundant feeding. To prevent repeated attacks the stomach should be allowed to rest by diminishing the amount of nourishment and increasing the length of time between feedings. If the baby is bottle fed, it may be necessary to change the character of the food in some way, but this should be the duty of the physician. The child must be warmly clothed, since any chilling of the surface may cause pain, no matter how good the digestion may be. The feet and legs especially should be kept warm by thick loose stockings and by daily friction with a mixture of 1 part of turpentine and 3 parts of sweet oil. An abdominal binder may be worn if one is not already in use.

During an attack the baby must never be fed. The warm milk, it is true, often stops the crying for the moment, but it is sure to increase the indigestion and to bring the pain back as bad as or worse than ever. Rubbing the abdomen for several minutes, or the mere change of the child's position, as by lifting it over the shoulder, will sometimes cause the gas to escape and the colic to cease. A spice plaster is often very useful. It is prepared as follows: Take 1 part each of ground ginger, cloves, cinnamon, and allspice, with or without  $\frac{1}{4}$  part of cayenne pepper, according as the plaster is to be strong or weak. Put the dry and well-mixed powder into a flannel bag, spread it evenly and quilt the bag to prevent the spices from getting into lumps. Before applying, wet it with hot alcohol or hot whiskey. The same

spice bag may be used repeatedly until it begins to lose its strength too greatly.

Sometimes an injection of two or more ounces of warm water will relieve the attack. Generally some medicine given internally is necessary. Peppermint-water or cinnamon-water, diluted and sweetened and given after each nursing, may keep the pain from coming on; while during an attack one of the simplest and most effectual remedies in soda-mint mixed with an equal quantity of hot water and given every half hour or hour for a time. It is prepared as follows:

Bicarbonate of soda,  $\frac{1}{2}$  drachm.

Aromatic spirits of ammonia,  $\frac{1}{2}$  fluid drachm.

Spearmint-water or peppermint-water, enough to make two fluid ounces.

A teaspoonful in hot water at one year of age.

If the baby seems exhausted and cold as a result of the pain, it should be given a few drops of brandy in a teaspoonful of hot sweetened water and be placed at once in a hot bath, and after that should be kept very warm and have a mustard plaster applied over the abdomen. A mustard plaster for this purpose should be made as follows: One part of mustard should be mixed with 3 or 4, or, in the case of infants, 5 parts of flour or flaxseed meal. Boiling water is added and the mixture stirred until it is of the proper softness. It is then spread on a cloth and applied directly to the skin. If it burns too much a layer of linen or some other thin material can be placed between. It should be kept on until the skin is well reddened, but not long enough to blister.—*Doctors' Magazine.*

## ERYSIPELAS AND ICHTHYOL.

The *Medical Press and Circular* of November 8, 1899, states that a medical *confrère* has recently published a series of 250 cases of erysipelas treated exclusively with ichthyol; the patients belonged to all grades of society, and their ages varied from 6 months to 87 years. After having cleaned the surface with a plug of cotton wool wet with alcohol, he applies with the fingers an ointment of vaselin and ichthyol (13 to 30 per cent). The treatment is renewed every four or six hours. Recovery was rapid in every case.

## THE FIRST PRODUCT OF THE GASTRIC DIGESTION OF CASEIN.

ERNST SALKOWSKI (*Zeit Physiol. Chem.*, 1899; *J. Chem. Soc.*, 1899). Under favorable circumstances casein is

wholly digested by gastric juice ; under unfavorable circumstances (too low a temperature, or too little digestive fluid) there is a residue of paranuclcin. Before this, however, there is primary stage in which the casein is converted into a protose which contains all the phosphorus of the original proteid. Casein and caseinogen are in this respect alike.—*Buffalo Medical Journal.*

### DETECTION OF ALBUMIN IN URINE.

GABRIEL GUÉRM (*J. Pharm.*, 1899: *J. Chem. Soc.*, 1899). A 10 per cent. aqueous solution of di-iodoparaphenol sulphonic acid (sozoiodo) is a very delicate reagent for the detection of albumin in urine. 10-15 drops of the reagent when added to 8 or 10 c.c. of the filtered urine produce a whiteish, flocculent precipitate or a milky turbidity if albumin is present. Albumoses, peptones and some alkaloids are also precipitated by it, but their precipitates readily dissolve on heating, whereas that produced by albumin is completely insoluble. Alkaline urates and uric acid are precipitated by this reagent—*Buffalo Med. Jour.*

### THE TREATMENT OF HICCOUGH.

Noir (*Progrès Médicale*) reviews the various methods of treating obstinate hiccough. He alludes to galvanization of the phrenic nerve ; to the application of a faradic current to the epigastrium (Frb's method) ; to compression of the left phrenic nerve (Leloir's method) ; to the forcible elevation of the hyoid bone by the fingers (Nothnagel's method) ; and finally to vigorous traction of the tongue (Laborde's method). He prefers the latter on account of its simplicity and efficiency. It has given excellent results in his hands. In a nervous girl, aged six years, who was completely exhausted by hiccough of over six hours' duration, traction of the tongue for a minute gave immediate and permanent relief. In a second case, a patient with advanced diabetes complicated with tuberculosis, hiccough which had already lasted several days, and which had resisted all other remedial measures, promptly yielded to Laborde's treatment continued for about two minutes.—*Philadelphia Med. Jour.*

# SURGERY.

IN CHARGE OF

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## TO IRRIGATE OR NOT TO IRRIGATE IN INFLAMMATION OF THE PERITONEUM AND AFTER ABDOMINAL OPERATIONS.

There is still a wide diversity of opinion among surgeons as to the value of irrigation after surgical operations and in inflammation of the peritoneum. Many operators believe that intra-abdominal work should follow the same rules that are applied to surgery on external surfaces. The peritoneum is surgically regarded in the same light as the skin, they both having epithelial coverings. Incisions into the peritoneum are to follow the same rule as incisions into the skin, and after the removal of organs or plastic work within the abdomen the incisions are covered in by this membrane, which is to be carefully sutured. With an aseptic technique and field, such a conception of abdominal surgery is an ideal one. An operation which leaves carefully approximated peritoneal surfaces and the abdomen perfectly dry at the time of the closure of the external wound, leaves nothing to be desired in the aid of the healing process.

