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# THE CANADA MEDICAL RECORD.

VOL. IX.

MONTREAL, AUGUST, 1881.

No. 11

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## Original Communications

### THE CANADA MEDICAL ASSOCIATION.

The fifteenth annual meeting of the Canada Medical Association was held in the City of Halifax on the 3rd and 4th of August. The attendance of members was fair, and a number of interesting papers were read. Not being able to be present, we are indebted to our contemporary, the *Canada Medical and Surgical Journal*, for a large portion of our report of the proceedings.

Dr. Canniff, of Toronto, the President, occupied the chair.

Dr. Strong, Superintendent of the Cleveland, Ohio, Lunatic Asylum; also the Military and Naval Surgeons stationed at Halifax, were elected members by invitation.

Dr. Reid, Halifax, read the report on Medicine. Special attention was drawn to the disease known as General Paralysis of the Insane—a malady of most fatal character and on the increase, and not receiving sufficient attention. The report was received for discussion.

Dr. Stewart, of Brucefield, Ontario, read the report on Therapeutics.

The President of the Association, Dr. Canniff, read a paper on "Vital Statistics and Public Health." The President stated that the Committee appointed at the last meeting had waited upon Sir John A. Macdonald, and had been accompanied and assisted by many of the medical men now in Parliament, that the Government are heartily inclined to assist in forwarding the movement to provide for the public health, and that if it had not been for the very indifferent health of the Premier himself, it is probable that legislation on this important matter would, before this, have been introduced into the Dominion Parliament. He believed that the Association was doing a good work in keeping the subject before the country, and hoped they would continue their efforts until brought to a satisfactory issue.

Hon. Dr. Parker considered this a most important matter; hoped that further action of a decided nature would soon be taken. His idea is that our aim should be to have a committee formed of good representative men from each Province to initiate and watch the progress of a bill for this object. This law-making should begin with the separate Provinces, each for itself, and the whole should be consolidated under some Act governing the entire Dominion, and passed by the House of Commons.

Sir J. A. Macdonald used formerly to say that all matters connected with statistics belonged to the Provincial Legislatures, but he has seen reason to change this opinion, and would be ready to admit the control of the general government over statistics and such like matters which are necessarily intimately connected with sanitary legislation. They had recently held a meeting of the profession of Nova Scotia at Antigonishe, and had been able to lay the foundations for taking their share in the proposed plan of concerted action. The report of the President was received, and laid on the table for future discussion.

Moved by Dr. Botsford, seconded by Dr. Steeves, that the following compose the Nominating Committee: Drs. Robillard, Ross and Fenwick of Montreal, Dr. Eccles of London, Drs. D. Clark and A. H. Wright of Toronto, Drs. Lawson and K. F. Black of Halifax, Dr. Steeves of St. John, and Dr. Atherton of Fredericton.—*Carried.*

Dr. Hill of Ottawa then read for Dr. Grant of Ottawa a short paper descriptive of a method of using the ordinary enema-syringe for a stomach-pump.

Some members objected to the method, that it would be found very difficult to introduce a flexible and soft tube down the esophagus, but Dr. Hill said that he had been assured by Dr. Grant that in trying the instrument he had not experienced this difficulty.

The Association adjourned at 1 p.m.

#### AFTERNOON SESSION.

The President took the chair at 2.30 p.m., and proceeded to read his address on "Medical Ethics." He stated that it was with some difficulty he had selected a subject for an address which might be of practical interest to the Association, and he finally determined to review the present code of ethics by which we are guided, and make some remarks upon certain of the clauses. He entered fully into the duties of the members of the profession towards the public, towards each other, and towards themselves. Towards the public, in leaving nothing undone tending to the restoration to health of those entrusted to their care; towards each other, in the most delicately honorable bearing; towards themselves, in not neglecting those much needed recreations and moments of rest which the generally over-worked practitioner so much requires. He strongly deprecated any assumption of superiority, pointing out that the

proper line of conduct for a physician was that of the unobtrusive gentleman; advised free untrammelled consultations in all cases when difficulty or doubt presented themselves; and endeavored, throughout his address, to show that a code of medical ethics could not be otherwise than in harmony with a Christian code of ethics. But charlatanism, in or out of the profession, received a severe castigation. The address was of a very practical character, and cannot fail of having a beneficial tendency in recalling attention to many of those points upon the strict observance of which depends the existence of harmony amongst our *confrères*.

The report on Therapeutics, read by Dr. Stewart, was next discussed. Several members gave their views on the comparative safety of chloroform and ether, the former being the favorite.

Dr. Atherton said that in his opinion the bad results in Great Britain from chloroform were chiefly to be attributed to two causes. 1st, the complicated apparatus frequently made use of; and 2nd, the dread which they appear to have of it. In Edinburgh it is given freely and he thinks carelessly. In judging of the comparative merits of various anæsthetics we should be guided more by the opinions arrived at by those who are in the habit of daily administering it, and not so much from the results obtained by experiments. He gave some particulars concerning a case (published in the *Canada Lancet*) where he had performed tracheotomy for the purpose of resuscitation from chloroform poisoning.

Dr. Hingston asked why, in this case, a tube might not have been passed *per vias naturales*, avoiding the operation. The answer was, that opening the trachea was the idea which first presented in the urgency of the moment, and it was fortunately successful.

Dr. Fitch spoke strongly in favor of ether, which he uses exclusively. He thinks that drawing the tongue forcibly forward should always answer every purpose for admission of air into the trachea.

Dr. Stewart said that many were in the habit of entirely neglecting the pulse, regarding the respiration only. He thought that this was a mistake, that the pulse should be carefully observed. Kepler has shown by sphygmographic tracings that in all dangerous cases there is great fall in the blood-pressure. He knew of three deaths in three years in Edinburgh alone. French exper-

imenters have shown that the application of very hot water to the cardiac region is of great service in stimulating the heart's action.

Dr. Oldright referred to the anæmia observed in chloroform administration as indicative of syncope tendency, and to the frequency of accidents in dentists' chairs, the latter being due perhaps to two causes, the semi-erect position, and the known danger of interference with the fifth nerve. He had made one trial with bromide of ethyl, using f. i. He entirely failed to anæsthetize the patient, and has never used it again.

Dr. Oldright then exhibited his method of treating empyema. After the chest is punctured with a trocar, and the pus drawn off, he attaches a tubing, passing through a vessel containing an antiseptic solution, and held some distance above the patient; the pleural cavity is then washed out and fluid is passed through until it returns quite clear, and this is repeated every few days. Dr. O. gave several cases treated in this way, in which the results had been very satisfactory. In one the expansion of the lung had been such that subsequently no difference could be detected between the two sides.

Dr. Jennings preferred a counter opening, but also advocated washing by syphon.

Dr. Fenwick thought the plan had no advantage over simple incision. This plan was now used by him in the Montreal General Hospital, and was very satisfactory. He employed Lister's dressings. Never advises aspiration, for the pus always re-collects. Does not think recovery is ever complete, but that there always remains some shrinking of the affected side.

Dr. Atherton formerly treated it by washings, but had abandoned the plan, finding it inconvenient, and reaching as good results by incision and dressing of carbolized oil. He agreed with Dr. Fenwick as far as concerned operations on adults or aged persons, but believed that in the young perfect expansion of a lung could be obtained. He alluded to the fact that sudden death had occurred from injecting the pleura.

Dr. Farrell advocated draining by a tube with the extremity beneath an antiseptic solution, as being cleanly and effectual. Always used an oval and not a round tube, as fitting better between the ribs.

Dr. Geo. Ross said that the procedure of Dr. Oldright contained nothing novel. It was better than syringing, as giving a less forcible stream.

The principle of very copious washings was that taught by Fraentzel and the Germans. He alluded to the plan by valvular drainage advocated by Dr. Phelps, of Chateauguay, N. Y., but could not admit that any other procedure ever gave better results than a large incision and Lister's dressing without any injections.

#### EVENING SESSION.

The President took the chair at 7.3 p.m.

Dr. Bessy, of Montreal, read a very interesting paper on "Vaccination from Animal Vaccine." In the paper he referred to the prominence which vaccination with lymph direct from the animal had already attained. He called attention to the bad results which had followed vaccination in the past, especially in former years in the city of Montreal, when done with long-humanized lymph, which had, in spite of every care used in its collection, conveyed various materies morbi associated with the vaccinal disease.

He took it for granted that certain propositions were now accepted by the profession from which other propositions naturally followed. 1st. That vaccination was our best prophylactic against small-pox. 2nd. That not to be disappointing it must be well and thoroughly done with lymph capable of reproducing a perfect vaccine vesicle. 3rd. That to avoid "accidents" the lymph must be pure. That to fulfil the obligation resting upon the practitioner it was necessary to avoid the use of either degenerated lymph from too long human transmission, or lymph containing blood impurities, which it could hardly fail to do if taken promiscuously from human subjects. He shewed, by drawings of the disease when in full bloom and the resulting scars, 15 varieties of typical vaccinal cicatrices here given. That bovine lymph or heifer transmitted lymph induces a development of vaccinia in a greater state of perfection, and of more protective efficacy, in consequence, than humanized lymph. That the calf lymph was benigner in its action, and gave all the results of true Jennerian vaccination. He would not deny that humanized lymph might by carefulness in selection, in the hands of careful men, be used for even 30 or 40 years with apparently satisfactory results as regards accidents, but it was now established beyond cavil that each remove a greater distance from the animal perceptibly shortened the period of duration of the disease and diminished its effect on the constitution, thus lessening the amount of

protection afforded by the operation. That vaccine, being indigenous to the heifer, does not degenerate: the painting of the arm shown is from a child vaccinated from lymph taken from the 240th heifer, from the original spontaneous cases which occurred at Longue Pointe, near Montreal, in Nov., 1877, during which year an epidemic of animal pox prevailed among cows and horses. He traced the progress of animal vaccination, and mentioned the various new stocks of animal lymph that have been introduced to the profession since the time of Jenner, 1798, which were, Woodville in 1800, Passey of France in 1836, Galbeata's retro-vaccination in Italy, 1810, followed later by Prof. Negri; the introduction of animal vaccination into France by Janvix, discovery of the Beaugency stock in 1868 by Prof. Depaul, the Longue Pointe stock by himself in 1877, and the progress of animal vaccination under Dr. Warlomont in Brussels, and last of all its introduction into England by Act of Parliament in 1881. That he had vaccinated three children of a family with lymph from a case of horse pox, and two of the same family with the cow pox, as an experiment, upon the same day: the result was in both cases the development of typical vaccinal vesicle, the horse pox producing rather more local disturbance, but running its course and terminating satisfactorily. That accidents follow vaccination and lack of prophylactic effect, are directly traceable to an imperfect vaccination with imperfectly developed or impure lymph. That a perfect vaccination consisted in the reproduction of a perfect vaccine vesicle with its attendant constitutional fever, and nothing else; that he feared, and believed in the possibility of conveying syphilis, skin affections, scrofulous taints, etc., with humanized lymph. He described a number of spurious vaccinations which might result from the operation, none of them protective, and suggested revaccination at an early date in all doubtful cases, which is not, like past vaccinal inoculation, illegal. He concluded by instancing the following advantages to be derived from the use of heifer lymph: 1st. It guarantees against the possibility of transmitting any other blood contamination. 2nd. The advantages of constant supplies of reliable lymph. 3rd. It gives the greatest possible guarantee of protection by emulating perfectly spontaneous vaccination, as observed by Jenner on the hands of milkers, and which has always been found to give absolute security against future contagion. 4th.

It enables the practitioner to be independent of his patients as to his stock of lymph. It had been objected to it that it was hard to take, this objection would be entirely removed with due care in its propagation and use, which he very fully explained, showing that both producer and user must use considerable judgment in the matter to secure success. He concluded a most interesting paper with the hope that the Association would press upon the attention of the Government the duty of establishing a National Vaccine Institution for the benefit of the whole country.

Dr. Slayter does not believe that syphilis can be communicated by vaccination. He has always used lymph supplied by the Royal Institution, and has never been dissatisfied with the results. He thinks with Dr. Bessey that there should be some means by which the public could be supplied with pure vaccine lymph.

Dr. Robillard said that in 1874, during an epidemic of small-pox, he vaccinated two children with lymph procured in Liverpool from the Royal Institution. In both of these, eruptions showed themselves, one of which he felt satisfied was a syphilitic nature, and which disappeared under mercurial treatment. He had never felt safe with that lymph since.

