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PUERPERAL PHENOMENA OF INFLUENZA.

BY ADAM H. WRIGHT, B.A., M.D., M.R.C.S., ENG.

Professor of Obstetrics, Toronto University Medical Faculty.

Pregnancy and puerpery confer no immunity from influenza, nor, on the other hand, do they furnish any predisposition towards it. The pregnant and lying-in contract it perhaps less frequently than men, but quite as readily as other women, and no more so. The severity of their attacks of uncomplicated influenza in a general way calls for no special comment, as it differs but little from that accompanying the course of the disease in others.

In some instances in my own experience pregnant patients have appeared to suffer less from nervous and muscular prostration than others. It may be that the physiological hypertrophy of the heart during pregnancy prevents, to some extent, the profound prostration which is so frequently produced by the disease. The aged, the very young, and the weak, frequently succumb to the intensity of the fever, and the rapidly developed depression. From an obstetrical point of view we can, of course, exclude two classes—the aged and very young. As to the weak it unfortunately happens that a few delicate creatures, weakened by phthisis, or anæmia, or some other serious condition, become pregnant; and, for such, the advent of influenza is a sad calamity, which somewhat frequently results in death. However, women are generally healthy (as we understand the term) during the child-bearing period. At least I shall presume that such is the case in my consideration of the subject.

Pregnancy.—Influenza may induce abortion or premature birth, especially in severe cases with high temperature and great prostration. The danger is still greater when complications arise, especially those pertaining to the thoracic organs. A severe gastro-intestinal catarrh, though not one of the most common, is certainly one of the most serious, complications, and frequently terminates the pregnancy. What are the causes of the abortion or premature labor?

1. Death of the fœtus. (a) From high temperature alone — what H. C. Wood calls "heat stroke."—A maternal temperature of 104° F. always imperils fœtal life. A rapid rise to 106.5° will almost certainly destroy it. The fœtus has its own heat producing apparatus, and certain experiments made in face and breech presentations (when one thermometer was placed in the mouth or anus of the fœtus, and the other in the vagina of the parturient woman) indicate that in normal cases the temperature of the unborn child is slightly higher than that of the mother. In diseased conditions the difference may be greater, but we have not sufficient evidence to speak with any certainty. (b) From intra-uterine influenza (?) (c) From asphyxia, when the blood pressure of the mother is materially lowered, especially in those cases where profound depression continues for some time after acute symptoms have disappeared.

2. Hæmorrhagic endometritis. Premature and profuse menstruation in young girls, and menorrhagia and metrorrhagia in non-pregnant women are not uncommon as a result of this condition (endometritis) which is produced by the influenza. A similar inflammation of the endometrium during pregnancy, I have no doubt, sometimes produces abortion.

3. Irritation of the muscular tissue of the uterus from high temperature, or the poisoned condition of the maternal blood. One or other of these factors, or both combined, may produce an irritation of the musculature which will cause the expulsion of the uterine contents independently of the condition of the embryo, or fœtus.

I think that the most common cause of abortion induced by influenza is the death of the fœtus; and, at the same time, I think the most common cause of the death of the fœtus is the high maternal temperature. If my view be correct it is probable that the influenza acts like other infectious diseases, especially typhoid fever. I believe, however, that uncomplicated influenza induces

abortion or premature labor in a smaller proportion of cases than any of the other infectious diseases.

Labor.— Influenza during labor is a serious complication, although, perhaps, not so much so as many think. The chief dangers are :

1. Weakening of the expulsive powers of the uterine and abdominal walls.
2. Hæmorrhage during the third stage.
3. Post-partum hæmorrhage.

Ballantyne, of Edinburgh, refers to these dangers, but intimates that serious hæmorrhages are not common. He, in fact, expresses an opinion that in the majority of cases uncomplicated influenza simply delays labor and necessitates a frequent use of the forceps. While I agree with him I think that generally the loss of blood is abnormally large, and the recovery is frequently protracted and unsatisfactory.

Puerperium.—During the puerperal period influenza causes much distress, and great prostration, but rarely produces fatal results. I think, indeed, that in a large proportion of such cases the recovery is fairly rapid, and satisfactory ; and, generally, the infant suffers but little. Any complication, however, at such a time is extremely unfortunate. As a rule the uncomplicated disease does not interfere materially with lactation. In some cases it is well to supplement the temporary deficiency of mother's milk with artificial feeding for a time, but it is rarely necessary to resort entirely to the administration of artificial foods.