The conditions that confront a surgeon in a septic case, or one in which the inflammation has extended to the peritoneal surfaces, are quite different. Here the question of irrigation is still *sub judice*. Many operators are of the opinion that, if the infection is of sufficient severity to have extensively involved the peritoneum, irrigation will be of no value, and, on the contrary, may do harm by diluting and spreading the infection to previously uninvolved portions of the peritoneum, and may actually aid in the absorption of toxins from the peritoneal cavity. Other equally good operators are of the opinion that irrigation does get rid to a certain extent of the infecting agent and ptomaines, and the products of bacterial growth are washed out of the abdomen.

Unfortunately, the question is one to be decided largely

by the experience and opinions of individual operators, as it seems almost impossible to study it from an experimental basis, and the examination of statistics presents so many extraneous and accidental conditions that figures based upon these alone are exceedingly fallacious. So far as conclusions may be drawn from the published cases, we feel safe in asserting that aseptic operations should be conducted without flushing and without drainage. In those in which there is a general infection of the peritoneum from a suppurating focus, or in which the operation is made for the purpose of relieving septic peritonitis, it is probable that flushing and drainage is a material aid in the recovery of the patient. The flushing, if done at all, should be thorough; that is, in a widespread septic peritonitis, if it is to be of any value, it must not consist of the pouring of a few quarts of water into the abdominal cavity and allowing it to drain away, but it should be done with many gallons of aseptic normal salt solution. There are now a number of cases on record in which some form of continuous irrigation has been employed with success. There is great need of further studies along these lines, as the treatment of septic peritonitis from the operative standpoint does not form a brilliant chapter in the mortality records.—*Medicine.*

### DRAINAGE.

Paul Morf, in the *Bulletin of the Northwestern University Medical School*, of January 31, 1900, says that wounds may be divided with reference to drainage into two classes: First, those which are aseptic; secondly, those which have been infected, or are made to relieve suppurative conditions. In the vast majority of cases drainage is unnecessary in aseptic wounds. The danger of drainage is due to the fact that the skin contains normally germs which cannot be wholly removed. The drain, whether capillary or tubular, moistened by secretions, is a ready pathway for the entrance of such infection from the surface to the deeper structures. Aseptic wounds in which no antiseptics have been used have, as a rule, little oozing. Healthy tissue can take care of a large amount of extravasated blood and lymph. Drainage in aseptic cases is limited to those cases where there has been much traumatism, and where large areas of lymphatic vessels have been opened. Examples of this class of wounds are furnished by amputations of the breast with their attendant dissection of the axilla, amputations of the thigh and hip, and extirpations of tubercular lymphatic glands. Another class of cases is where there remain "dead spaces" which

cannot be obliterated by deep sutures or other means. Examples of these are furnished by unilateral thyroidectomy and operation for carcinoma of the rectum. In most of these cases twenty-four hours is a sufficient time to leave the drain in position. At the end of that time the tissues have accommodated themselves and the dead spaces are obliterated.

In infected wounds and those made for the relief of septic foci, drainage is demanded almost without exception. Drainage of abscess empyemas and suppurating joints should be made in the location which gives the best possible escape to the secretions. A good-sized fenestrated rubber tube is to be preferred, which, if possible, is to be carried through the cavity and out at a counter-opening. As the suppuration lessens, this is to be replaced by a drain of iodoform gauze.

In the relation of drainage to the abdominal cavity it is difficult to make a general statement, but drainage is useful when pus is found free in the peritoneal cavity, as in cases of acute suppurative peritonitis; where there is localized pus formation, the suppuration being walled off by adhesions—this class of cases includes appendicular abscess, pelvic disease and pus tubes. Drainage must also be employed in the removal of pus from a hollow viscus.—*Medicine.*

### LOOK TO THE TEETH.

Dr. Howard B. Hills, of Youngstown, gave the following hint anent eye diseases:

Mrs. B. W. called at my office for relief from an exceedingly troublesome eye. There was pain, lachrymation, photophobia and congestion. After the examination I directed her to her dentist, who extracted a wisdom tooth in the right side of her jaw. Within a week she returned to tell me her eye had not troubled her after the tooth was out.

Mr. D. J. was directed to my office by one of our local physicians, because of an intense photophobia and lachrymation of both eyes. I sent him, in turn, to his dentist, who extracted all his imperfect teeth, and within ten days his eyes were free from pain, and as clear and bright as they had ever been. These cases will, I think, answer the purpose I had in writing this brief paper. I have in my case book the history of a case where the filling of a molar tooth promptly stopped an earache. In conclusion I will add that, while we know all these things, our business and interests demand that we should not forget them.

## TREATMENT OF ORCHITIS.

Dr. Pigot highly recommends the following treatment for orchitis due to gonorrhœa: The patient is first given an ounce of salts as a purgative and then salicylate of soda, fifteen grains, four times a day. Improvement shows itself after twenty-four hours, and at the end of eight or ten days the cure is complete. Mercurial ointment need only be employed where there is effusion into the vaginal sac. During the treatment the patient remains in bed, and maintains constantly *in situ* a suspensory bandage lined with cotton wadding.—*Paris Cor. Med. Press and Circular.*

## CHRONIC ECZEMA.

A *confrère* asserts that he obtains the radical cure of eczema where it occurs in isolated patches on the upper extremities and so rebellious to the ordinary method of treatment, as follows: After having washed thoroughly with soap and water the part and dried it, he rubs in vigorously a fifty per cent. solution of caustic potash by means of a plug of cotton tied to a rod: he then washes the spot freely with water, and, finally, paints it over with a fifty per cent. solution of nitrate of silver, and envelops the whole in aseptic cotton. This pressing is left in place until the cicatrix is formed beneath the slough, or from one to two weeks. The itching ceases immediately after the application of the caustics. Out of thirty cases thus treated, only one required the operation a second time.—*Med. Press and Circular.*

## BOILS.

Not long ago I was afflicted with a developing boil on the back of my neck. I was kept painfully conscious of its presence and tenderness by the constant rubbing of my collar. I chanced into a neighboring doctor's office and incidentally referred to the annoyance of the aforesaid boil, and wished he could stop its progress. The good doctor examined it and said aqua calcis will do it. I questioned the taking of lime water for such a complaint, but he advised taking a teaspoonful three or four times a day. Three or four doses settled the boil.