Dr. McDonald (Londonderry) procured his vaccine from Boston. He found that animal lymph was more insoluble than humanized lymph, and ignorance of this fact probably led to some of the failures when the former was used. He would also urge on the Government the importance of their taking charge of this matter.

Dr. Cowie said that formerly the lymph used in Halifax was perfectly satisfactory. In 1860 he had in one day vaccinated 120 persons; only six or seven failed, and in none were there any troublesome symptoms. During the past two or three years it had not been so satisfactory. There were now many more failures, and he had recently seen a man, vaccinated a month before, with large unhealed ulcers and enlarged glands.

Dr. Geo. Ross said that he would like to bear testimony from his own observation to the excellent results which had followed the introduction of animal vaccine in Montreal. Previous to this with the ordinary crust and lymph which were passed along from one to another, nor only were failures comparatively frequent, but unpleasant consequences were often met with. He had seen long-standing ulcers, axillary abscesses, erysipelas

and cellulitis, and even in rare cases, pyæmia with multiple abscesses. These unfortunate occurrences had led to the widespread opposition to vaccination which had prevailed in Montreal. Now, however, we had a supply of pure animal lymph, which we used with perfect confidence, and could say that such accidents as the above never occurred. He was satisfied that animal lymph should always be used when procurable, and that to that end it was highly desirable that the Government should arrange some plan for perpetuating and disseminating a generous supply of the pure article.

Dr. Bessey, in reply to certain enquiries by members, said that he was in the habit of personally selecting perfectly healthy young animals exposed for sale for the purpose of inoculation. He keeps always two in the stable—one in the later stages and the other partly vaccinated. He once used a lean, poor heifer, but found that the lymph was bad, and caused weak, unhealthy sores. He was obliged to recall all the results of that inoculation. He found from experience that for human vaccination it was better to charge points on the sixth day, and not wait till the vesicles were at their height on the eighth day; but that for inoculating another heifer, he would wait till the eighth day or later. The reason for this is, that in the first case, for complete absorption, you require a thinner lymph than in the latter case. Full maturity also implies a larger size of the lymph vesicles, which renders them unsuitable for use on the human subject, but has no effect when used for bovine inoculation.

Dr. Worthington (Clinton, Ont.) then read a paper on "The Treatment of Scarlatina Maligna by Cold Water and Ice." He selected a number of instances where, during the epidemic prevalence of this disease in his locality, he had adopted this treatment in apparently very desperate cases, accompanied by high temperatures and the usual concomitants of delirium or coma, and had saved many cases thereby. In these frightful attacks, such is his confidence in these antipyretic measures, that, if he cannot gain the consent of the friends to their employment, he prefers to retire from the responsibility of their treatment. He urged very strongly the more general adoption of these very valuable measures of combating this formidable complaint.

Dr. Jennings spoke highly of the plan of inunction for reducing fever.

Dr. Fitch said that he had latterly employed

glycerine for the same purpose, and found it answer well.

Dr. Coleman advocated the repeated cold-water bathing in this as well as typhoid fever.

Dr. Eccles remarked that the same principle as advocated in the paper applied to all febrile diseases when violent symptoms seemed purely due to fever heat.

Dr. Fenwick then read a paper on "Antiseptics in Ovariectomy and other surgical Operations."

The next paper was by Dr. Hingston, "On certain features in Ovariectomy."

The Association adjourned at 11.10 P.M.

#### MORNING SESSION, AUG. 4.

The Association met at 9 A.M.

The Secretary, by direction of the President, exhibited some spruce shaving splints sent by Dr. Grant, of Ottawa.

Dr. Slayter exhibited an ingeniously-contrived self-retaining speculum, which enables the surgeon in certain cases to dispense with the service of an assistant.

Dr. J. W. Macdonald, of Londonderry, read a paper on "Water Analysis," and at the same time exhibited a case containing chemicals and apparatus for the examination of water.

Dr. Stewart, of Brucefield, read a paper on "Treatment of Exophthalmic Goitre by Ergot."

Dr. Coleman read a paper on "The use of the Ophthalmoscope in the diagnosis of Brain Disease." He cited several cases and their mode of treatment, and his success in such treatment.

Dr. Jennings read a report of some cases in practice, shewing the effect on the temperature of a patient on a water bed by using hot or cold water; also some cases shewing the effect of constant irrigation with carbolized water as compared with the ordinary Listerian spray and gauze. At the same time he exhibited an instrument used in the process of irrigation, which was worked on the syphon principle.

Dr. Slayter gave notice of the following resolution:

"WHEREAS,—The system of specialism and specialists, which at present obtains to a certain extent in the Dominion, and which has developed to a very large proportion in the neighboring Republic, is for the most part the outgrowth of superficial professional education and want of success as practitioners of medicine and surgery;

"THEREFORE RESOLVED,—That it is the opi-

nion of this society that specialism should be dis-  
countenanced by the members of this society, and  
that specialists should be treated and looked upon  
as irregular practitioners, except in rare cases,  
where long experience, extended study, and pecu-  
liar aptitude have placed a medical man in a spe-  
cial position towards his brethren ;

"BE IT THEREFORE RESOLVED,—That the mem-  
bers of this society pledge themselves to do all in  
their power to check the growth of this species of  
evil."

In supporting his resolution, Dr. Slayter said the  
evil complained of was ruining their profession in  
America.

Dr. Farrell spoke of the difficulty of the doctors  
getting together in these annual meetings, as now  
held, and thought the smaller societies in the Mari-  
time Provinces should be consolidated into a  
branch of the Dominion Association. He moved  
that a committee be appointed to consider the  
matter, and confer with the various provincial  
medical societies for the purpose of bringing about  
a plan of organization of the medical societies in  
the Dominion in connection with the Canada Medi-  
cal Association. Drs. Clark, Canniff, Hill, Fen-  
wick, Hingston, Steeves, Atherton, J. F. Black,  
Farrell and the Secretary were appointed such com-  
mittee.

Dr. Fenwick, of Montreal, for Dr. Howard,  
brought up a notice of motion made at last session  
to amend chap. 7, sec. 2, of the by-laws, so as to  
impose a fee of \$2, to be paid by each member  
only at every annual meeting attended.—The  
motion passed.

Dr. Page made a short speech on sanitary legis-  
lation, and moved that Drs. Canniff, Oldright,  
Grant, Hill, Bruce, of Ontario ; the President-elect  
(Dr. Fenwick), Drs. Osler, Larocque, of Quebec ;  
Botsford and Atherton, New Brunswick ; and Hon  
Dr. Parker and J. W. Macdonald, of Nova Scotia,  
be a committee to seek from the Dominion Gov-  
ernment improved legislation in respect to sanita-  
tion and vital statistics, and to insist upon the  
organization of the profession as a condition of  
political support at the next election.—The motion  
passed.

On motion of Dr. J. F. Black, seconded by Dr.  
Slayter, the Committee on Public Health was in-  
structed to hold a conference with the Committee  
on the same subject of the Nova Scotia Medical  
Society.

The President of the Association having an-

nounced that Dr. A. H. David had withdrawn from  
the office of General Secretary of the Association,  
a resolution was passed expressive of the Associa-  
tion's deep regret that any cause should prevent  
him from continuing his services, and more espe-  
cially that this cause should depend upon personal  
indisposition. The success of the Association had  
heretofore largely arisen from the steady and per-  
severing efforts of Dr. David, and the Association  
trusted that he might for many years witness the  
continued success of an institution to which he had  
been so devoted.

Dr. Oldright gave notice that at next meeting  
he would move that clause 18 of by-laws should be  
amended by substituting the words "Public health,  
vital statistics and climatology," for the words,  
"Climatology and epidemic diseases."

On motion of Dr. Slayter, a vote of thanks was  
passed to the railway companies for reduced fares.

On motion of Dr. Atherton, a vote of thanks  
was passed to the Sandy Cove Bathing Com-  
pany and the Local Government, the former for the  
use of baths, and the latter for the use of the Pro-  
vincial building.

On motion of Dr. Hill, a vote of thanks was  
passed to the medical profession of Halifax for  
their kindness to visiting members.

The following is the report of the Nominating  
Committee which was read by the Chairman, Dr.  
Robillard :

*President*—Dr. Fenwick, Montreal.

*General Secretary*—Dr. W. Osler, Montreal.

*Treasurer*—Dr. E. Robillard, Montreal.

*Vice-President of Ontario*—Dr. D. Clarke,  
Toronto.

*Local Secretary of Ontario*—Dr. A. H. Wright,  
Toronto.

*Vice-President of Quebec*—Dr. F. W. Campbell,  
Montreal.

*Local Secretary of Quebec*—Dr. Belleau, Quebec.

*Vice-President of Nova Scotia*—Dr. R. S. Black,  
Halifax.

*Local Secretary of Nova Scotia*—Dr. C. D.  
Rigby, Halifax.

*Vice-President of New Brunswick*—Dr. P. R.  
Inches, St. John.

*Local Secretary of New Brunswick*—Dr. C.  
Holden, St. John.

*Committee on Arrangements*—Drs. D. Clarke,  
Oldright, Temple, A. A. McDonald, of Toronto,  
with power to add to their number.

*Committee on Necrology*—Drs. Fulton, Toronto ; Atherton, Fredericton ; Lachapelle, Montreal.

*Committee on Education*—Drs. Eccles, London ; Holmes, Chatham, and Bessey, Montreal.

*Committee on Climatology and Public Health*—Drs. Botsford, St. John ; Worthington, Clinton, Ont. ; Larocque, Montreal ; McDonald, Londonderry, and Coleman, St. John.

*Committee on Ethics*—Drs. Canniff, Toronto ; Malloch, Hamilton ; Gardner, Montreal ; Marsden, Quebec ; Bayard, St. John ; Parker and W. J. Almon, Halifax ; Steeves, St. John ; Beaudry, Montreal, and Chas. Moore, sen., London.

*Committee on Publication*—Drs. Ross, Montreal ; Cameron and Fulton, Toronto ; the General Secretary and Treasurer.

*Committee on Practice and Medicine*—Drs. Lawson, Halifax ; Graham, Toronto ; Duncan, Bathurst.

*Committee on Surgery*—Drs. Shepherd, Montreal ; J. F. Black, Halifax, and McFarlane, Toronto.

*Committee on Obstetrics*—Drs. Temple, Toronto ; Trudel, Montreal, and McKarren, St. John.

*Committee on Therapeutics*—Drs. Tye, Thamesville ; Wilkins, Montreal, and Somers, Halifax.

The Committee recommended that the next meeting be held in Toronto, the time to be decided by the Association.

The report was adopted *en bloc*.

On motion of Dr. Hingston, a vote of thanks was passed to the retiring President for his able conduct in the chair and his admirable address, containing many useful and practical hints. This was acknowledged by Dr. Canniff amidst applause.

The Association then adjourned to meet in Toronto on the first Wednesday of September, 1882.

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## Correspondence.

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Editor "CANADA MEDICAL RECORD."

SIR,—It may be regarded as extremely doubtful whether, amid the infinity of practical questions to which the medical man may direct his attention, the time devoted to the consideration of such subjects as evolution and kindred problems of mind and life is not spent in vain. Yet shall we never vary the "pleasing monotony" of work in the *terra medica* by an occasional holiday trip into the adjoining territory of biology and mental

philosophy? No doubt Dr. Henry Howard had in view recreative pleasures of this kind when he treated your readers to his very able paper on "Man's Two Natures" and his review of Ernest Hæckel's "History of the Evolution of Man."

I have tried to follow him during this retrospective journey, and I felt that somebody ought to present the "other side of the story," as regards the scope and plan of evolution, in so far as Dr. Howard has touched upon it. The writer accepts evolution. He recognizes "that the evolution theory of creation is more in accord with nature's laws as we now understand them than that God called man and all other animals in perfect order in a moment of time out of the earth ;" nor can he see that "the evolution theory takes anything from the honor and glory of God as first Cause and Creator." So far, so good. The truth of the theory of evolution is certainly not bound up with that of the existence of Deity. But from a third position which Dr. Howard takes, and the one upon which he lays great stress, it seems to me every unbiassed lover of truth must instantly dissent. Mark the conciseness of these statements:—"opponents [of evolution] assume that the theory is contrary to the teachings of Moses as recorded in the book of Genesis \* \* \* \* \* yet to my reading of the first chapter of Genesis—the whole of it—is evolution." And again—"suppose that, in accordance with God's established natural laws, the grain of dust or slime from which man was evolved, and all other animals evolved—but I will only speak of man,—suppose, then, that this grain of dust was first evolved into an ovum whose seed was in itself, and that it took millions of years, in fact the whole of the 6th period of time, before it became a perfect animal, and then that God endowed this animal with a human nature, by which it became man,—*there is nothing in such a supposition contrary to the teachings of Moses*, yet it would be evolution."