I have gone over the records of the Burnside Lying-in Hospital, of Toronto, during the epidemics of la-grippe, and have made out the following tabulated statement :

BURNSIDE LYING-IN HOSPITAL, TORONTO.

THREE EPIDEMICS OF INFLUENZA.

	Normal Temp., *i. e.* never over 100° F.	Abnormal Temp. *i. e.* at some time over 100° F. Causes various —slight.	Influenza.	Surgical Septicæmia.	Total.
1890—3 months.....	27	8	8	1 (?)	44
1892—6 weeks.....	16	..	1	..	17
1893—9 weeks.....	17	..	10	1 died 1 (?)	29
	60	8	19	3	90

From this it will be seen that, during the most severe epidemic in January, February and March of 1890, forty-four women were delivered. Of these, eight had influenza, and one had a mild surgical septicæmia. Of the eight cases of influenza, all made uneventful recoveries. During the second epidemic the results were remarkably good. With the exception of one slight influenza all the patients made normal recoveries. In the third epidemic, out of twenty-nine delivered, ten had influenza, but made good recoveries. One patient with somewhat serious symptoms for a few days recovered. One patient died from puerperal septicæmia in four days after delivery. It would be a great comfort to me if I could think that influenza was in any degree a cause of this death ; but, unfortunately, I could find no evidence in that direction.

In all three epidemics there were ninety deliveries, with nineteen cases of influenza attacking the patients at various stages of the puerperium—from the third to the fourteen day. The attacks lasted from two to five days ; and I must say I was much surprised to see such simple and complete recoveries in all the cases. In the two doubtful cases I think one was a septicæmia with influenza superadded, and the other a septicæmia from ordinary surgical causes. Both, however, made fairly good and rapid recoveries.

Prognosis.—The prospects of complete recovery, under all the circumstances to which I have referred, are good under proper treatment from the commencement of the attack. During pregnancy the patient runs the ordinary risks as to complications, and the dangers of such complications, especially pulmonary, are greater than in the non-pregnant state. The danger of abortion exists in some degree in all cases, but is especially great in the presence of complications. Fortunately pregnant women take much better care of themselves, partly on account of the maternal instinct, which, while it has to some extent influenced them since babyhood, is especially active during gestation ; and, on the other hand, they are better cared for by their friends who combine in their efforts to protect them from all ills, supposed and real, until they have passed through pregnancy, labor, and the puerperal state. These factors combined form wonderful safeguards against the disasters which are produced by exposure and undue exertion during the ordinary course of the disease.

In labor I think influenza adds materially to the dangers of the patient, but rarely causes death. In certain cases, however, with complications or great weakness due to an influenza the dangers are of the gravest sort.

In the puerperal state the effects of influenza are neither serious nor lasting, as a rule, when the surrounding are favorable—or, in other words, when no septic matter is introduced into the system from outside.

During lactation, after the puerperal period has passed, the dangers are probably more serious than during gestation or the puerperal state. The debilitating effect of the disease, and the drain produced by a nursing baby sometimes lead to profound depression, both physical and mental. Again, a woman with a baby five months old is not as "interesting," and, perhaps as a consequence, is not as careful and as well cared for as a women who is going to have a baby in five months. Altogether I think, the dangers of influenza during labor and lactation are greater than during pregnancy and the puerperal period. But, under all these circumstances, I think the dangers may be greatly minimized, if not entirely prevented, by proper care and treatment.

Treatment.—Perfect rest in bed in a dry warm room with an even temperature of not less than 65° to 70° until the temperature is permanently reduced to normal. The influenza germ loves moisture and cold. Lie down with him in a dry and warm place; he will sicken and die. Go out and fight him in a damp and cold place; he will become vigorous and destructive. The longer you fight him the greater becomes his certainty of victory. In addition to rest, quiet and warmth, mild catharsis, and decidedly supporting treatment with stimulants in certain cases are very important. I won't try to convert any one in this Association who does not believe in alcohol as a stimulant, but I would like to say to those who have faith in the virtue of alcohol in influenza: give it judiciously but liberally. I know of no disease, in certain phases of which, the administration of alcohol in some form, especially whisky or brandy, does so much good. Don't, however, allow your patient to work hard, or expose herself in any way, with a hope that a glass of wine will make her all right. Among medicines I place opium first, with a hope that it will relieve pain at any time, and prevent abortion during pregnancy. The greatest danger to be dreaded is the termination of pregnancy. As a high temperature is liable to kill the fœtus, we should try to keep it down below 104°. Beware of antipyretics however. Antipyrine is especially dangerous, and, I think killed many people in the epidemic of 1890. Phenacetine may be used carefully, as probably the safest among the effective drugs of its class.