The conversation regarding the boil brought forth another statement from the same good doctor, and that was that the suppuration in tonsillitis need never occur if treated with aconite tincture and phytolacca tincture in fractional drop doses in alternation every hour or two. The same may be said of inflammation of the mammary glands.—*Med. Arena.*

# OBSTETRICS.

IN CHARGE OF

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## INFLUENCE OF PREGNANCY UPON THE TEETH.

Terrier states that caries is more rapid in its advance that the sensibility and friability of the teeth are increased that their chemical composition is altered during pregnancy. These changes are caused by gingivitis of pregnancy, alteration of saliva, acid regurgitations from the stomach, general modifications in the digestive and in the urinary apparatus and increased excitability of the nervous system due to pregnancy. He urges careful cleansing of the teeth and treatment of caries and gingivitis early in pregnancy, while the daily care of the teeth should be continued through pregnancy and lactation.—*Four. Obstet.*

## HYPEREMESIS GRAVIDARUM.

Dirmoser believes that auto-infection from the intestinal tract is the usual cause of hyperemesis, and that the etiological importance of hysteria is largely overestimated. He refers to the similarity of postmortem changes in hyperemesis and acute infection. Urinary analysis shows an increase of indol, skatol and other products of retrograde metabolism, also albumin, acetone and peptone. Organic structural elements are found in the urine, indicating a nephritis. There exists an individual predisposition, probably owing to the abnormal condition of the intestinal canal. The best treatment for this obstinate and often serious complication of the pregnant state would be intestinal antiseptics, and the author states that the results obtained from such treatment will be published at a later date.—*Four. Obstet.*

## INDUCTION OF LABOR FOR NEPHRITIS.

I. W. Lwoff writes that cases of so-called kidney of pregnancy may sometimes be carried to term by milk diet, baths and pilocarpine, but when the albumin increases and urine diminishes induction of premature labor is indicated. These accidents usually begin about the sixth month and pregnancy may be carried to the second half of the eighth month before inducing labor. In cases of acute nephritis.

gestation should be interrupted at once whatever its duration may have been.

In chronic nephritis interference with pregnancy is demanded whenever the general condition becomes worse.

### PUERPERAL INFECTION.

H. W. Longyear states that the early diagnosis and treatment of pseudo-membrane by topical applications is of great importance.

The intra-uterine douche frequently applied is of the most value in the forms of infection unattended by the formation of a pseudo-membrane. The vaginal use of peroxide of hydrogen is helpful in all forms of infection. Frequent packing of the vagina previously dried with iodoform gauze is especially useful in cases with pseudo-membrane. In the general treatment he gives quinine twice daily, whiskey and strychnine to support the heart, nuclein and protonuclein in all cases, mercurial and saline cathartics at first in all cases, then as indicated. Serum therapy to be applied where the Klebs-Löffler bacillus or the streptococcus can be demonstrated by the bacteriologic examination. Stretococcus antitoxin serum is to be used persistently to prevent pus formation and symptoms of systemetic infection.

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## Therapeutic Notes.

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### MUSCULAR RHEUMATISM.

℞	Sodii salicylatis.	
	Potass. acetatis aa.....	dr. 4
	Glycerini.....	oz. 2
	Acquæ q. s. ad.....	oz. 4

M. Sig. One teaspoonful in one-half glass of water or milk every two hours.—*Ex.*

### CHILDREN'S EMETIC.

℞	Pulv. ipecacuan.....	gr. viiss
	Antimonii et potassi tartratis....	gr. $\frac{1}{6}$
	Oxymel scillæ.....	ʒiiss
	Aq. distill. q. s. ad.....	ʒi

M. S. One teaspoonful every ten minutes.—*Baginsky*

: ~~DELE~~ :

 INHALATION IN TUBERCULOUS LARYNGITIS.

℞	Menthol.	
	Ether. sulphuric.	
	Ol. pini sylvestris.	
	Tinct. iodi aa.....	ʒij
	Tinct. benzoin. co. ad.....	ʒij

M. S. Ten drops on an oro-nasal inhaler which is worn as much of the time as possible.—*W. Fowler.*

## TREATMENT OF BALDNESS.

Dr. Whitla gives this as one of the best combinations in the treatment of baldness:

℞	Pilocarp. hydrochloratis.....	gr. 5
	Otto rosæ.....	m. 8
	Ol. rosmarini.....	dr. 4
	Linimenti cantharidis.....	dr. 4
	Glycerini puri.....	oz. 1
	Ol. amygdalæ dulcis.....	oz. 3
	Spts. Camphoræ.....	oz. 3

M. Sig. To be rubbed well into the scalp night and morning.—*Ex.*

## PNEUMONIA.

Bowen, in his late work on *materia medica*, prescribes for pneumonia:

℞	Ammonii iodidi.....	2 drachms
	Spir. ammon. aromatic, fl .....	2 drachms
	Elixir, simplicis, fl .....	1 ounce
	Aquæ q. s. ad., fl.....	8 ounces

M. Sig. Two tablespoonfuls three times a day.—*Prescription.*

## A GOITRE REMEDY.

Dr. Chavette, who will be remembered by the older Chicago physicians, claimed to cure every case of goitre he treated by the use of the following remedy:

℞	Zinc sulphate.....	2 drachms
	Salicylic acid.....	2 drachms
	Iodoform .....	2 drachms
	Boric acid .....	3 drachms
	Oleic acid.....	8 ounces

Mix and keep at a boiling heat for several hours, then pour off the liquid, and when cold, bottle. Sig. Apply to the enlarged gland, with slight friction, twice daily, until a slight desquamation occurs, after which apply once daily until the enlargement is entirely reduced. In no instance did the disease return.—*Medical Council.*

## FISSURE OF NIPPLES.

℞ Tinct. benzoini compositæ....	2 drachms
Listerinæ .....	4 drachms
Aquæ camphoræ q. s. ad.....	3 ounces

M. Sig. Shake. Bathe nipple, and apply freely after each nursing.

## A CURE FOR RINGWORM.

℞ Salicylic acid.....	gr. viij
Vaselin .....	dr. j

Mix and apply twice daily. Sometimes a little stronger salve is necessary.