Let us see. Firstly, this is how the Mosaic biologist accounts for the origin of woman: "And the Lord God caused a deep sleep to fall upon Adam, and he slept: and he took one of his ribs, and closed up the flesh instead thereof; and the rib which the Lord God had taken from the man made He a woman, and brought her unto the man." Is that the Darwinian version? Does Hæckel thus explain the origin of sexual differentiation in the higher vertebrates?



In following the long chain of organic life, which probably began with *Bathybios Haeckelii* and culminated in man, each link fits in with generally received scientific theories, and among these none have been so unhesitatingly accepted as the nebular hypothesis of the origin of our planet—as taught by Kant and Laplace—and the explanation of the complex relations existing between the members of our solar world—known as the Copernican system.

But evolution, even when restricted in its application to animal life, has a yet closer connection with these theories, for the simple protoplasmic mass that finally assumed the shape of living amoeboid masses originated from the earth's crust; and the earth itself is the product of an inorganic evolution—unfolded from that fiery cloud which rolled for untold ages the mother-nebula of solar worlds. If, then, the one of these theories be not true the sister theory of evolution will require serious remodelling; if the other be wholly a delusion, geology is a lie; if only a partial truth, then a blow will have been struck at the very foundation of the theory of evolution, and that philosopher who in his musings on the weather-beaten Matterhorn saw in primordial matter the promise and potency of all earthly things, had a mental hypochyma, and the "nebulous haze" he speaks of was a purely subjective phenomenon of his imperfect vision. I am obliged to insist upon this because no twistings of the translation and no perversion of the evident meaning of the text will reconcile the ancient Jewish cosmogony to the present teachings of science. When (Genesis i. 3) God said, "Let there be light; and there was light," that light must have existed countless centuries anterior to his making of the heavenly bodies during the fourth "day." And yet all this time vegetation flourished and actinic energy from some source was storing away the boundless wealth that constitutes our coal-measures! On the first day He created the *effect* of solar light, but postponed for innumerable cycles the creation of what we know to be the one great *source* to us of light and life!

Similarly the evolution of vegetation, which is now as firmly insisted upon and as fairly shown as the evolution of animal life—how does it accord with this statement in Genesis ii. 4, 6: "These are the generations of the heavens and of the earth when they were created, in the day that the Lord God made the earth and the heavens,

*and every plant of the field before it was in the earth, and every herb of the field before it grew: for the Lord God had not caused it to rain upon the earth"?* That is to say, while the doctrine of evolution teaches the gradual development, in the course of ages, by means of natural selection, the survival of the fittest, and other processes, of all plant life from inorganic matter, the account in Genesis portrays an anthropomorphic God-gardener who performs a sort of will jugglery and lo!—*ex nihilo*—the plants are there! For once the sacred writer is explicit. The plants are created "brand new, and bearing the stamp of the manufactured article." And no rain? Why the most violent storms that traverse our earth are ethereal mildness itself when compared with primeval downpours! If the rain-drop markings on the oldest stratified rocks were not preserved to this day to totally disprove the assertion of this verse the very fact of the existence of Eozoic seas implies rain and thunder storms as plainly as if we possessed authentic meteorologic reports of those primitive eras. But Dr. Howard goes still further. He would constitute these crude conceptions the patron saints of modern science, for he says:—"We then may read the passages thus—the evening and the morning was the first period, instead of first day, *and much of the trouble will be overcome towards establishing the theory of evolution to be a scientific fact.*" The italicized sentence leads one to ask, which has the more trying task to accomplish, he who measures out his science to suit his religious creed or the man who stretches upon the procrustean bed of his science the tortured remains of his religious *corpus*? In this particular instance one would wish for the former that the writers of the Pentateuch had been disciples of Pythagoras. Had that been the case, we should not now be obliged to witness the mental gymnastics of those sincere but much-to-be-pitied searchers after truth who consider it possible to "reconcile" the mythical Ptolemaic system with the more reasonable conception of the former philosopher. And for the latter class—well, they are at least allowed the pleasure which comes from the unrestrained use of their reasoning faculties. There is, finally, one matter to which Dr. Howard alludes that Haeckel's sympathizers, as well as his opponents, seem to have recognized, and that is his bigotry on theological questions. Prof. Huxley, writing in a late review, mourns over this lack of charity,

and insists upon it that respect for an adversary's opinions and a desire to avoid sources of ill-feeling are far more productive of good results than impatience and uncharitableness. In this sense Hœckel deserves the rebuke administered to him in Dr. Howard's second paper. Still, while admitting Prof. Hœckel's evident ignorance of the real significance of the dogma of the Immaculate Conception, I cannot but think Dr. Howard is mistaken in supposing that he proceeded on the assumption that the "Virgin Mary had no father, but was procreated asexually by her mother." There is no "glimmer of hidden truth" here. The most natural conclusion is, as it seems to me, that he confounded the dogma of the Incarnation (see Luke i. 34, 35) with that of the Immaculate Conception.

But a far more ironical commentary on this tendency is the inconsistency which the man shows himself to be guilty of. "Where science ends, then faith begins," is what he affirms in that "History of Evolution" which he wrote some years previous to his work on the "Evolution of Man." Had he kept this maxim in view he would not have been guilty of the blunder referred to. And here let it be noticed is the only safe gauge by which to measure the scope and mutual relations of science and religion. Many difficulties would be overcome, and much ill-feeling prevented, if, to use the pregnant words of the Lord Bishop of Carlisle, science were regarded not as either *atheistic* or *theistic* but as *atheous*; that is, as preserving an absolute neutrality on all questions of religious faith. It would eliminate two very manifest and important errors which, curiously enough, Dr. Howard mentions, and one of which he unconsciously falls into. Because (following this train of thought) while it is a mistaken notion that "the science of evolution leads to infidelity and atheism" it is just as incorrect to repeat the much-employed statement that "the more a man knows of natural science the nearer is he to the supernatural Creator." If the Bishop's suggestion were universally received and acted upon, scientific men, on the one hand, might carry on their researches undisturbed by timid questioning of the tendency of their work; and, on the other hand, men of all shades of religious opinion would have a sure harbor of refuge, where they would be unaffected by, and might be indifferent to, the tempest raging without on the troubled ocean of analogous and inductive reasoning.

Like Faraday, each of us would be able "on entering his laboratory to shut to the door of his oratory; on passing into his oratory to close the door of his laboratory."

Yours truly,

H. SAPIENS, M.D.

Montreal, June 26th, 1881.

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#### MALTO-PEPSYN.

We direct attention to the letter of Dr. Burns of Toronto, concerning this preparation, which we publish below. Knowing Dr. Burns, we place much reliance upon his testimony. Our own experience is that Malto-Pepsyn is a very valuable preparation, and we recommend its use by our readers.

TORONTO, 26th July, 1881.

Hazen Morse, Esq.

DEAR SIR,—In reply to your letter of the 12th inst., asking our experience of the use of Malto-pepsyn in the Infants' Home, I beg to say on my own account, and for Doctors McDonald and Pyne, to whom I have spoken on the subject, that much benefit has been derived from the employment of your preparation wherever the use of agents required to promote digestion were indicated.

It has been found beneficial also in vomiting accompanying diarrhoea among the infants of the Home, and is advantageously administered in certain forms of diarrhoea.

Yours truly,

J. H. BURNS, M.D.

*Consulting Physician at Infants' Home.*

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### *Progress of Medical Science.*

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#### HEADACHE, AND THE REMEDIES PROPOSED.

There is scarcely any other complication, to which the human system is heir, which causes the patient more continued misery, and the physician more annoyance and disgust with his powers of diagnosis, and with the workings of his remedies, than headache. The medicine which has been acting so nicely proves inert, and the patient suffers all his former torments unrelieved.

It has been thought that it would be of value to the young practitioner to present in one article all

the remedies which have within recent years been found valuable in this complaint, that from them he may continue to select until he finds one adapted to his patient. With this view and hope the present article has been prepared.

Dr. Henry Hartshorne, in his "Essentials of the Principles and Practice of Medicine," says that pain in the head, cephalalgia, may be considered as depending essentially upon:—

"Neuralgia; rheumatism of the scalp; congestion of the brain; toxæmia (*e. g.*, by narcotics, alcohol, etc.); fever (remittent, yellow, typhoid, etc.); chronic disease of brain (tumors, etc.); uterine irritation, etc.

"The distinction between these different forms of headache is by no means always easily made out. As a general statement it may be said that neuralgic headache is mostly on one side (hemicrania), and extends more or less to the face; it is usually accompanied, also, by sensitiveness of the scalp, and is shooting or darting in its character. Rheumatism of the head is attended by stiffness of the muscles which move the head from side to side. Congestive, febrile, and toxæmic headaches are accompanied by heat of the head, and are throbbing or pulsating. That of uterine irritation is on the top of the head. The pain of chronic cerebral disease (tumors, etc.) is commonly constant or periodic in one spot, and is attended by some functional disorder of the brain."

Although the physician will often be baffled in his search for a cause of headache in a patient, yet many causes will often be patent. One, especially in females, is constipation, by which habit the blood is poisoned and the nervous centers unbalanced. Irritating foods are a frequent cause of headache; all such should be avoided; gastric catarrh, irritability, acidity, and flatulence are all excellently corrected by abstaining from food for one or more meals when headache is threatened. Acidity of stomach should be corrected by magnesia, soda bicarbonate, or blue pill. Impure gases in living rooms and bed-chambers, due to defective or insufficient ventilation, are constant causes of headache. Tumors in the brain, when suspected, should be treated with potassium iodide. Persons troubled with nervous or sick headache should go to bed after drinking a cup of tea, and remain as quiet as possible. The remedies which follow are, for headache, toxæmic and congestive, though they may be sometimes applicable in other cases.

In nervous headache, Dr. W. A. Hammond gives preference to the following drugs:

Oxide of zinc, in pill. Dose, two to five grains.  
Nux vomica. Dose, one-fourth grain after meals, frequently best combined with iron and quinia, especially in chlorotic patients.

Bismuth subcarbonate and subnitrate may both be used in place of zinc oxide. Dose, two grains, after each meal. It acts by allaying any gastric disturbance, and thus promotes digestion.

The bromides, especially bromide of potassium,

are valuable in all cases of headache from nervous irritability; if one bromide does no good, try another. In cases of nervous exhaustion they often do harm.

Phosphorus is often found useful in cases of nervous headache. An excellent form is phosphoric acid, thirty drops, largely diluted, three times a day after eating, or phosphorus in pill, one-sixtieth grain, or the phosphide of zinc may be used in pill, one-tenth grain, three times a day; or phosphorus dissolved in ether one-sixtieth grain. Arsenic is highly valued. An excellent preparation is Fowler's solution, five to ten drops after each meal.

Galvanism has in many cases been found to give relief; use the constant current and avoid too great intensity.

The solution of acetate of ammonia is unrivaled in treatment of nervous and sick headache. Dose, a teaspoonful or two, repeated every hour.

Morphia sulphate, one-fifth grain in a cup of coffee, has been found to be an excellent occasional remedy for nervous headache of females, occurring about the menstrual epochs. It is unsafe for constant use. The acetate and muriate of morphia have a similar action, and may be tried.

Hydrate of chloral has a transient effect in nervous headache, dose ten to twenty grains in peppermint water, or it may be applied locally, made into an ointment, with lard; chloral seven parts, lard twenty-seven.

Butylchloral hydrate has lately been recommended for nervous headache in anæmic girls and women. It must be administered in glycerine or syrup strongly flavored with essence of peppermint, or syrup of liquorice root, to cover up its bitter taste.