I cannot go into any more details, but would in addition advise tonics, taking care of the stomach, and only giving those which it is likely to absorb. Strychnine is perhaps the best, especially during the period of depression. Treat complications as they arise, having these points in view; but remember, that if your patients have perfect rest in bed in a dry and warm place from the commencement of the attack, there will be no complications. There may be exceptions to this rule, but they are very few.

ACTION OF THE HYDROCHLORATE OF SCOPOLAMINE ON THE EYE.*

BY THOMAS R. POOLEY, M.D.

Permanent Member of the Medical Society of the State of New York; Surgeon-in-Chief of the New Amsterdam Eye and Ear Hospital; Professor of Ophthalmology in the New York Polyclinic.

It is the purpose of this paper to briefly summarize some of the observations already published in relation to this drug, and then to give the writer's experience with the same for the past six months.

In the *Klinische Monatsblätter für Augenheilkunde für* 1893, Rhalemann has a paper in which he says that Schmidt, of Marburg, first described this drug—an atropoid alkaloid derived from the roots of *scopolia atropoides*, and which, like atropine, hyoscine, etc., belongs to the pharmacological group of the tropeines, and as such the installation of a watery solution in the eye causes dilatation of the pupil. According to Landenburg, scopolamine as well as hyoscine are contained in hyoscyamus without being identical with the latter. It is rather isomeric with cocaine, and yields quite different integral products.

*Read before the New York State Medical Society, February 7th, 1894.

The preparation was given to Rhalemann by Professor Kobert, with the information that after experiments on the lower animals by the internal administration of scopolamine, it showed an opposite effect to atropine, and that its influence on the cortex of the brain was not stimulating, like that of atropine, but on the contrary retarded its action. (Later on I shall have some comment to make on the erroneous character of these observations.) These last-named qualities led to the expectation *a priori* that the local special effects of the new remedy would be different, especially on the conjunctival blood vessels. Rhalemann, after using scopolamine both on normal and diseased eyes, came to the conclusion that as a mydriatic and antiphologistic it surpasses all other tropeines, including atropine. In strength of mydriatic effect it resembles hyoscine closely. The remedy does not produce the disagreeable after-effects and double vision which, according to his observations, occur in the use of hyoscine; but it possesses all the advantages which belong to hyoscine in comparison with atropine. He used it during a period of six months in all cases in which atropine is applicable, and also by way of comparison with atropine, and he has found that scopolamine is in many cases at least, equal to atropine, while in others it is entirely its superior; but the circumstances, says he, which will insure scopolamine an enduring place among ophthalmic remedies is that it can be used for a longer time in a solution, equivalent to a one per cent. solution of atropine, without producing the troublesome associated symptoms which so often make the continued use of atropine impossible. He further says—but this I do not believe—it is well known that atropine when used as an instillation for any length of time, disturbs the appetite. He has never seen this or similar effects from the use of scopolamine. It is only after very large doses of scopolamine that a feeling of dryness of the throat is produced. The state of restless nervousness, with or without reddening of the face, and quick pulse, which is so often found in patients treated with atropine, never occurred after the use of scopolamine. In cases of incipient atropine poisoning, or in an idiosyncrasy toward atropine, scopolamine renders therefore the best service, since it more than supplants atropine in its local effect, and completely destroys its general effect.

In cases of iritis, episcleritis, with infiltration of the sclerotic, etc., when atropine could not be any longer endured, when the powers of the body were depressed on account of want of appetite, and the general condition of the body was as unfavorable as possible, scopolamine not only improved the eye disease, but also the general health. The remedy surpasses atropine in its influence on pericorneal injection, and possesses special advantages in suppurative keratitis, serpent ulcer, and irido-cyclitis. As is known, under these circumstances, especially in suppurative keratitis, serpent ulcer and irido-cyclitis, atropine is often inadvisable. But Rhalemann has found in five cases that scopolamine caused a diminution in the size of a hypopion. Scopolamine seems to act far more favorably on suppurating tissues than atropine, probably through its effect on the blood vessels. Scopolamine does not seem to increase intra-ocular pressure, even if there is a pathological increase of tension. If there is a pathological increase of tension the remedy can be borne; therefore it is an indispensable drug in inflammatory conditions, especially in iritis, when they occur in glaucomatous eyes. He has used scopolamine with advantage in several cases of chronic inflammation with secondary glaucoma. In one case of absolute glaucoma with great irritation, strong ciliary injection and hyphæmia, the pain ceased, the eye became quiet, and the blood disappeared from the anterior chamber under the influence of this drug. He has not tried it in acute glaucoma. Hydrochlorate of scopolamine acts five times as powerfully as atropine. It paralyzes, like the latter, and in the same degree, the sphincter of the iris, and the accommodation. The duration of the effect is one-fifth per cent. scopolamine compared with one per cent. atropine. (With homatropine or sulphate it is not stated.) The duration of the effect is about the same—perhaps somewhat shorter with scopolamine than with atropine. It is to be used in solutions of 1 to 2 *pro mille* ($\frac{1}{10}$ to $\frac{1}{5}$ per cent.), which solutions correspond in dose to $\frac{1}{2}$ and 1 per cent. solutions of atropine. Six to seven drops may be used daily in an adult, or it may be used every fifteen minutes during one, or one and a-half hours. With children correspondingly weaker solutions are to be used. It operates best when used in divided doses.—(Report on Therapeutic Progress, *Therapeutic Gazette*;