## TREATMENT OF HEMORRHOIDS.

Dr. J. P. Tuttle, in a recent lecture at the New York Polyclinic, said: In cases of internal hemorrhoids that are thought suited to cure by the injection method, I use the following formula:

℞ Carbolic acid.....	1 ½ drachms
Salicylic acid.....	1 ½ drachms
Soda biborate.....	1 drachm
Glycerine(sterilized),q.s. ad.	1 ounce

M. ft. liquor. Sig. Inject for hemorrhoids.

Of this fluid from two to four minims are injected into the base of the hemorrhoid. If other injections are to be made, they are made in from three to five days.—*Polyclinic*.

## CHILDREN'S SORE MOUTH.

Borax.....	2 drachms.
Tinct. Benzoin.....	1 drachm.
Honey.....	10 drachms.
Aq. Dest... ..q. s.ad.....	2 ounces.

Dip a camel's hair brush into this solution, and touch patches in mouth four or five times a day.—*N. Y. Med. Jour*

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## Jottings.

## HEART DISEASE IN CHILDREN.

Dr. Weill (*Therapeutic Gazette*) states that in the treatment of heart diseases, in children if marked insomnia exists, it should be combated with Trional or Sulfonal.—*Archives of Pediatrics*, January, 1900.

## TO REMOVE WRINKLES.

Oil of sweet almond, two drachms ; cacao butter, four drachms ; lanolin, two ounces ; glycerine, two drachms ; otto of rose, two drops. Melt the three first ingredients, then add the other two, according to "Practitioner." It is applied at night. Another useful application is Glycerole of tannin, rosewater, of each one drachm. Mix. To be applied to the wrinkled surface with a camel's hair brush.

## ACUTE BRONCHITIS.

According to the *Indian Med. Rec.*, the most painful period in acute or subacute bronchitis is at the onset, when the expectoration is absent and the cough very severe. According to Dr. F. Edgeworth, of Bristol, caffeine, especially when associated with an alkali, facilitates the expulsion of the sputum and shortens the stage. He employs every three or four hours a dose of from fifteen to twenty-five grains of citrate or acetate of potassium, and in addition at bedtime five grains of caffeine. Administered in this way he finds that caffeine quickly overcomes the spasm of the bronchial muscles, which checks the expulsion of the sputum and thus relieves the patient.

## HOW TO GIVE A HYPODERMIC INJECTION.

This is a simple procedure which, however, may be the making or unmaking of the doctor. It is so common to give it the wrong way, the most painful way, as much so, nearly, as it is not to feel the stab of the needle if one is not receiving it. The wrong way is to pinch up a fold of skin in the tenderest part of the upper limb, the anterior fore-arm, and then slowly push the needle through, shoulderwards, with as much deliberation as if it was intended to make it steal to its destination without cognition by the involved nerves. We never see it done this way without imagining part of the unnecessary pain it causes, and having rather hard feelings against the introducer of the needle.

The right way to do this is to pick up the entire fleshy mass between the skin and the bone in the less tender part of the upper limb, the back upper arm or shoulder, and push the needle directly through at right angles to the skin. It should be done with a quick stab, and made to enter the muscle mass. The fluid is then gradually pushed home, after which the needle is withdrawn quicker than it went in, the puncture site being massaged for a moment for the double purpose of obliterating the needle track and promoting absorption of the injected liquid.

Try this method once and you will never want to go back to the other. The patient does not mind it. We have never had an abscess in twenty years' work. It is the only right and least painful way of giving a hypodermic injection.  
—*Med. Council.*

### GOITRE OINTMENT.

An ointment made by incorporating ten grains red iodide of mercury and one-half grain atropine with one ounce of some unguent is a useful external application in goitre; a piece the size of a pea, or slightly larger, to be well rubbed into the skin over the tumor two or three mornings in succession, and repeated once a week. This, with iodides of mercury and arsenic internally, was the treatment used by an old Scotch physician, who made a reputation and a fortune with it.—*Alkaloidal Clinic.*

### GOLDEN RULES OF OBSTETRIC PRACTICE.

Do not be unduly hopeful if a tubercular patient seems to improve during pregnancy. She will probably lose ground rapidly when gestation is ended.

Improvement in the later manifestations of syphilis is often observed during pregnancy. But it does not indicate that treatment may be neglected.

If albumen appears in the urine for the first time during pregnancy, be prepared for eclampsia. Where chronic renal disease is known to exist there need be less fear of this complication, though the disease is aggravated by pregnancy.—*Fothergill.*

### THE HOT DRY-AIR TREATMENT OF RHEUMATISM.

An editorial in the *International Medical Annual* criticises this revival of a method as being generally useless and harmful in regard to permanent effects. The excessive or long-continued application of dry heat, he says, tends to destroy the functional activity of the skin, and impairs the nervous mechanism of the joints. A more simple, convenient, comfortable and efficient application of local heat than can be made by any of the patented appliances is as follows: Six thicknesses of flannel of convenient size are sewn together; these are wrung out of water at 120° F., and wrapped around the joint over this is placed a hot-water bottle filled with water, and the whole secured with a flannel wrapper.

THE  
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## Editorial.

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The surgical history of the present war in South Africa has been a series of surprises, and the unexpected has been constantly occurring. In this connection it is a matter of very great interest to look back to the introduction of the rifle now in use as the weapon of the British Army. At that time there was much speculation as to the terrible execution it would make. There was also a distinct recognition by more than one observer of the special conditions in which the wounded would be placed, because of the great distance the bullet is carried. Professor Billoth, in 1891, writing of the new rifle adopted by the Austrian Army, said: "Every new gun carries further and wounds at greater distance than its predecessors . . . and this means that the shelters for the wounded have to be set up at greater distances from the line of battle . . . Thus all ambulance duty to be effective should be proportionately increased." About the same time Surgeon Captain Perry Marsh, of our own Army, lectured before the United Service Institute on the new "Magazine Rifle in War." In his lecture he said: "From the increased range, lower trajectory and more rapid firing power of the new rifle, the number of wounded will doubtless, in every conflict where these weapons are used, be very large, and much exceed the average of what was obtained in battles up to the present date." Commenting on this extract the