Tea, coffee and Paraguay tea, from the contained caffeine, are found valuable in nervous headaches produced by cerebral congestion; hence, when the face is flushed they are indicated, but when the face is pale and the pain is simple neuralgic, these substances seem to aggravate the trouble.

Two grains of citrate of caffeine, in capsule, taken every half hour, is said to be a very effectual remedy in nervous and sick headache, one or two doses usually being sufficient to give relief. It is seldom rejected by the stomach, but in some patients it produces sleeplessness. It is indicated in the cases mentioned as suitable for tea and coffee.

The following is said to be frequently prescribed by Dr. W. W. Carpenter, for headache.

R Muriate ammonia ʒ iii.  
Acetate morphia, gr. j.  
Citrate caffeine, grs. xxx.  
Aromatic spirits ammonia, f ʒ j.  
Elixir of guarana, f ʒ iv.  
Rose water, f ʒ iv.

M. Sig. Dose, dessertspoonful every ten or twelve minutes.

Monobromated camphor has been found valuable in headaches brought on by over-stimulation of the brain through study or excitement. Dose, two to five grains in sugar-coated pills.

Linden flowers in infusion, thirty to sixty grains of the flowers to a pint of water, is a common domestic remedy for nervous headache; it may be taken either cold or warm, whichever is the more agreeable. The linden trees are variously known as lime trees, bass-wood, and whitewood; they are stately noble trees. All species are valuable, both American and European.

Ammoniated tincture of valerian has been used in nervous headache. Also the elixir of valerianate of ammonia. Dose, a fluid drachm. These are among the most reliable remedies for this troublesome affection.

Valerianate of zinc was formerly much praised for its influence over nervous headache, but is now only employed in cases of excitable or hysterical females.

On the authority of Schumacher, ergot is said to be valuable in cases of nervous headache or migraine. It is administered in powder, six grains a day, gradually increased to fifteen grains.

The inhalation of ether frequently relieves nervous headache.

In nervous headache, faintness or drowsiness, the stimulating effects of strong vinegar, or dilute acetic acid are useful; the best results are obtained by snuffing the fumes, and by placing a wet cloth with them upon that portion of the head in which the pain is most acute. The effect is increased by the addition of camphor, and other aromatics.

The headache produced by quinia and iron is prevented when these medicines are combined with hydrobromic acid, a substance which appears to act upon the nervous system, much in the same way as does potassium bromide. The acid also prevents the tinnitus aurium, and disorders of vision which often follow the continued use of larger doses of quinine. Dose, thirty drops, diluted. Flavor with lemonade.

Headache depending upon acidity of the stomach is often relieved by carbonate of ammonia. It may be administered by inhalation and internally. Dose, two or three grains in water solution, with mucilage or sugar to destroy taste.

Aromatic spirit of ammonia is employed almost exclusively for the relief of headache, and especially those forms depending upon acidity of the stomach, and accompanied with flatulent eructations. It probably corrects the acidity, and provokes the expulsion of the gases, and at the same time gently stimulates the nervous system in a manner which allays pain. Dose, thirty minims, diluted, repeated.

Nitrate of amyl has been found to relieve nervous headache. Dose, three to five drops inter-

nally, taken in some aromatic spirit, or by inhalation, about five drops being inhaled from the hand or handkerchief.

The delicate and refreshing perfume of orange-flower water will be gratefully received by many afflicted with nervous or sick headache. It may be administered by inhalation, or by the mouth.

Camphor water, in doses of a tablespoonful, is valuable in nervous headache. Camphor may also be given in substance.

Many patients gratefully take peppermint water in doses of a tablespoonful or more for headache. It acts in the same manner as other diffusible and aromatic stimulants. An infusion of the fresh herb may also be administered, also the spirit.

For periodical headaches, the sulphate of berberina has been found valuable. The dose is one to two grains, dissolved in aromatic sulphuric acid, well diluted with water. Its efficacy seems to be due to its anti-periodic virtues.

Owing to its anæsthetic properties the extract of cannabis indica has been tried with some success in cases of recurrent headache, or migraine. In such cases it is recommended to take it habitually in doses of one-third of a grain twice a day, during the attacks, to be increased to grain one-half or more. This remedy is said to be especially valuable in cases of hereditary headache, and is well worthy of trial in all these cases of "ever-living, never-ending, martyrdom-like suffering."

Berberina has been much praised for its control of periodical headaches. Dose, grains five to fifteen, gradually increased.

Guarana, in its control of headache, much resembles tea and coffee. It is especially valuable in the various forms of recurring nervous sick headache, especially in females at the menstrual periods, and the headache which follows a debauché, when the head throbs and the eyes are bloodshot. It, however soon loses its power in most cases; it is best administered in infusion or alcoholic extract. The elixir of guarana is an excellent preparation.

Primula officinalis, primrose, and convallaria, lily of the valley (official parts, the roots), have been used as sternutatories for relief of headache, and they probably have some value.

Sneezeweed (*helenium autumnale*), a native plant of the natural order compositæ, has been used as an errhine in incipient coryza, and to relieve headache. The flowers and leaves are official, and are administered in powder.

*Exhaustion of Nervous System.*—Valerianate of ammonia, in doses of two to ten grains, dissolved in water, with some flavoring tincture, continues to be administered with considerable success in nervous headache. It is most valuable when the nervous system is exhausted.

Valerianate of quinia has probably some value in sick headache.

In headache brought on by nervous exhaustion, cubebs, by stimulating the nervous centers, has

been thought to be beneficial. The action of the drug is probably indirect, by improving the digestion, and hence the blood. Dose, ten grains, in water with sugar, or in wafers.

*Local applications.*—Bisulphide of carbon, from its anaesthetic properties, has been used as a local application in headaches. It is made into an ointment with from five to ten parts of lard.

Chloroform is also used topically and by inhalation. Covered with oiled silk it quickly blisters. It should always be inhaled by a patient when alone, with care, and always discontinued before insensibility is reached.

Oil of lavender may be used topically to calm nervous headache. It may be given internally in doses of four or five drops. Best administered in the simple or compound spirit of lavender.

Oil of peppermint was used by the ancient Romans, and from the remotest antiquity by the Chinese, as a local analgesic remedy. It is of special value in neuralgic headache. It should be applied on a saturated cotton compress, covered with a piece of oiled silk, waxed paper, or sheet caoutchouc, and placed over the supra-orbital, the temporal, or other nerve in which the pain is most severe. Frequently merely painting the skin with the oil from a small brush or feather will answer.

Oil of origanum may be used in the same way, and for the same purpose, as oil of peppermint.

Black pepper may be applied locally in the form of a plaster, for headache; and to improve the digestion, and thus relieve headache. Dose, five grains, in pill.

Spirit of nitrous ether is recognized as a soothing application to the forehead, in cases of neuralgic headache. It should always be recently prepared, as old preparations, sometimes, when frequently applied, irritate the skin.

Spirit of lavender is an agreeable lotion for bathing the forehead in nervous headaches. Dose, internally, thirty minims, diluted.

Bay-rum (spirit of myrica) is used in the same way as spirit of lavender, as a lotion.

Ginger, for its rubefacient and anodyne qualities, is much employed in cataplasms and fomentations for the relief of headache. It is not without value.

*Still other Remedies.*—Dr. T. Lauder Brunton, editor of the *London Practitioner*, says: "The administration of a brisk purgative, or small doses of epsom salts, three times a day, is a most effectual remedy for frontal headache, when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache removed even more effectually by nitro-muriatic acid, diluted, ten drops in a wine-glass full of water; or bicarbonate of soda, ten grains in water, before meals. If the headache be immediately above the eyebrows, the acid is the better; but if it is a little higher up, just where the hair begins, the soda seems to be the most effectual. The removal of headache invigorates the whole system."

Tincture of nux vomica is given by Ringer, in drop doses every five or ten minutes, for eight or ten doses, and then continued at longer intervals, for sick headache, accompanied by acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.

An excellent local application is made of a quart of water, half pint of common salt, one ounce hartshorn, and a half-ounce of spirits camphor; mix and keep in a tightly corked bottle. Saturate a cloth and apply to seat of pain.

When the head is filled with blood and the temples throb, soak the feet in very hot water, in which a spoonful of ground mustard has been added. In the same way use a salt foot-bath. The blood will be drawn from the head to the feet and relief obtained.

A tablespoonful of charcoal, powdered, stirred into a glass of water and drank at once is excellent in many cases of headache from sour stomach, flatulence, etc.

Digitalis, by moderating the heart's action, is often valuable in headache with cerebral congestion. Dose, one grain, in powder.

Oil of turpentine, in moderate doses, has been much praised as a remedy for headache.—Prof. Geo. B. Groff, M.D., S.B., in the *Physician and Surgeon*.

#### THE INUNCTION OF CASTOR OIL AS A PURGATIVE.

Dr. John McNicoll, L.R.C.P., etc., Ormskirk, writes in the *British Medical Journal* October, 16th, as follows:

In a case of acute dequammative nephritis in a child five years old, where I wished to act speedily upon the bowels, and had tried to administer the usual purgative powders and draughts (but had failed owing to the struggles of the child, which neither promises of rewards nor of punishments would subdue), I ordered the inunction, with a warm hand over the abdomen, of one-third of an ounce of castor oil. The result was a free action of the bowels five hours afterward, followed by two other movements during the day.

Dr. Ringer, at page 318 of the latest edition of his *Therapeutics*, does not appear quite satisfied as to the possibility of the oil acting in this manner; having tried and found it so successful, I wish to record the fact, believing that we have in this method a means of purging children (and possibly adults) which must be valuable to those who suffer from the horrible nausea which usually attends the administration of castor oil by the mouth.

That any one should doubt the possibility of introducing medicines epidermically is marvelous. They have but to try it to be convinced. To children with delicate stomachs this is the best way to give antiperiodics. The remedy should be thoroughly mixed in petrolina, vaseline, or lard.

## ON A NEW METHOD OF ARRESTING GONORRHOEA.

Under this title Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, describes (*British Med. Journal*, July 24, 1880) an antiseptic treatment of gonorrhoea. An examination of gonorrhoeal pus disclosed the presence of micrococci in large numbers, and Mr. Cheyne thinks it probable that the essence of disease consists in the growth of these or allied organisms.

In the case of gonorrhoea, Mr. Cheyne supposes that, at the time of infection, a small number of the specific organisms, which in all probability possess a considerable resisting power to the destroying action of the healthy living tissues, are retained in the urethra, that these go on developing, that the products of their growth irritate and weaken the mucous membrane in their vicinity, that the organisms can then penetrate into and live in that weakened tissue, and that the extension of this process over a portion of the mucous membrane of the urethra is the cause of the inflammatory symptoms.

Now, granting that this view, Mr. Cheyne says, which I think must be admitted to be very probable, were proved, the problem to be solved for the cure of gonorrhoea would be, how to destroy these organisms without at the same time injuring the inflamed and highly sensitive mucous membrane. If they were destroyed, one would expect the extension of the disease to cease, and the inflamed mucous membrane to return more or less rapidly to a normal state. On thinking this matter over, two substances appeared to me suitable for this purpose, being both powerfully antiseptic, and at the same time but little irritating. These are iodoform and oil of eucalyptus.

The next question was, how to apply them. It is quite clear that, if used as an injection, there would be no certainty that they would be brought into contact with the whole of the inflamed surface, partly because the swollen mucous membrane would interfere with the passage of the fluid, and partly because the patient would not in many cases apply it effectually. At the same time, an injection could not be expected to do much good, for it would flow out very quickly, and the antiseptic would not have sufficient time to act. I therefore use these antiseptics mixed with cocoa butter, and made into bougies of various lengths. These bougies are introduced well into the urethra, and a strap and pad over and around the orifice retain them. The bougie rapidly melts, and the mucous membrane of the urethra remains bathed in the antiseptic material for any length of time desired. These bougies possess an additional advantage over injections in that, from their size (they have a diameter of a No. 9 or 10 catheter, tapering at the point), they, so to speak, unfold the swollen mucous membrane, and thus cause the antiseptic to be more thoroughly applied.

I have tried the two antiseptics separately and

also combined, and I find that they are most effectual when used in combination (possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane). The formula which seems best is five grains of iodoform\* and ten minims of oil of eucalyptus in a bougie of forty grains. These bougies have been made for me by Mr. Martindale, of New Cavendish Street.