extract from the *American Journal of Ophthalmology*, July 18, 1893.)

L. Ballarminow (*Russian Wratch*, No. 17, 1893,) abstract in the *Revue générale de l'ophthalmologie*, July, 1893, also has some observations on the action of scopolamine, from which he draws the following conclusions which are essentially the same as those entertained by Rhalemann: Scopolamine is indicated for the same causes as atropine, especially to determine the anomalies of refraction and accommodation, owing to its marked effect on accommodation, which permits of a speedy and accurate determination; in addition, it considerably shortens the period of duration of paralysis of accomodation and mydriasis. Scopolamine is also preferable to atropine in cases of short attacks of inflammation of the cornea. In general, scopolamine has all the good effects of atropine without its bad qualities. The author therefore thinks that scopolamine will soon replace atropine in the practice of ophthalmology. Merck (The Market Report for 1893) describes scopolamine hydrobromate as a salt of the alkaloid from *scopolia atropoides*, similar in physiological action and use to atropine, but not causing dryness of the throat, nervous restlessness or congestion of the face as in the case of atropine; neither does it affect intra-ocular pressure. Its application as a mydriatic is in $\frac{1}{10}$ to $\frac{1}{5}$ per cent. solution, which correspond to $\frac{1}{2}$ to 1 per cent. atropine solution.

It was shortly after reading these *couleur de rose* reports of the virtues of the new drug (August, 1893) that I began its occasional use—at first to determine whether it had any local anæsthetic properties, which I soon found it did not possess. I then began its use in all such cases in which we usually employ atropine. The preparation I first used, a one-fifth per cent., was made by Merck, and obtained from Fraser's. In all cases where instillations were used by myself, or my assistant, Dr. W. J. Killen, this preparation was employed, but when it was prescribed the patients got it at Weiss' drug store, Thirty-Fourth Street and Seventh Avenue, which was also stated to have been Merck's preparation.

As a mydriatic to determine the anomalies of refraction, my house surgeon has used it in a number of cases which I will not weary the Society by reporting in detail, but I will briefly give the results. In some instances the instillations were made while the patient was in the hospital—four times within an hour, or at intervals of fifteen minutes—and then the examination was proceeded with. In every instance it was found that the effect had been to produce complete paralysis of accommodation, and that mydriasis was produced in from ten to fifteen minutes, but that it took about three to four instillations to complete the paralysis of accommodation. The completeness of the paralysis of accommodation was shown both by the inability to see in the near, and by the bringing out in the second examination the total amount of ametropia. The duration of the mydriasis and the paralysis of accommodation was from twenty-four to forty-eight hours—about the same as homatropine, but much shorter than that of sulphate of atropine. One remarkable result observed by Dr. Killen in several cases was a notable diminution in the visual acuteness after the full effect of the drug on accommodation—*i.e.*, the correction of the ametropia did not bring the vision to the normal standard.