*British Medical Journal* of Jan. 16, 1892, says: "These speculations, based on no doubtful data, suggest the practical question, Are the numbers and equipment of our bearer companies and field hospitals keeping pace with the demands which the new warfare will make on them. Alluding to the nature and treatment which the new gun shot wounds will demand, Marsh says: "The treatment of the wounded should begin in the field at the earliest possible time after the injuries have been received." Again, "What is most likely to be felt in future campaigns will be the want of moving hospitals, where the entire treatment of a large proportion of the wounded may be carried out." Again, "For future campaigns the number of bearer companies allowed to each Army Corps, and the strength of each individual company, will require considerable augmentation if we wish to provide for the increased requirements which may reasonably be expected in future campaigns." This same writer proves, not only theoretically, but from practical experience from accidents, that the fear of the deadliest results from this rifle, as prognosed by Bilroth, was not correct. He found that the direct injury and concomitant shock was much less than from the bullets of the older Snider and Martini-Henry rifles. This he believed was due to three factors: the material comprising the projectile, its lessened diameter and increased velocity. The *British Medical Journal*, reviewing the theories as advanced by Marsh, uses these words, which may truly be said to have been prophetic, when one considers the experience of the present South African War, "The outlook for injuries by these new weapons is not, therefore, so terrible after all. The assumption is warranted that many men in future wounded by small arms will only be temporarily disabled, and if promptly and properly treated would soon be in the ranks again."

These are very striking statements written some years before any experience on a large scale had occurred. One point, however, which will demand the strictest investigation by the committee appointed, as a result of the charges made by Mr. Burdett-Coutts, is this: Whether in view of the statements made by Marsh there has been since his lecture any

marked increase in the number of bearer companies or in their strength. If there has not, the War Department will certainly come in for considerable blame. If we are to judge from the statements which have from time to time appeared in *British Medical Journals*, there is no doubt that the Royal Army Medical Corps has been numerically absolutely unable to cope with the army Britain sent to South Africa. This is proved by the fact that fully four hundred civilian surgeons are employed at the seat of war, and that the numerous private field hospitals, which private munificence organized, have had more than an abundance of work to perform. Military men say that civilian surgeons are the curse of any army. Utterly unacquainted with the details of military life, which are so essential to make things run smoothly, they get them so tangled as to make their straightening out well nigh an impossibility. This has occurred again and again in South Africa. Dr. Conan Doyle, writing from the seat of war, says that the authorities have been vainly trying to meet the necessities of over 200,000 men from the regular medical establishment sufficient only for two Army Corps or less than 80,000 men. It is as much the duty of the War Office to provide sufficient medical establishments for peace and war as to organize sufficient transport or artillery. While we condemn, as a rule, the employment of untrained civilian doctors in a military capacity, it is but right to admit that, had it not been for them, the medical arrangements of the present campaign would have collapsed long ago.

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### COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The half-yearly meeting of this College held in the early part of this month was perhaps the most remarkable of which the history of the College has any record. The work of the Credential Committee doubtless hid this fact from the knowledge of the governors, and thus certainly saved a great deal of useless discussion. This Committee for a day of three sessions and a day of one session held a reception, when, figuratively speaking, the blind, the lame and the distressed, came before them and pleaded that either the Pinault

amendment of 1898 or the Roy amendment of 1900 applied to their particular case. As a general rule, it was very often hard to say that they did not, and as a consequence the Committee felt that a general amnesty all round was in order, and acted accordingly. Any one with a ghost of a show was not turned away empty handed. Those who did not have this show were honest enough not to complain. They admitted that they were the most irregular of the irregulars, and left determined to improve matters before the meeting at Quebec in September.

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It has already been a mystery to us how many irregulars—that is irregular in their manner of entering the profession—have for years appeared before this Licensing Board. It can only be accounted for by the fact that the Credential Committee has almost every year—certainly every three years—altered its decision in previously similar cases. As a consequence, no officer of the College felt justified in saying what action this Committee would take in any case presented to it. This fact becoming known, possibly justified students in hoping that when their turn came the action of the Credential Committee might be in their favor. The plea so often set up in the past and even to-day that such and such rules were unknown to them, is absurd. If unknown it is because they do not take the trouble to learn what it was their duty to know.

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The present Credential Committee is suffering to a large extent from the faults of its predecessors, whose decisions we have no hesitation in saying were often absurd and irksome. The consequence is that, in the Legislature of the Province, the College has lost many friends, and the students found not a few. The situation is in our opinion somewhat critical. If care is not taken, the College may be deprived of many of the safeguards which it is necessary it should possess, and which have largely elevated the profession. But there is no need to be oppressive. We think the preliminary examination of the Board is perhaps too apt to be considered as a means of keeping men out of the profession than of permitting them to enter it. If not, then but one conclu-

sion can be arrived at, viz : that it is not on a line with the ordinary education given at the numerous educational institutions of the province. In this way only can the really enormous proportion of rejections be accounted for.

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As a matter of fact, the large proportion of rejections at this preliminary examination attracted the attention of the writer some fifteen years ago, when he was one of the secretaries of the College. They seemed to him to be beyond all reason and common sense. As a result of this conviction he succeeded in getting a meeting in Montreal of the heads of nearly all the Roman Catholic and large Protestant teaching institutions of the province. It was held in the rooms of the Medico-Chirurgical Society of Montreal. The attendance was large, the situation was freely discussed, and the conclusion come to was, that not a single institution in the province gave an education which fitted for presentation for this examination.

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If such a conclusion was correct, it was the legitimate outcome of that meeting, that either the education should be altered or the examination brought on a line with that given. But neither has been done, and the result is that the wholesale rejections go on. This is not fair; it is not just, and we appeal once more through this journal for a re-examination of this matter by the present Board, which we believe is composed of men who desire to act in the best interests of the profession.

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At the request of the editors of the *Journal of Laryngology, Rhinology and Otology*, published in London, we reproduce the following extract from their April issue :

“An Appendix to the ‘International Directory of Laryngologists and Otologists,’ compiled by Mr. Richard Lake, is in course of preparation. In it will be found corrections of names and addresses already given, an additional list of names and addresses received since publication and an obituary list.