The specific cause of the disease being eradicated by this means, the question of further treatment arises. It seems to me that, although the development of the gonorrhoea is arrested, yet, if the discharge be allowed to become septic and irritating, urethritis might be kept up for some time. I, therefore, order an injection of boracic lotion (saturated aqueous solution of boracic acid), or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time, injections of sulphate of zinc, two grains to the ounce, may be begun. At the same time, the great tendency of the urethral mucous membrane, when once inflamed, to remain in a state of inflammation, must be kept in mind, and everything which might tend to keep up the inflamed state must be removed. Notably, the patient must be cautioned against drinking, and it is well to order diluents and alkalies.

The method may be summed up as follows. The patient is first told to empty his bladder, partly to clear out his urethra, and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil, or in carbolic oil (1-20) before insertion. The patient is instructed to refrain from passing water, if possible, for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun †. At the same time, the other points mentioned are attended to.

\* A considerable number of the cases have been treated with bougies containing ten grains of iodoform; but Mr. Martindale informs me that during the warm weather it is almost impossible to make them. I find, however, that bougies containing five grains are quite satisfactory, and I have had no symptoms of irritation following their use.

† In hospital practice, where the patient is only seen once a week, and where there is no great necessity for arresting the discharge quickly, I do not order the sulphate of zinc injection till the week following the introduction of the bougies.

I have now used this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhœa. For a day or two the purulent discharge continues; but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time, the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact, the case becomes no longer one of virulent gonorrhœa, but one of simple urethritis, rapidly progressing towards recovery, if properly treated. †

I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms; but it has answered equally well in all. Thus the following is the case in which it was used seven days after the commencement of the symptoms. The patient presented himself on June 19th, stating that the symptoms of gonorrhœa had existed for seven days. There was a profuse purulent discharge from the urethra; the penis was somewhat swollen and red; there was intense scalding when urine was passed, and a constant feeling of heat and uneasiness; no chordee. A bougie containing ten grains of iodoform and ten minims of eucalyptus oil was passed down, and the orifice closed in the usual manner. The patient was also ordered an injection of an ounce of oil of eucalyptus and an ounce of gum acacia in a pint of water, to be commenced in the evening, and to be used four or five times daily. On the 19th he again presented himself, and stated that he had not passed water till five hours after the introduction of the bougie; that the scalding and feeling of uneasiness rapidly subsided, and had completely ceased in forty-eight hours; that the discharge had steadily decreased from the second day, and was now very small in quantity. He was ordered the sulphate of zinc injection, which completed the cure in three days.

In one case, there was a recurrence of the symptoms. The patient, a hospital patient, first

† The course described here is that usually followed when boracic lotion has been employed as the injection; but since I have begun the use of the eucalyptus emulsion, the cessation of the discharge has, as a rule, been more rapid. Thus, to give an example, a patient came to the hospital on July 3d with symptoms of gonorrhœa, which had lasted four days. He was suffering from a very acute attack, having severe scalding and commencing chordee. He had not previously suffered from gonorrhœa. A bougie containing five grains of iodoform and ten minims of eucalyptus oil was introduced; and he was ordered to begin an injection of the eucalyptus emulsion (1 in 40) in the evening. The patient showed himself again on July 7th, and stated that in twenty-four hours the painful symptoms had entirely disappeared, and that the discharge diminished rapidly, and ceased altogether on July 6th. I have since that time had several nearly as rapid cases. I have tried in three cases injections of eucalyptus emulsion without previous introduction of a bougie, but without any appreciable effect on the progress of the disease.

presented himself on June 5th, stating that on June 2d, five days after connection, a discharge had commenced, which had steadily increased, and was now profuse and accompanied with considerable uneasiness and scalding in passing urine. A bougie containing ten minims of oil of eucalyptus alone was inserted; no other treatment was ordered. On June 9th he returned, stating that, after the introduction of the bougie, the scalding and uneasiness had diminished, and had almost disappeared on the evening of the 6th; but that on the afternoon of the 7th they began to return, and were now more severe than on the 5th. I introduced a bougie containing ten grains of iodoform and ten minims of eucalyptus oil, and gave the patient another to insert at bedtime. At the same time, I ordered the injection of boracic lotion to be commenced on the following day. When seen again on the 16th, he stated that this time the treatment had been successful, and that now the discharge was very slight. An injection of sulphate of zinc and a mixture containing copaiba were ordered, and the discharge ceased entirely on the 20th.

In two or three cases there has been slight increase in the scalding on the first or second occasion on which the patient passed urine after the introduction of the bougies; but this has only been temporary, and these cases were as rapid as the others. In four instances, however, there has been considerable increase in the symptoms for twenty-four or thirty-six hours. In three of these the bougies had been made with beeswax, and they did not melt properly, and consequently came out of the urethra at various periods as small cakes. Further, it seems that some iodine had been set free from the iodoform, probably during their manufacture. In the fourth case, four bougies, each containing 10 grains of iodoform, were introduced in succession. In all these, however, the symptoms passed off in about three days; and then the gonorrhœa was found to be checked, just as in the other instances.

Such are the results as yet obtained by this method. I do not claim any specific power for the two substances I have mentioned. It may be that there are other antiseptics which would be more suitable, and I intend to test any which seem likely to yield good results. Whatever substance be used, however, I venture to think that the results already obtained show that the principle on which it ought to be applied, and on which it will prove most satisfactory, is that which I have attempted to indicate in this paper.

#### TO DISGUISE THE TASTE OF TINCTURE OF IRON.

Dr. Hager recommends that tincture ferri chloridi be mixed with simple syrup and then with milk. This mixture will not affect the teeth nor will the styptic taste be apparent.

## TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. George J. Engelmann, of St. Louis, thus briefly outlines (*St. Louis Med. and Surg. Journal*, Aug., 1880) that treatment of post-partum hemorrhage which seems to him the most rational, as suggested by his own experience, and a careful analysis of the recent experience of able and judicious obstetricians.

A.—*Preventive treatment after induction of labor.*—1. Careful attention to every detail, and strict observance of obstetric rules in every case of labor.

2. The administration of a full dose of ergot as the head enters the vaginal orifice.

3. Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand.

4. Express the placenta by Crêde's method, and retain a firm grasp upon the fundus.

B.—*Treatment of an existing hemorrhage.*—1. External manipulation, pressure, and friction with the cold hand, or with ice.

2. Ergot.—best subcutaneously, one or two large doses, whilst other manipulations are in progress.

3. Introduction of the hand into the vagina, and if no contractions follow, into the uterus; removal of clots and irritation of the surface, in order to stimulate contractions.

4. The subcutaneous administration of ether.

4a. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in.

5. The hot-water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest, and most reliable remedy may be resorted to.

6. The iron swab—this may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail, or after the trial of the hot-water douche; but in desperate cases must be resorted to at once, without losing time with other less reliable methods.

## OPHTHALMIA NEONATORUM.

In a "special article" in "The New York Medical Journal and Obstetrical Review" for July, 1881, Dr. Charles Stedman Bull, Surgeon to the New York Eye and Ear Infirmary, writes of the ophthalmia of new-born infants, dividing the affection into (1) purulent (2) croupous or membranous, and (3) diphtheric conjunctivitis. Recognizing the purulent form of the disease as due in the great majority of instances to inoculation with the muco-purulent or purulent discharge from the mother's vagina during parturition, the pactical question is one of prophylaxis; and to this end the care of the disease must be placed in the hands of the obstetrician and those of the nurse,

and on them must rest the responsibility of the results. The prophylactic measures recommended by the writer are as follows: In all cases of vaginal discharge in parturient women, whether specific or not, the vagina should be carefully cleansed and disinfected repeatedly before parturition begins. As soon as the child is born the external surface and edges of the eyelids should be carefully cleansed with a one or two per cent. solution of carbolic acid, and then the conjunctival cul-de-sac washed out with some of the same solution, or with a saturated solution of boracic acid. This must be done by the attending physician, or by a skilled nurse under his supervision. The eyes of all new-born children should be carefully watched for the first week or ten days, and, whenever any signs of an ordinary catarrhal conjunctivitis appear, the conjunctiva should be thoroughly brushed over with a solution of nitrate of silver, from two to five grains to the ounce of water. If the conjunctivitis has become purulent, and the case is one of real ophthalmia neonatorum, the child should, if possible, be isolated from all healthy infants, and have its own bath-tub. If this is not possible, the diseased infant should be bathed *last*, and no sponges should be used, but only cloths, which can afterward be destroyed. If one eye only is affected, do not apply the hermetically-sealed bandage to the sound eye, but envelope the arms or hands of the baby, so as to prevent the secretion from being carried to the fellow-eye, and lay the child upon the side corresponding to the diseased eye. The most important feature in the treatment is enforced cleanliness. This requires constant attention and the frequent use of some soft cloths and plenty of water. The use of cold cloths, dipped in cold water or even iced water, and laid on the eyelids, must be regulated by the amount of swelling of the lids and heat of the parts. As soon as the lids can be everted, the proper treatment is a thorough application of nitrate of silver to the conjunctiva of the lid and retrotarsal fold, daily, and sometimes twice a day. If this is thoroughly done, a five-grain solution will in most cases suffice; but, where there are profuse secretion and considerable swelling of the conjunctiva, a ten grain solution becomes necessary. When, owing to marked hypertrophy of the papillary structure of the conjunctiva, a stronger caustic becomes necessary, it is better to discard solutions, and employ the lapis mitigatus (one part nitrate of silver to two parts nitrate of potassium), and neutralize its effect by a subsequent washing with a solution of common salt. It is well to employ a one-grain solution of sulphate of atropia in a saturated solution of boracic acid in every case of purulent ophthalmia, as the great danger in this disease is purulent infiltration and perforation of the cornea. Should this infiltration occur at the center of the cornea, the atropia should be instilled frequently, for, if perforation occurs, the dilatation of the pupil will prevent a large prolapse of the iris through the perforation. If the infiltration of the cornea, on the



contrary, be at or near the margin, it is better to employ a two-grain solution of the sulphate of eserine, as thus an extensive prolapse of the iris may be prevented if the ulcer perforate. In all cases the cleansing and washing of the lids and conjunctiva should be done with a saturated solution of boracic acid, and the atropine and eserine should be dissolved in the same. As regards the membranous form of the disease, Dr. Bull dissents decidedly from Saemisch's statement that in a small number of cases it merges into the diphtheritic variety, holding that the two are distinct diseases. The diphtheritic form is very rare in the United States and Great Britain. Out of more than twenty thousand case of eye disease the author has seen but ten cases. The prognosis is almost always bad in this variety, owing to the very rapid strangulation of the tissues. The author agrees with von Graefe that while in many cases diphtheritic conjunctivitis is a symptom of a general disease, yet there are cases in which it is a local disorder, caused by infection with the secretion from a purulent ophthalmia.

#### IODIDE OF POTASSIUM IN CARDIAC DYSPNŒA.

Iodide of potassium has been found by Professor Sée to work well in all cases of continuous cardiac dyspnœa, particularly when this is connected with some structural lesions. It is very useful in valvular lesions. No evil result can occur from its use, even if a mistake is made and the affection is asthmatic. The iodine liquifies the bronchial secretion. The dose is twenty grains a day, gradually increased to two or two and a half scruples. A good formula is :

℞ Potas. iod..... ʒ ʒss.  
Syr. aurantii cort..... f. ʒ iv.

Sig.—Two to four teaspoonfuls a day in a tumbler of water.

Patients suffering from heart disease are more tolerant of iodide of potassium than other patients. The contra-indications to its use are : 1, tendency to hemorrhage ; 2, loss of flesh ; 3, loss of strength ; 4, loss of appetite ; Opium may be added to prevent iœdism. Another useful combination is digitalis with iodine, as one has a soothing influence on the dyspnœa by acting on the lungs, and the other increases the action of the heart and modifies the arterial tension. The following formula will be found to answer well :

℞ Potas. iod..... ʒ ss.  
Tinct. digitalis..... f. ʒ ss.  
Syr. Acaciæ..... f. ʒ iv.

Sig.—Dessertspoonful four times a day.

When digitalis is unsuitable, chloral may be substituted.

#### A MENSTRUUM FOR SALICYLIC ACID,

In the *Louisville Medical News*, Dr. Springer states that salicylic acid is readily soluble in effervescing Vichy or Seltzer water, the former, from containing an excess of alkaline carbonates, being preferable. The acid is put into a tumbler first and mixed thoroughly with a small quantity of water, to prevent its floating, and the glass is then filled with the effervescing water and the liquid drank off. When perfectly dissolved it is said to have a very pleasant, exhilarating, pungent, and sweetish taste.