In three cases, all of them occurring in patients who had bought the drug themselves and used it at home, very marked toxic effects occurred. One of them is so remarkable that I shall take the liberty to report it in full. It happened in a girl of about thirteen years, in whom there was a history of convalescence from nephritis following an attack of diphtheria and cardiac palpitation. These facts, however, did not come to light until after the drug had been used. On January, 29, 1894, she came to the clinic having used the solution of scopolamine (one-fifth per cent.) six times in each eye, when the most alarming symptoms set in—the child began to stagger, talk in a thick, drunken and foolish way, and at times seemed out of her head, and was very dizzy. At the clinic, the pupils were found to be widely dilated, there was constant working of the lips and muscles of the face; the pulse was very rapid—120 to 130 per minute—and the heart's action very irregular and rapid. She had a staggering gait which did not allow her to walk without assistance. She complained of needles under her feet on standing; she said there was dryness of the throat, and there was no erythema of the face. She was kept in the hospital for three hours before she was able to go home. She was given half an

ounce of brandy two or three times. Two day later the mother brought her back to have the examination of the eyes completed. She said that all that night the girl raved and was out of her head, and it was only two days after the use of the drug that she seemed to have fully recovered. Two other cases came under notice only a day or two later, both occurring in healthy adult females in whom the symptoms were the same, but less in degree. In addition, both of these complained of dryness of the fauces. Here, too, the toxic symptoms did not pass off before twenty-four hours in one case, and in the other, forty-eight hours. In all of these cases, as the drug was given to be used at home, and a larger quantity prescribed than was needed, more than one drop may have been used, and it may even have run over the face into the mouth. At all events, it seemed significant that these symptoms occurred only when the drug was used by the patients themselves. The number of instillations, too, were more than were used at the clinic.

The other cases in which I have used this drug have been mostly in ulcers of the cornea of different types. In one case of serpent ulcer, just the kind in which it is said to be so efficacious, it was noted that scopolamine was used for two days, but the eye was so irritated by it that atropine had to be substituted. In all other affections of the cornea in which it was used, there was a very beneficial effect noted, especially so in one case of suppurative keratitis of traumatic origin, in which the healing occurred in a few days. In quite a number of cases of phlyctenular keratitis, too, it acted very promptly. In one case of keratoiritis the mydriatic effect of the drug was very quick, marked and satisfactory. I have not yet tried it in cases of iritis of severe type, or in any case in which there was a tendency to increase in intra-ocular tension, and, consequently, cannot confirm or deny the very important observation made by the authors quoted, that it does not increase intra-ocular tension. If this shall be confirmed, however, by future experience and observation, we shall have a drug of inestimable value in ocular therapeutics. I am anxious, too, to try it in cases in which atropine produces the severe form of conjunctivitis which we call "atropine poisoning," for, from the positive statements made, we may hope that it will not only supersede atropine in these cases, but will also have a favorable effect on its cure when it has already occurred.

My conclusions, then, from my brief trial of scopolamine are: That it is of value as a mydriatic and cycloplegic in the examination of anomalies of refraction; that its action is more complete than homatropine and of about the same duration, and better than sulphate of atropine because its effects pass off sooner; that it is open to the objection, if my observation should be confirmed by wider experience, that it produces toxic effects oftener than homatropine in spite of statements to the contrary; that the temporary amblyopia sometimes induced does not seem to be of much moment; that in cases of short attacks of inflammation of the cornea, especially in some of the suppurative type, it is of special value.

The tendency of the profession to vaunt the therapeutic value of a new drug is well known, and many instances in which those who were loudest in their praises of it soon become equally pronounced in their condemnation, must occur to all of us. That scopolamine, as we have quoted from one of the authors, will soon replace atropine in the practice of ophthalmology is not so well assured, but that it may prove a very valuable addition to the list of mydriatics which we now have, seems to be altogether likely, and we await with interest further details of experience and observation from our colleagues.

SEVERE BRAIN INJURY, WITH RECOVERY.

BY A. N. HOTSON, M.D., INNERKIP, ONT.

On Sept. 30th, '93, at 6.30 p.m., C. P., a farmer, æt. 22, healthy, had never used tobacco nor alcohol, was kicked by a colt on the right temple, crushing in the skull, tearing the membranes and scattering the brain matter about. Ten minutes later I saw the case and had him carried into the house. He was unconscious, respirations scarcely perceptible, accompanied about every half minute by a deeper respiration, pulse very slow and feeble, extremities cold, pupils natural size but fixed.

Wound in scalp was shape of hoof—1½ inches by 2½ inches—the long diameter being nearly vertical. Cleansed the wound, removing a num-

ber of pieces of bone, one piece being half an inch square. The two largest pieces still remained, and finding that it would require some force to remove them, and fearing complete collapse, I dressed the wound and waited for reaction. Lost considerable blood. Reaction began at 2 a.m., Oct. 1st, and at 11 a.m., with Dr. McLurg, removed the remaining two pieces of bone, which measured 1 inch by $1\frac{1}{4}$ inches and $\frac{1}{2}$ inch by 1 inch. The larger, an irregular square, was the anterior inferior angle of the parietal bone. The smaller, triangular in shape, was that portion of the great wing of the sphenoid which lies between the frontal bone and the squamous portion of the temporal.