“ . . . Considerable additions have been obtained for the foreign list, which will materially add to its value and completeness. The decision of the Editors of the *Journal of Laryngology, Rhinology and Otology*, under whose auspices

the Directory is published, to allow no name to be inserted in the British list for which sanction has not been given in writing, at once explains some omissions and criticisms. The editors, whilst desirous of making the Directory as complete as possible, consider it best to adhere to this course. It is therefore hoped that all engaged in the practice of Laryngology, Rhinology and Otology will assist as far as possible in making this useful work complete," by sending in their names and addresses to the Editor, "International Directory of Laryngologists and Otologists," 129 Shaftesbury Avenue, W. C.

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## UNIVERSITY OF BISHOP'S COLLEGE.

### FACULTY OF MEDICINE.

We have received the calendar for 1900 1901 of the above College. It is growing with age, and in bulk is very voluminous compared with the modest pamphlet which announced the birth of this Faculty thirty years ago. A glance through its contents proves that Bishop's College is well equipped in every way for its work, and that all who select it for their *Alma Mater* will not regret their choice. In Midwifery and Gynecology this school is especially strong, and these two branches have much to do with success in the profession. Its graduates are to be found in every quarter of the world, and occupying a leading position wherever placed. The Annual Calendar can be had by applying to either Dr. Ross, Registrar; Dr. Fish, Asst. Registrar.

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## PAN AMERICAN EXPOSITION 1901 AT BUFFALO, N. Y.

Dr. A. L. Benedict, of Buffalo, who has been appointed superintendent of the Ethnological and Archæological departments of this exposition, writes us as follows :

"Many members of the medical profession are interested in the study of American ethnology and archæology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for in-

formation and for the loan of collections for the use of this department of the exposition. Exhibits which represent study in some special line of American Ethnology and Archæology will be particularly suitable."

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### CANADIAN MEDICAL ASSOCIATION.

The attention of the Profession in the various Provinces is called to the Annual Meeting of the Canadian Medical Association at Ottawa, September 12th, 13th and 14th, 1900. The preliminary programme is now being arranged for. Members intending to present papers are requested to send in their names and the titles of the papers. Mr. Edwin Owens, of London, England, will deliver the address in Surgery. The attendance, it is believed, will be large. Ottawa is a very central point, and the secretary promises a very interesting meeting. Within the last few years the attendance at the meetings of this association has been steadily increasing; we hope this year will not show any change in this respect.

The undersigned will be glad to give information regarding the meeting: A. R. Marsolais, M.D., 159 St. Denis st., Montreal (Vice-President); J. Alex. Hutchison, M.D., 70 Mackay st., Montreal (Secretary); F. N. C. Starr, M.D., 471 College st., Toronto (General Secretary).

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The *Journal of Surgical Technology* is the title of a new periodical, to be published monthly, beginning July 1, 1900. It will be devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N. Y., for sample copy.

## PERSONAL.

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Dr. F. J. Shepherd, of Montreal, has been elected President of the American Dermatological Association, which will hold its next meeting at Chicago in June, 1901.

The following Montreal medical men left for Europe the early part of July: Sir William Hingston, Dr. T. G. Roddick and Dr. E. P. Lachapelle.

Dr. Birkett has been appointed Major of the Bearer Company, just raised in Montreal. His two Lieutenants are Dr. Kenneth Cameron and Dr. Wylde.

Dr. Harry Bell has temporarily assumed the position of Surgeon on the well-known Allan liner "Parisian."

Dr. Weir Mitchell, of Philadelphia, was in Montreal for a day early in June, on his way to his salmon fishing ground on the "Cascapedia."

Dr. Fraser (M. D., McGill, 1897) has assumed the duties of resident physician at the Laurentian Sanatorium, St. Agathe, Que.

Dr. Otis, of New York, died recently at New Orleans. He gave up practice some years ago, on account of failing health. Among the medical men of New York he occupied a prominent position as a specialist on Genito-Urinary Surgery. He was one of the early members of the Restigouche Salmon Club at Metapedia, Que., and was an enthusiastic angler.

Dr. Lopez (M.D. Bishop's College, 1900) sailed in June for Edinburgh, where he proposes to take out the triple qualification.

Dr. N. C. Smillie (M. D. Bishop's, 1882) left early this month, for British Columbia to look after some mines in which he is interested.

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## Book Reviews.

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**Normal Histology.** By Edward K. Dunham, Ph.B., M. D., Professor of General Pathology, Bacteriology, and Hygiene, in the University and Bellevue Hospital Medical College, New York. Second Edition. Illustrated with 244 engravings. Lea Bros. & Co., New York and Philadelphia, 1900.

There being many excellent text-books of Histology which already meet the requirements of students of the subject, a new work on Histology, in order to be successful, must recommend itself by its thoroughly practical tone, its clearness of language and its modern treatment of the science. Now, the chief merit of Dr. Dunham's work lies in the brevity and clearness of its descriptive text, enriched by a wealth of carefully selected drawings, and in the

simplicity of the methods for preparing specimens for microscopical study.

The work consists of two parts. Part I. is devoted to an account of the structure of the cell, the elementary tissues, and the organs of the body. Part II. deals with histological methods.

Dental students will be disappointed with the author's too brief description of the structure of the teeth, but they must remember that a detailed account of every tissue and organ does not fall within the scope of an elementary text-book. The account of the structure of the nervous system is well abreast of the teachings of Golgi, Cajal and others, who by their investigations have effected an entire reconstruction of our conceptions of the minute structure of the central nervous system. We take pleasure in recommending this work to the student as a serviceable guide, designed to supplement the knowledge acquired from his laboratory experience.

A, B.

**Surgical Pathology and Therapeutics.** By John Collins Warren, M.D., LL.D., Professor of Surgery in Harvard University; Surgeon to the Massachusetts General Hospital. Illustrated. Second edition, with appendix, containing an enumeration of the scientific aids to surgical diagnosis, together with a series of sections on regional bacteriology. Philadelphia; W. B. Saunders, 925 Walnut St. 1900. Price, cloth, \$5.00 net; sheep or half Morocco, \$6.00 net. Canadian Agents, J. A. Carveth & Co., Toronto, Ont.