#### PREVENTION OF LACERATED PERINEUM.

B. E. Mossman advocates artificial dilatation of the perineal structures before the head reaches the floor of the pelvis, in order to prevent laceration. He claims that his method has never failed in uncomplicated labor in normal primiparæ to prevent rending so much as even the mucous membrane covering the inner sides of the fourchette.

He anoints the external parts and vagina as far as the finger will go, with melted lard with extract of belladonna ; and if the first stage of labor occupies one or two hours, he makes two or three such applications. As soon as the womb has dilated sufficiently so that the cervix is safe against laceration, he begins at once artificial dilatation of the perineum. He applies the belladonna ointment freely, and then places one or two fingers within the vagina, making pressure lightly but continuously downward and forward.

When the head descends so as to press upon the perineum, he removes the fingers from the vagina, and introducing them into the rectum and placing the thumb upon the occiput of the child, pulls the perineum forward and upward, and presses the head upward under the pubes whenever a pain comes on, Goodwell's method of protecting the perineum.

When the pain ceases and the head recedes, he applies the dilating force with the fingers in the vagina as before, alternating the pressure from within with the forward traction during the pain, and retarding the expulsion of head until the dilatation is sufficient to allow the escape of head without laceration.

He thinks that it is very rare that shoulders cause laceration after the head has safely passed.—*American Jour. of Obstetrics.*

#### TREATMENT OF SPRAINS.

Dr. Brinton (*Philadelphia Med. and Surg. Reporter*) orders the injured limb to be placed in hot water, and boiling water added slowly until the highest endurable temperature is attained. The limb should be retained in the water fifteen or twenty minutes, when the pain will be found to have disappeared in most cases.

## ANTI-PRURITIC REMEDIES.

For some we have employed a remedy locally which has given much satisfaction. It is the yellow of the egg beat up and applied to the part by means of surgeon's lint. The lint is to be cut in small pieces, dipped in the egg, and applied to the part. The itching and soreness generally yield quickly to the application—the application to be made several times a day till the disease yields.

Of course constitutional treatment must be employed to relieve any diseased condition of the uterus or vagina, which may give rise to it.

This remedy we obtained from Dr. Semple, of Wilkesburgh. He had long employed it, with some members of the profession in that section, with marked advantage.

While giving a local remedy for a disease of which itching proves its chief symptoms, it may not be amiss to say a word or two in reference to the itching which accompanies some other forms of disease. In chronic eczema and other varieties of skin disease, especially of the anus and the genitalia occurring in old people, and accompanied by distressing itching, chloral and camphor mixed with vaseline quickly gives temporary relief. The preparation should only be employed when there is no abrasion of the skin.

In the January number of the *New York Medical Journal*, Dr. A. D. Buckley recommends the tincture of gelsemium, given internally, as an excellent and efficient anti-pruritic remedy. He gives it chiefly to adults, and carefully watches its physiological effects. Generally he has observed its effects after the exhibition of one or two doses. First ten drops are exhibited, and this may be repeated in a half hour in slightly increased doses for two hours, or until relief or some physiological effect appears. Generally about one drachm or so of the tincture may be given in two hours. This often gives perfect relief to the itching when the remedy must be discontinued. It is mostly given at night, and that only when the prurient symptoms are troublesome. Relief cannot be expected in all cases, but in many it gives great relief.

The fluid extract has also been employed with advantage. From three to ten drops are administered every two or three hours till its characteristic effects are observed.—*Pittsburgh Med. Journal*.

## TREATMENT OF ULCERS.

By E. Fiebig. *Berlin Klin Wochenschr*, 1880. No. 35.—After cleansing the surface of the ulcer by treatment with carbolic acid or iodoform, continuous compression by means of a thin plate of lead, such as is used in packing tea, contributes materially to the cure of callous or torpid ulcers of the leg.

## CAUSES OF DISPLACEMENTS OF THE UTERUS IN GENERAL.—

1. Conditions producing increase in the bulk or weight of the uterus, as—

- |  |                              |
|--|------------------------------|
| I.—Uterine tumors.                                   | IV.—Inflammations of uterus. |
| II.—Subinvolution of uterus after labor or abortion. | V.—Hypertrophy of uterus.    |
| III.—Congestion of uterus.                           | VI.—Pregnancy.               |

2. Conditions producing diminution in the consistence of the uterus, as—

- |                          |                            |
|--------------------------|----------------------------|
| I.—Pregnancy:            | IV.—Uterine Inflammations. |
| II.—Subinvolution.       | V.—Feeble health.          |
| III.—Uterine congestion. | VI.—Mal-nutrition.         |

3. Conditions tending to produce relaxation of uterine supports and general loss of tone in adjacent structures, vagina, perineum, &c., as—

- |   |                     |
|---|---------------------|
| I.—Effects of pregnancy, and parturition. | III.—Feeble health. |
| II.—Vaginitis.                            | IV.—Mal-nutrition.  |

4. Mechanical causes pushing or dragging the uterus, as—

- |   |  |
|---|--|
| I.—Tumors, either uterine or non-uterine. | III.—Excessive intra-abdominal pressure, as from tight lacing. |
| II.—Inflammatory deposits or effusions.   | IV.—Distended Bladder.   |

5. Accidents, injuries, &c., as—

- |                  |  |
|------------------|--|
| I.—Falls.        | III.—Sudden exertion.                              |
| II.—Concussions. | IV.—Injuries of parturition, as ruptured perineum. |

6. Muscular effects, as—

- |                         |   |
|-------------------------|---|
| I.—Violent coughing.    | III.—Occupations which necessitate much standing as shop women, or prolonged muscular exertion in the standing position as laundresses. |
| II.—Straining at stool. |   |

7. Congenital peculiarities of the uterus.

*Remarks on Displacements of the Uterus.—*

1. When no symptoms are present, treatment is quite unnecessary; but it must not be forgotten that sterility may be the only symptom.

2. When the displacement is fixed by inflammatory adhesion or deposits, mechanical treatment, as a rule, must not be undertaken.

3. Displacements may either be the cause or the consequence of chronic hyperæmi, inflammation, or hyperplasia of the uterus. In these cases—rest in bed, local depletion, vaginal douches, and mild saline purgatives, are often necessary before mechanical treatment can be commenced.

4. Displacements act in three ways, producing three sets of symptoms:

- I.—Functional, relating to the organ itself.
- II.—Mechanical, by pressure upon neighboring organs.
- III.—Remote or constitutional, due to the reaction of the two former.

5. Displacements tend to get worse, and there is little tendency to spontaneous reposition. They

are nearly always secondary affections, and generally occur during the child-bearing period; pregnancy and parturition being the most important factors in their causation.

6. A pessary, when in situ, ought to cause no inconvenience or pain. A properly fitting pessary generally affords immediate relief, and may be left in situ for several weeks or months.

7. A stem-pessary should never be left in the uterus for a longer period than a month or six weeks without removal.

8. Displacements frequently cause sterility or abortion.

*Retroflexion and Retroversion of the Uterus.*—The former occurs when the uterus is bent backwards at the fundus only, the os uteri remaining very nearly in its normal situation.

The latter exists when the whole uterus is inclined backwards, the uterine axis not being altered.

*Retroflexion of the Uterus* is probably the most common displacement to which the uterus is liable. It may occur in young or advanced age, and it is usually a secondary affection, being generally developed out of a partial retroversion.

The causes producing the condition most likely to result in this displacement are mentioned more especially under Nos. 1, 2, 6, 7, "Causes of Displacements in General."

*Symptoms.*—They vary much in different cases. The catamenia may be profuse, scanty, or painful. Dr. Atthill says, that when the displacement is due to congestion or chronic inflammation of the uterus, terminating in hypertrophy, the catamenia are diminished in quantity, and frequently painful; but that when retroflexion is the result of subinvolution of the uterus, following labor or abortion, the catamenial discharge is increased in quantity, sometimes to an alarming degree.

Pain in the back, and a sense of weight in the pelvis, are generally present, as well as various other symptoms due to pressure and reflex irritation, as difficult and painful defecation, bladder trouble, vomiting, &c.

By vaginal examination, &c. :—

1st. Cervix uteri will be found in situ.

2nd. The fundus uteri will be felt behind the os as a rounded tumor.

3rd. The rounded tumor will disappear if the sound be passed with its concavity backwards, and then a half-turn be given to the instrument.

Retroflexion has a two-fold action on the uterus.

1st. The veins are compressed by the bending of the organ, producing congestion and hindering the exit of the menses and other secretions.

2nd. Hypertrophy and inflammation are set up.

*Treatment.*—The uterus must be restored to its normal situation. This can usually be done by one of the different kind of pessaries, the uterus being first replaced by the finger if possible. When the pessary fails to raise the uterus, or when the uterus, although raised, still remains bent on itself, it will be necessary in the first place to

replace the organ either by means of a stem-pessary, pressure per rectum, or by the use of the sound as a repositor (*vide* Nos. 1, 2, 3, "Remarks on Displacements in General.")

*Retroversion of the Uterus* is a rare affection, and is nearly always associated either with pregnancy or prolapse of the uterus. It produces, unless extreme, comparatively little effect upon the uterus itself; the symptoms being chiefly those due to pressure and dragging, and those which belong to the hyperæmia and inflammation present (*vide* No. 4, "Remarks on Displacements in General.")

On vaginal examination :—

1st. The os uteri will be found to be tilted forward and elevated.

2nd. The fundus uteri will not be in situ.

3rd. No angle can be felt behind the os between it and the cervix.

Retroversion and retroflexion have to be distinguished from :—

1. A tumor in the posterior wall of the uterus.

2. A retro-uterine hæmatocele.

3. A small ovarian tumor in Douglas's pouch.

Retroversion of the gravid uterus usually terminates in one of three ways :—

1. Utero-gestation may proceed normally, the uterus rising out of the pelvis in due time.

2. Abortion may occur—three or four months.

3. Death may take place.

*Treatment.*—The uterus must be kept in its normal position by means of a pessary (*Vide* Nos. 1, 2, 3, "Remarks on Displacements in General.") In retroversion of the gravid uterus it is necessary to keep the bladder empty, and to raise the fundus uteri above the brim of the pelvis. The latter can often be accomplished by means of two fingers in the vagina, care being taken to avoid the promontory of the sacrum. After the fundus has been raised, it will be necessary to confine the patient strictly in the recumbent position for some time, as a relapse or abortion is very liable to occur. The catheter must also be used regularly. When reposition cannot be accomplished, abortion must be performed.

*Anteversion and Antelexion of the Uterus.*—These are the forward displacements of the uterus. In anteversion, the whole uterus inclines forward, without alteration of the uterine axis.

In antelexion, the uterus is bent forwards upon itself. The former is frequently a primary affection; but the latter, like retroversion and retroflexion, is usually secondary.

The factors producing the conditions most likely to result in the forward displacements, are enumerated under Nos. 1, 2, 3, 4, &c., "Causes of Displacements in General."

*Anteversion of Uterus.*—Dr. Barnes states that coitus is not an unfrequent cause of this displacement.

*Symptoms.*—*Vide* Nos. 4 & 8, "Remarks on Displacements in General."

Physical examination will reveal :—

1st.—By vaginal examination, the os uteri high

up, under the promontory of the sacrum, and generally pointing backwards.

2nd. In front of os uteri the vaginal wall will be felt tense and stretched, and through it the rounded mass of the uterus can be made out.

3rd. By combined vaginal and abdominal examination, the fundus uteri can be felt above or behind the symphysis pubes.

The sound will also give diagnostic signs, but it must not be used if pregnancy is present.