This volume on Surgical Pathology is assuredly a most valuable contribution to medical and surgical literature. It is the second edition (the first edition appeared about five years ago) of this important work, containing in addition an appendix of sixty-five pages. The work is a decided improvement on the first edition. The scientific portion of a surgical education was formerly regarded as something apart and ornamental, but it has now become an eminently practical feature of the students' curriculum. No young practitioner can be regarded as thoroughly equipped for surgical work who is not both a good pathologist and an expert bacteriologist. An attempt is therefore made in this book to associate pathological conditions as closely as possible with the symptoms and treatment of surgical diseases, and to impress upon the student the value of these lines of study as a firm foundation for good clinical work. In the second edition the author states that the attempt has been made to embody all the important changes in a new appendix, which replaces the old one and the chapter on Antiseptic Surgery. In this new chapter the author has aimed to present in as practical a manner as possible the resources of surgical pathology. In addition to an enumeration of the scientific aids to surgical diagnosis, there is given a series of sections on what may be termed regional bacteriology, in which are given a description of not only the flora of the part affected, but also the general principles of treating the affections which they produce, based upon the latest views of the best authorities. The work is written in an easy and yet masterful manner, and as it deals with a subject of the greatest interest and importance to the rising surgeon (who should endeavor to keep abreast of the times) few medical or surgical men can afford to be

without this valuable work. The chapter on bacteriology, which is now so important, is deeply interesting, also that dealing with tuberculosis. In fact, the book from the beginning to the end is so written that one's interest never slackens, nor is its perusal at all wearisome, considering the highly scientific character of the work. One has only to read to fully appreciate the high merit of the book. The general get-up of the volume is up to the usual high standard of the publishers.

R. C.

**Post Mortem Examinations, Methods and Technique.** By John Caven, B A., M.D., Toronto; L.R.C.P., London. Illustrated. J. A. Carveth & Co., Toronto, Ont.

This work is a small handbook for the use of students, dealing with the usual method of making post-mortem examinations, whether for scientific investigation or for medico-legal purposes. Such instructions are found in most works on legal medicine, more often detailed and valuable. This volume, in addition, has a chapter on the preservation of tissues, and in the early part of the book a list of an outfit for bacteriological use. With regard to the letter press, the instructions are given with clearness and show a practical knowledge of the subject. We would, however, criticize the method of opening the right side of the heart. In order to expose all the valves of the pulmonary artery in their entirety, a section close to the interventricular septum, and not "half an inch" to the right, is the one usually adopted, this section to be continued round the apex of the heart to a point midway between the orifices of the venæ cavæ. This will show the tricuspid valves also entire.

The illustrations of the work are semi-diagrammatic, and not very accurate, a fault easily rectified in a future edition by copies of the excellent cuts in Quain's or Morris' Anatomy. Illustrations for Students to be useful must be accurate even if semi diagrammatic, and these pictures of the brain and heart are crude and misleading. The one of the convolutions of the brain is exceptionally poor. When students see such imperfections issued by their teachers, they are inclined to quote "Quis custodiet ipsos custodes."

As before stated, instructions as given in the book under review are found in all the most important works on legal medicine, and we very much doubt the utility of a special work of this kind unless accompanied by a series of illustrative cases, comprehending most of the forms of natural death, and selected for other specific lessons. These would show how the procedure necessarily differs in each case submitted to the expert pathologist or medical jurist.

The details of pathology, as of anatomy, students must learn, but the application of a knowledge of the one as of the other is best taught by instruction on selected individual conditions; to recognize the abnormal from the normal, and how to proceed in each case under observation.

It is only, as we hold, by a careful description and record of illustrative cases that works of this kind can be made complete and acceptable.

It would be well to study the procedure indicated by the distinguished pathologist Virchow, in his admirable manual on post-mortem examinations.

C. H.

**Diseases of the Eye.** By Edward Nettleship, F. R. C. S.; Ophthalmic Surgeon at St. Thomas Hospital, London; Surgeon to the Royal London (Moorfields) Ophthalmic Hospital. Revised and edited by Wm. Campbell Posey, A. B., M. D., Ophthalmic Surgeon to the Howard and Epileptic Hospitals, Philadelphia; Assistant-Surgeon Hills' Eye Hospital; Fellow of the College of Physicians of Philadelphia; Associate Member of the American Ophthalmological Society, etc. Sixth American from the Sixth English Edition. With a supplement on Examinations for Color-Blindness and Acuity of Vision and Hearing, by William Thomson, M. D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. With 5 colored plates and 192 engravings. Lea Bros. & Co., Philadelphia and New York. 1900.

Mr. Nettleship's book has been so frequently reviewed that further comment on it is unnecessary. The fact that a sixth American edition is called for shows that Nettleship's "Diseases of the Eye" is a standard text-book in America as well as in Great Britain. The editor has done his work well, and has added much useful information, especially in the way of treatment.

G. W. M.

**Progressive Medicine, Vol. II, 1900.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia-Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 401 pages, with 81 engravings. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, \$10.00 per year.

An examination of this, the second volume of the 1900 series of *Progressive Medicine*, reveals the very practical lines which have been followed by its contributors.

Dr. Coley, in his article on "Surgery of the Abdomen, Including Hernia," treats of one of the newest and most interesting phases of modern surgical practice, namely, operations upon the stomach. With admirable detail, this able authority describes the diagnostic symptoms, the methods of operating, treatment and the management of convalescence.

The ever-important subject of appendicitis is next considered from a practical standpoint, the merits of a newer method of operating being carefully investigated. Bassini's operation in Hernia is described in practical detail, and operations upon the intestines, colon and liver are exhaustively considered in the aspects of operation and results. Abdominal tumors and the methods for their diagnosis, come next, and this is followed by a most interesting consideration of the use of the X-ray in detecting abdominal calculi. The illustrations given in this section, as in fact is the case throughout the volume, are most helpful.

Dr. John G. Clark gives an admirable résumé of the progress made in Gynecology during the past year. The various topics

discussed are too numerous for special mention, but the sections on "The Treatment of Pelvic Peritonitis," "The Treatment of Inflammatory Pelvic Exudates," "Ultimate Results in Treatment of Retroversions," etc., are especially interesting.