*Treatment.*—Some mechanical support is necessary to keep the uterus in its normal situation. The sound will rectify the displacement, but it usually quickly returns to its malposition without a support. When the abdomen is very prominent a good abdominal belt is indicated. (*Vide Nos. 1, 2, 3, "Remarks on Displacements in General."*)

*Anteflexion of the Uterus.*

*Symptoms.*—(*Vide No. 4-8, "Remarks on Displacements in General."*)

*Treatment.*—The rectification of the anteflexed uterus is more difficult than that of the anteverted one. It is most important that the fundus should be raised to its normal position and retained in it. The former can generally be easily effected by means of the uterine sound, but the latter is a matter of much difficulty. A stem-pessary, when it can be borne, often accomplishes the latter purpose. When the abdominal walls are very flaccid, a good belt ought to be worn. (*Vide Nos. 1, 2, 3, 7, "Remarks on Displacements in General."*)

*Prolapsus Uteri*, or downward displacement of the uterus. There are different degrees of descent of the womb. The minor degrees, in which the uterus only drops in the vagina, are usually distinguished as prolapsus; whilst the extreme ones, in which the uterus passes forth through the vulva, bear the name of procidentia. In a large proportion of cases of prolapsus the history is a continuous one, beginning with labor, and marked successively by uterine engorgement, subinvolution, inflammation, prolapsus, retroversion, and hypertrophy.

Prolapsus is called acute when it is produced suddenly, as by violent coughing, from a fall, &c.

*Causes.*—Especially those enumerated under Nos. 1, 2, 3, and 5, "Causes of Displacements in General." In a large majority of cases, this displacement is associated with elongation of the supra-vaginal cervix.

*Symptoms.*—They vary much in different cases, and in aggravated examples there may be much suffering. Dragging pain in the back, hypogastrium and groins is generally present, as well as a sense of bearing down. Micturition and defecation are difficult. Menorrhagia may exist, and there is nearly always leucorrhœa. In cases of old standing, when the prolapse is complete, the mass hanging outside the vulva is frequently enormous; in them the surface of the tumor is covered with patches of ulceration, while the mucous membrane of the vagina is so altered by exposure and the effects of friction as to resemble true skin.

*Treatment.*—Prolapse is always a very troublesome affection, the tendency of which is to become slowly worse. The prolapse can usually be replaced by manual treatment, the patient being placed in the horizontal position. In favorable cases, if reposition is followed by prolonged rest, a cure may result: but generally some kind of pessary is necessary to retain the uterus in its proper position. Astringent injections must be used if the vagina is relaxed. Operative measures are often necessary in this displacement, but palliative treatment should always first be tried. Much can be done by postural treatment, by astringent injections, and by the judicious use of pessaries. For an irreducible procidentia, the only available treatment is a suspensory bandage, which may support, and by gradual pressure eventually diminish, the displaced mass. When the perineum is much relaxed, or if it has been lacerated from parturition, it will be necessary to narrow the vagina. In these cases a V-shaped portion of the mucous membrane of the anterior vaginal wall must be removed on Sim's plan. If there is considerable elongation of the cervix uteri, amputation of the cervix is indicated. This is not a difficult operation, and is best performed by means of the ecraseur, care being taken not to remove any portion of the vaginal wall. When there is considerable rectocele, with impairment of the perineum, the perineal operation, or posterior colporrhaphy, must be performed.—*London Hospital Gazette.*

ELIXIR CHLOROFORMI COMPOSITUS.

By W. F. McNURT, M.D., L.R.C.L., Etc., Etc., Etc.,  
Professor Principles and Practice of Medicine, University of California.

I have been in the habit for several years of prescribing Collis Browne's chlorodyne, in certain cases of asthma, colic, diarrhœa, neuralgia, rheumatism, hysteria, etc. It has seldom failed to be of some benefit, and often acted like a charm; in fact, I found it a most excellent and reliable anodyne, antispasmodic and sedative.

On account of several objections to its use, I have, after a great deal of experimentation, adopted the following formula as a substitute for chlorodyne, viz.:

℞ Morp. mur.....	gr. ½
Chloral hyd.....	
Chloroform.....	aa 3 ss.
Tinct. cinnab. ind.....	
Tinct. capsici.....	
Acid hydrocyan. dil.....	aa M xx.
Spt. menth. pip.....	M x.
Syr. sassafras co. ad.....	℥ j.

Dose—3 j.

This I have named elixir chloroformi compositus, and can heartily recommend it to those who have been in the habit of using chlorodyne. To those who have never used chlorodyne I may say that they will find elix. chlorof. comp. a most efficient

remedy for many purposes and under many circumstances; for instance, in whooping-cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many cases of dysmenorrhœa it certainly has no equal. Given as an anodyne, it seldom produces headache or disturbance of the digestion, as does morphine, or depresses the heart's action as does hydrate of chloral. In diarrhœa accompanied with cramping pains and tormina, in teaspoonful doses, repeated every two or three hours, it generally acts quickly and satisfactorily.

In many cases of diarrhœa in children, a few drops of the elixir, together with a few drops of castor oil and vini ipecac, in syrup of acacia, make a most efficient remedy.

The objections to chlorodyne are—

1. It is very expensive in this country;
2. It is not a perfect mixture, as it separates;
3. It is too concentrated to be safe for general use;

4. And principally it is a patent medicine, the exact formula of which is unknown.—*San Francisco Western Lancet*, August, 1880.

#### VARICOCELE AND ITS TREATMENT.

C. Nebler (*Inaug. Diss.*, Breslau, 1880; *Chir.*, 1880, p. 635) urges the radical operation,—double ligature after laying open and excision of a section of the venous plexus,—with antiseptic precautions. He says this is absolutely without relapse and usually harmless. His views are based on five cases operated upon by Fischer. Nebler also concludes that atrophy of the testicle, which was observed as the result of two operations in Halle and once by Miflet, is not necessarily the result of the operation, but of the simultaneous wounding and ligature of arteries. Experiments on animals are brought forward by Nebler in support of this view. He regards the older operations as frequently dangerous.

#### TUBERCULOSIS AND PREGNANCY.

Gaulard (*Thèse de Paris. Le Progrès Méd.*, 1880, p. 670) says that pregnant women are far from enjoying that immunity from acute and chronic disease which used to be supposed. Pregnancy exercises anything but a salutary influence on the course of tuberculosis. The puerperal condition aggravates phthisis, as does nursing. Gaulard brings forward a large number of cases in support of this view. In one series of thirty-two cases, phthisis existed before pregnancy; the aggravation of the disease was, so to speak, constant. In a second series, tuberculosis appeared at a more or less advanced stage of pregnancy, and became worse and worse until its termination. Finally, in a third series of cases, phthisis did not seem to show itself until a period more or less prolonged after accouchement. It seems to Dr. Gaulard

that in these last cases the puerperal condition exercised considerable influence on the appearance of the disease. On the whole, the influence of pregnancy, as shown by Gaulard's statistics, is unfavorable: in pregnant women phthisis runs a more rapid course than in other women.

#### TREATMENT OF CYSTITIS.

Diday (*La France Méd.*, 1880, p. 523) recommends patients suffering with this disease to drink daily a large glass of flaxseed tea mixed with orgeat or other flavor, or with some mineral water. A stimulating plaster twice the size of the palm is to be placed over the kidneys, and if necessary retained in position until it produces an eruption. The patient should take great care to resist the inclination to pass the last drops of urine. This is very important, and exercises an immediate happy influence on the tenesmus and the exudation of blood. In addition, a pint of an-infusion containing the following powder is to be taken twice daily:  $\mathfrak{R}$  Folii hyoscyami, gr. xii.; sacch. alb., gr. ii.—*M.* A slight narcotic effect is produced by this infusion, which is favored by inunctions in the perineum with belladonna ointment, or by rectal suppositories containing one and a half to three grains of extract of belladonna. If the pain persists, the narcotics can be increased to a toxic degree, carefully watching their effect. During the morning the patient drinks every half-hour a tablespoonful of an infusion of forty-five grains of hyoscyamus in three ounces of water. In a few hours relief is almost always obtained. The medicine may be begun again after a few days if the trouble returns. Ice is indicated in anal tenesmus and enlargement of the prostate. For the prevention of ammoniacal urine the following prescription is recommended:

$\mathfrak{R}$  Acid. benzoic., gr. xv. ad xl;  
Glycerinæ, f 3 i ad 3 iss;  
Syrupi acaciæ, f 3 v.—*M.*

Sig. Half a teaspoonful to a teaspoonful daily.

#### TREATMENT OF FISSURE OF THE ANUS.

In an unusually painful case of this character Dr. Glénerau (*Bull. Gén. de Thérap.*, vol. ii., 1880, p. 269) used the following means of relief. The patient took about a drachm of calcined magnesia in syrup every evening before retiring. In the morning she was seated upon a commode containing a boiling-hot decoction of belladonna leaves kept hot by fresh additions of the same, and the vapor confined by a wrap around the seat and body of the patient. After a few minutes efforts at defecation were made, which at first were very painful. When the pain began to lessen, the efforts were again made, and the pain became less and less. After the stool was finally passed, a few minutes more were spent over the

belladonna vapor, and then the following suppository was placed in the rectum :

℞ Ol. theobromæ, ʒ ijss ;  
Ext. belladonnæ, gr. iij ;  
Ol. amygd. dulcis. q. s.—M.

The ointment was smeared upon a wisp of lint, and this formed the suppository, which was renewed if it fell out during the day, and was changed every morning after the fumigation. After eight days of this treatment the patient was much better : the magnesia was stopped on the tenth day, the suppository on the fourteenth, and the fumigation at the end of the third week, though the patient was recommended to use the latter from time to time.

### PRURITUS VULVÆ.

According to Martineau (*Le Progrès Medical*, 1880, p. 530) pruritus vulvæ may be due to general causes, such as glycosuria, pregnancy, and nervous perturbation, or it may originate in mere local disorders, as intestinal worms (oxyuris), pediculi, tinea tonsurans, vesical calculi, vegetations or polypi of the urethra, or vulvitis. The general condition of the patient should be very closely looked after, and appropriate remedies should be applied to remove the remote cause of the trouble, whatever that may be found to be.

In the acute stage of pruritus accompanying vulvitis, emollient applications are, of course, indicated. Starch poultices (not linseed, for this decomposes too easily), lotions of infusion of belladonna, aconite, or poppy-heads, or of a weak solution of bromide of potassium or of chloral (three grains to the ounce), may be used. They should be hot rather than cold. Washes of corrosive sublimate of one-per-cent. strength may be employed when the stage of acute inflammation is passed.

Fifty parts of perfectly neutral glycerole of starch, containing one part of the following substances, tannin, calomel, extract of belladonna, or oil of cade, according to circumstances, may be used with advantage. Now and then light cauterizations with nitrate of silver prove advantageous. Révillout has occasionally found that the insertion of slices of citron between the vulva will allay the itching. In chronic cases Dr. Guéneau de Mussy anoints the vulva night and morning with the following :

℞ Glycerol. amyli, ʒ j ;  
Potassii bromidi,  
Bismuthi subnit., aa gr. xxv ;  
Hydrarg. chlor. mite, gr. x ;  
Ext. belladonnæ, gr. v.—M.

The vulva are to be washed with a dilute solution of borax containing a little emollient, as starch.

Delieux de Savignac follows the lotion just mentioned with a powder :

℞ Pulv. lycopodil, ʒ j ;  
" bismuthi subnit., ʒ iss ;  
" radices belladonnæ, ʒ ss.—M.

In very rebellious cases, hip-baths, each containing two to three drachms of corrosive sublimate first dissolved in dilute alcohol, may be employed.

### SCOUR WEED (*Equisetum hyemale*).

A. B. Woodward, M.D., writes in the *Therapeutic Gazette* :

No case of inflammation of the kidneys can be so successfully treated as with this simple remedy. It is also valuable in all inflammation wherever located. If there is a specific for children wetting the bed at night, it is equisetum hyemale ; and I have treated the worst cases of diabetes mellitus successfully when other remedies had failed to render any assistance whatever. The specific indication for its use are a fissured tongue with pain and tenderness in the region of the kidneys. If the tongue is fissured both transversely and longitudinally, and has a dark, shiny redness, add tincture of iron. Say to two-thirds of a goblet of water add—

℞ Tinct. equiseti hy..... ʒ j ;  
Tinct. ferri. chlor.....gtt. xxiv. M.

Sig. Teaspoonful every two hours for an adult.

### HYPODERMIC INJECTION OF ERGOTIN AS A COUGH-SEDATIVE.

Dr. James Allen, in a communication to the *British Medical Journal* (vol. i., 1881, p. 158), says that ergotin, injected hypodermically in doses of from one to three grains, is a remedy of notable power in allaying coughs of various lung-conditions, and in diminishing sputum. Unlike some potent drugs, that occasion general distress out of proportion to possible good results, ergotin is not followed by any constitutional disturbance. However injected, there is local irritation : if into the subdermal connective tissue, suppuration may take place ; it should be thrown deeply into a muscle, as the deltoid. In a small proportion of cases it entirely fails. Sedative effect persists for a day or two, and is likely to control a cough that has defied even the most cunningly devised linctus. In the severe harassing cough of advanced phthisis, not unfrequently exciting sudden fatal hæmoptysis, ergotin is indicated as a prophylactic. The internal administration of the liquid extract of ergot, in moderate or tolerably-large doses, does not seem to have the same effect.

### CARBOLIC ACID FOR CARBUNCLES.

Dr. J. T. Woods gives the results of several experiments with carbolic acid in the treatment of carbuncles, in a recent issue of the *Medical and Surgical Journal*. He describes the treatment on a patient suffering with two carbuncles, one on

the back of the head, the other below it on the neck. He loaded a hypodermic syringe and, passing the point through the openings and into the sloughing mass in every direction, completely saturated it with the pure acid and awaited results. In a minute the smarting disappeared, and with it all pain and all sense of soreness. He again charged the instrument, and thrusting it through the skin over the other carbuncle, in a variety of places, soaked the whole carbunculous mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation, and destroy any septic elements then developed. In a few moments all the pain and soreness was gone in this also. The skin over the mass became quickly white, hard, and dead, and in a few days detached, in the form of a slough, the interior mass also becoming rapidly loosened, only requiring the cutting of a few shreds to remove it, when the cavity was found to present a satisfactory appearance and rapidly filled up, leaving an exceedingly small cicatrice. The remarkable feature in this case was that after the complete saturation of the carbunculous mass no pain occurred, the patient going about his ordinary labor without discomfort. Dr. Woods advises the use of the pure acid only, and to complete saturation. Dilution would increase, if not create, danger of absorption of the acid, converting a very simple procedure into a condition of great danger, and insufficient quantity defeat the purpose for which it is used.

#### THE TREATMENT OF BRIGHT'S DISEASE.

Dr. W. T. Gairdner devotes a long article to this subject, having special reference to the employment of diuretic remedies. He refers to the elimination or evacuant method of Osborne, in which the skin was powerfully acted upon; and says in regard to it that he believes the care of the function of the skin within reasonable limits to be exceedingly important, and the means proposed for exciting its activity in transpiration well adapted for the purpose. Moreover he is not opposed to the specially English practice of using strong purgatives; but he ventures to affirm that these means do not need to be employed merely to save or spare the kidney, and that the employment of the milder diuretics, even when not *per se* effective or sufficient, is by no means to be avoided or in most cases postponed to other methods of treatment. In other words, he holds as the result of simple clinical experience, apart altogether from theory, that diuresis in Bright's disease is not a thing to be avoided, but to be promoted if possible, and therefore that diuretics *per se*, so far from being proscribed, should in most cases form a part of all good treatment, even of the acute and subacute forms; and further, that diuresis is commonly at once the index and the result both of successful treatment by other therapeutic methods and of the spontaneous resolution of the disease. His experience

entirely confirms the early statement of Christison, that when the more mild saline diuretics can be brought to act at all in renal diseases they by no means tend to increase but rather greatly to diminish the proportion of albumen in the urine, while the total excretion of the normal solids is notably increased.—*Glasgow Med. Journal.*

#### AMMONIO-SULPHATE OF COPPER IN TIC DOULOUREUX.

Doctor Fereol of Lariboisiere has used the above old and long forgotten remedy in four cases of tic douloureux, with results so satisfactory, that he strongly recommends its re-introduction. He prefers the following formula:

R. Cupric-ammonio-sulphate. grs.  $1\frac{1}{2}$ -2;  
Syr.  $\frac{1}{2}$ ;  
Aq.  $\frac{3}{4}$  iii. M.

This quantity is to be taken during the 24 hours, preferably after vegetable food. If the pain continue, increase the dose. In one case as much as nine grains were used during the day, giving rise, however, to gastro-intestinal disturbance; even the administration of the usual doses will cause fetor ex ore and a metallic taste, nevertheless continue with  $1\frac{1}{2}$  gr. daily for 12 to 14 days.—*Medical Times and Gazette—Norwegian Journal of Medicine.*

#### CURE OF OZÆNA BY IODOFORM.

Dr. Letzel prescribes iodoform, mixed with gum Arabic, so as to form a smelling-powder, in the proportion of two grains of the former to ten of the latter; from three to six of the powders to be used daily. In six cases of ozæna so treated the result was extremely satisfactory. In two of these, which had been under various treatments for two months, this effected a cure in from ten to fifteen days. In the other four cases, which were less serious, a cure resulted in six to eight days. Before administering the powder, the nasal douche is to be used.—*Allg. Wiener Med. Zeitung.*

#### THE WONDERS OF TELEPHONY.

*Punch* has the following, which is good enough to be true: The Principal (from the city, through the telephone, to the Foreman at the "Works"): "How do you get on, Pat?" Irish Foreman (in great awe of the instrument): "Very well, sir; the goods is sent off." The Principal (knowing Pat's failing): "What have you got to drink there?" Pat (startled): "Och! Look at that now! It's me breath that done it!"

Small boy to rustic parent: "I say, pa, what kind of medicine is P. P. P. P., which I see painted on the fences?" Parent: "Well, I don't 'zactly know; but I suppose it is something to act on the kidneys."

THE CANADA MEDICAL RECORD,  
a Monthly Journal of Medicine and Pharmacy

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SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 356, Post Office, Montreal.

MONTREAL, AUGUST, 1881.

The issue of the August number has been delayed by the absence of the editor upon his annual vacation. Early in August we sent a statement of account to every subscriber. The replies have not been what they should. We propose at the end of the volume to cut off all those in arrears for a considerable period. In the meantime we ask our friends to think that the RECORD has to be paid for regularly, and to send us without delay the amount of their indebtedness.

LITERARY NOTE FROM THE CENTURY  
CO., N.Y.

A PORTRAIT OF DR. HOLLAND.

There is hardly a literary man in America whose writings have been more widely read than those of Dr. J. G. Holland, nor one whose name is better known among the people. It is said that nearly 600,000 copies of his books have been sold, to say nothing of the enormous sale each month of *Scribner's Monthly*, over which he presides as Editor-in-chief. The Century Co., publishers of *Scribner's* (to be known as "*The Century Magazine*" after October), will soon issue a portrait of Dr. Holland, which is said to be a remarkably fine likeness; it is the photograph of a life-size crayon-drawing of the head and shoulders, recently made by Wyatt Eaton, and will be about the size of the original picture. It is to be offered in connection with subscriptions to *The Century Magazine*.

COLLEGE OF PHYSICIANS AND SUR-  
GEONS, PROVINCE OF QUEBEC.

The Preliminary examination for admission to the study of Medicine takes place in Quebec at the Laval University on the 22nd September. The semi-annual meeting of the College for granting licenses and the transaction of general business takes place in Quebec on the 28th of September. It will then be just a year since Mr. Lamirande was appointed prosecuting officer for the College. During that time he has not been idle. A large number of Medical men who were not registered have been compelled to do. Several who had never taken out their license, although entitled to it, have been brought to see the error of their way. A very large number in arrears for their annual contribution have been taught that punctuality in its payment is the cheapest way in the end. In the matter of prosecuting charlatans, at least good progress has been made. The following judgments have been rendered in favor of the College.

John Resco, Montreal.

Mrs. McIntosh, midwife, Montreal.

Denis Dragon, Montreal.

Joseph Rondpré, St. Anne la Pérade.

Napoléon Mercier, Quebec.

The following actions are now pending in Court  
Theodore D. Whitcher, Beebe Plain.

Gabriel Courchène, La Baie, Yamaska.

Jerome Fiset, Quebec.

Emilie Fortin, St. Benoit.

Richard Birch, Templeton.

Joseph Quintal, Longueuil.

J. B. Goulet, Lambton.

"THE BRIDAL EVE."

Mrs. E. D. E. N. Southworth's powerful and highly absorbing novel, "THE BRIDAL EVE," is shortly to be issued by Messrs. T. B. Peterson & Brothers of Philadelphia, Pa., in excellent style at the exceedingly low price of seventy-five cents a copy. This fascinating story deals with love, romance, crime and woman's devotion, and has plot of the most ingenious and effective description. The scene is laid in England, and the characters mostly move in high social circles. The cheapness of the work should give it an immense sale. Everybody will be delighted with it.



### WYETHS' ELIXIR OF GENTIAN WITH TINCTURE OF CHLORIDE OF IRON.

In this preparation, by the addition of a small quantity of acidulated Citrate of Potash, the peculiarly disagreeable and styptic taste of the Chloride of Iron is avoided. Physicians will find this preparation the most agreeable and effective mode of administering this pure bitter Tonic, with the most prized of all the salts of Iron, but hitherto often inadmissible owing to difficulty of inducing nervous and fastidious patients to take it, on account of styptic taste, effect upon the teeth, as well as the occasional diarrhoea it induces, etc., etc. This preparation may be given to children and delicate females with great benefit, and with but little fear of disagreeing with the most sensitive stomachs.

#### REVIEWS.

*The Bacteria.* By DR. ANTOINE MAGNIN. Translated by Dr. G. M. Sternberg. Little, Brown & Co., Boston.

This book concludes by saying: (1) "Bacteria are cellular organisms of vegetable nature.

"(2) Their organism is more complicated than was for a long time believed. The principal points brought to light are: their structure, the presence of cilia, the nature of the substance contained in their protoplasm, colored granules, grains of sulphur."

We doubt if more than a small minority of our professional brethren are aware of above facts. Should this surmise be correct, perhaps no better *raison d'être* could be for this volume.

Independent movement does not, of itself, indicate animal life, as such movements are seen in diatoms, spores of algæ and some fungi. The presence of cilia, which are found in nearly all bacteria, seem, according to some microscopists, to account for their movements. Dr. Magnin, on the other hand, agrees with Cohn in believing it to depend on the presence of oxygen, as, when this gas is absent, the bacteria are motionless. No doubt now exists as to the true nature of their bodies. Cohn asserts that, with high powers, he has been able to see the cell membrane. The action of chemicals proves that it exists and is composed of cellulose, the reactions being the same as that of vegetable cells. The contents consist of protoplasm which is highly refractive. Whether the gelatinous substance in which some forms of bacteria are included, forming zooglea, is a secretion from the protoplasm, or is pro-

duced by a thickening and jellification of the cell membrane, is not satisfactorily established.

To distinguish bacteria from inorganic substances, optical and chemical signs are given: These, however, are frequently fallacious. Men of admitted scientific attainments and renown have minutely described as species of bacteria the results of their method of procedure, such as the effects of chromic acid, etc.; others have described as specific forms what have been proved to be well-known organisms present in many putrefactive processes. The method of *cultivation*, which within the last few months has been followed by important practical results in France through the labors of Toussaint and Pasteur, is by far the best means of distinguishing the bacteria. Koch of Wollenstein, Greenfield and Burdon-Sanderson of London have also done much good work in this field, but Pasteur's name stands pre-eminent. The presence of bacteria in a fluid does not necessarily signify putrefaction. This is well exemplified in the case of a microorganism discovered by Toussaint in what is inappropriately termed fowl-cholera, with respect to which Pasteur has particularly directed his attention during the last few months. The organism, which is most destructive as a disease, occasions no putrefactive changes in chicken broth, in which it may be cultivated.

Although these investigations are not referred to in Dr. Magnin's book for the very good reason that they were undertaken since its publication, the author does justice to his previous labors.

The work is a particularly good *resumé* of what is known with respect to bacteria. Without such a book as this it would be a difficult matter to acquire correct knowledge of their true nature. That such is the case can easily be imagined when the "Bibliography" alone in Dr. Magnin's book occupies thirty-two pages, referring to about 600 different monographs and publications.

We cannot leave the book without referring to the micro-photographs which have been made by the translator under the auspices of the National Board of Health of the United States.

Although all the plates are not equally well executed, the work reflects credit not only on the artist but also on a Board of Health that should hold such enlightened views as encourage such a method of recording scientific investigations.

G. W.

#### BIRTH.

At Emileville, St. Pie, on the 11th June, the wife of Dr. E. A. Duclos of a daughter.