Dr. Stengel covers a list of diseases, from which arise a large proportion of human ills, following the preliminary pages in which the diagnostic value of the varying conditions of the blood is dealt with. Such pathological conditions as anemia, chlorosis, leukemia, etc., are practically considered. The diseases due to metabolism logically follow, and as the subject matter is treated in great detail. Dr. Stengel's section must prove of great practical value to the physician.

In treating of his specialty, Dr. Jackson has aimed to supply the requirements of the general practitioner rather than those of the specialist in Ophthalmology. He has endeavored to so equip the practitioner with the most recent knowledge in this branch of medicine as to enable him to successfully treat the majority of cases which may come before him. In fact, this entire volume is full of practical information to an extent which has rarely been equalled in a single book. The aim of the editors and contributors to produce in narrative form the record of the year's events has been ably carried out. Each succeeding volume of this series emphasizes the degree to which this original and ingenious plan has been perfected, and the necessity for increasing the large editions with each succeeding volume attests the growing popularity of the work. F. W. C.

**A Dictionary of Medicine and the Allied Sciences**, comprising the pronunciation, derivation and full explanation of Medical, Pharmaceutical, Dental and Veterinary terms, together with much collateral descriptive matter, numerous tables, etc., by Alexander Duane, Assistant Surgeon to the New York Ophthalmic and Aural Institute; Review of Medical Terms, for Webster's International Dictionary. Third edition. Enlarged and thoroughly revised, with eight full page colored plates. Lea Brothers & Co., Philadelphia and New York. 1900.

Within the last few years a complete dictionary of medical terms has become an absolute necessity in the library of every reading physician. Such a work to be of value must be an up-to-date one, so numerous has been the additions to our medical vocabulary. It has evidently been the aim of the author to give sufficient information concerning every word that is likely to be met with in the course of professional reading. So numerous, however, is our vocabulary to-day that space for the insertion of all useful terms has only been secured by the omission of words that have practically become obsolete. Practical utility rather than historical tradition has controlled the selection of matter; hence, words are omitted which to-day are only found in dictionaries. The space thus gained has been used for the insertion of much descriptive and explanatory matter, which would be very inadequately represented by mere definition, no matter however full. Thus under the principal diseases a sketch is given of their causation; symptoms and

treatment; under the more important organs, an outline of their structure and functions; under each drug, an account of its action and therapeutic uses, and of all the preparations of it official in the latest editions of the pharmacopœias of the United States, Great Britain (1898) and Germany. The important physiological functions and generic biological and chemical terms receive similar extended explanation. This being the third edition of this work, it contains a vast amount of new material representing the great advances made in all branches of medicine since the previous edition was issued. It has also been revised in every part, and beyond all question is the very latest and best of its kind. The dental and veterinary terms have been supplied by experts in these departments of medical science. To fasten in the memory a vivid and enduring recollection of the meaning of words, no aid is equal to that furnished by derivation. Special care has therefore been taken to state and define the original words from which medical terms are derived. To render this feature of the work available for those unfamiliar with Greek, all such derivations are given in ordinary type. Vowels long by nature have been appropriately marked, owing to the important influence of natural quantity in determining the pronunciation of a word and the form of its derivatives. As the essence of a dictionary lies in its definitions, no pains have been spared to make the explanation of each word clear and sufficient. Where words have several distinct meanings, clearness has been promoted by the use of numerals to emphasize the distinction.

The colored plates appear for the first time in this edition, and have been selected with a view to their practical utility, as illustrating subjects which are of importance and general interest, but which are not portrayed in the ordinary text-book.

The publisher has done his part more than well. The typography is compact, but pleasing. It is truly marvellous what an amount of matter each page is made to contain.

F. W. C.

**A Handbook for Nurses.**—By J. H. Watson, M.D., Edin. Late House Surgeon, Essex and Colchester Hospital; Assistant House Surgeon, Sheffield Royal Infirmary and Sheffield Royal Hospital. American Edition under the Supervision of A. A. Stevens, A.M., M.D., Professor of Pathology in the Women's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to St Agnes' Hospital, Philadelphia. Published by W. B. Saunders, 925 Walnut Street, Philadelphia, 1900. Can be obtained in Canada from J. A. Carveth & Co., 413 Parliament street, Toronto.

Although there are many works on nursing, the majority fail either to contain sufficient information or contain too much technical knowledge for the average nurse. In this work the author has, we think, written a most valuable work for nurses. There is a great deal of information on almost everything that a nurse should know. A little knowledge is a dangerous thing, and never

more so than in a nurse. A well trained, well educated nurse will never attempt to usurp the rôle of a medical man, but will be as his right hand, whereas an ill-educated one is apt to do so and so bring discredit on her nursing sister and sore trouble to the doctor. We can most heartily recommend this work, and would like to see a copy of it in the possession of every one engaged in nursing in this country.

## PUBLISHERS DEPARTMENT.

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### LITERARY NOTES.

Two of the freshest and most important of recent articles on China, namely, Mr. Gundry's account of "The Last Palace Intrigue at Peking," and Mr. Douglas's hopeful view of "The Intellectual Awakening of China" will be found in *The Living Age*. Mr. Gundry's article in the number for July 7 and Mr. Douglas's in the number for July 21.

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One of the most delightful of recent contributions to natural history, popularly treated, is Mr. Mathias Dunn's study of "Mimicry and Other Habits of Crabs" in *The Living Age* for July 7. It is marked by close and sympathetic observation and contains curious facts which will be new to most readers.

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One crisis at a time is all that most people have leisure to consider, and the very grave crisis in China may distract attention from "The Coming Afghan Crisis" which Mr. Demetrius C. Boulger considers in an article reprinted from *The Fortnightly Review* in *The Living Age* for July 14. Nevertheless, the facts which Mr. Boulger presents are interesting, and, to the English reader, must be somewhat startling.

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The last number of *The Quarterly Review* contained an innovation in the shape of an article written in French by Mr. Ferdinand Brunetière, and not translated. Mr. Brunetière undertook to give his English friends and readers some idea of the present French feeling toward England and the reasons for it. *The Living Age* presents the article in an admirable translation, and makes it its leading article in the number for June 30.

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"Imperialism" is so much under discussion in the United States at the present time that the *Scottish Review's* article on "The Literary Inspiration of Imperialism," which *The Living Age* prints in its number for June 30, is particularly timely.