The squamous also suffered, so that the opening in the skull was 2 inches vertically and $1\frac{1}{4}$ inches horizontally, and converged to an angle at the lower part. The membranes were torn in the anterior portion of the wound $\frac{3}{4}$ of an inch and in the posterior portion $\frac{1}{2}$ of an inch. Injured brain matter came away when he was kicked and lay on the ground beside him, while I was cleansing the wound, and also when we removed the largest piece of bone; in all estimated at 3 or 4 ounces. I believe this estimate is under the actual amount. Branches of the middle meningeal artery were ruptured, and it was with considerable difficuly that we succeeded in arresting the hæmorrhage sufficiently to dress the wound. Used hot water. Dressed wound with iodoform and bichloride gauze. Pupils reacted to light. Temp. normal, pulse 56 and weak. Semi-consciousness. P.m., gave calomel grs. vj. and pulv. jalap co. grs. x.

Oct. 2, a.m. Bandages were soaked with blood. Re-dressed; repeated the calomel and jalap. In the afternoon, gave tablespoonful doses of a saturated solution of magnesia sulph. every half hour. Still there was no motion of the bowels, and at 10 p.m. gave an enema of castor oil ℥ j., mag. sulph. ℥ j., water O ij.

Oct. 3rd. At 2 a.m. bowels operated freely. More conscious. At 4 a.m. had a convulsion. They recurred about fifteen times before 10 a.m. on the 4th. The convulsions were mild, affecting principally the muscles of the upper lip and angle of the mouth on the right side. The centre for these muscles is supposed to be in the lower part of the ascending frontal and ascending parietal convolutions, and acting on this suggestion, I probed deeply in the upper and posterior part of the wound, and had the satisfaction of dislodging some pus and blood-clots. While doing this and washing out the cavity, he had his last convulsion. On 4th, temp. 101.5°; on 5th, 100.5°; on 6th, 99°, and normal on 7th; on 9th, 100°; on 10th, normal; pulse 80 and strong, good appetite, quite conscious and rational, wound healing rapidly. Patient continued to improve, not having a single bad symptom, until the 20th, on which date, a.m., temp. was 101°; p.m., 104.2°.

Discovered that patient had been fed on the 19th, pork, potatoes and pastry. Vomited severely. Gave antipyretics, put icebag to head. Wound bled freely on 21st. Had bowels cleaned out. The new tissue broke down. Brain inclined to hernia, temp. 103°. On 25th, hernia could not be reduced without considerable force. At 2 p.m., with Dr. McLurg, reduced the hernia and cut away all the broken down tissue, and used wedge-shaped compress to keep hernia reduced. A little brain matter came away. Quinia was suggested, but had no effect on the temperature; got last dose of quinia at 9 a.m. on 27th. Temp. still 103°.

28th, a.m. Found patient in a state out of which he could not be roused; gave utterance to no articulations; would look about, but give no sign or recognition; passed water in bed; joints quite stiff, made no effort to speak, groaned at times; pupils slightly dilated, but would respond to light; carotids did not throb particularly. Temp. 103°. Brain very much inclined to hernia. 25th, temp. 101.5°. No evidence of returning consciousness.

30th. At 2 a.m., broke into a profuse sweat, which continued for six hours. Very weak, pulse 130 and irregular, temp. 99.8°. Consciousness returning. Brain not so much inclined to hernia.

From this time the patient continued to improve; the wound granulated and healed, except a small opening which still discharges a little thin watery pus. Several small pieces of bone separated and came away. On Nov. 27th, sat up, and on Dec. 2nd walked about in the house.

The patient is quite rational and gives no evidence of lessened mental power. Has been on visits to several neighboring towns, and feels well and strong.

On Jan. 5th, '94, he was suddenly seized with a severe epileptic convulsion, and two hours later had a second fit.

Put him on pot. brom. and chloral hyd., and he has had none since.

In conclusion, I will draw attention to a few facts and leave them with your readers to discuss. First, then, note the extensive injury to the brain substance, and at present (now six months), to all appearance, no impairment of the mental faculties. Subsequent events may possibly prove present appearances to be fallacious, but the chances are in favor of the patient. Then the amount of damage to the skull indicates great violence, but having withstood the shock, this was probably an advantage to the patient, for it gave excellent drainage.

Strong bands have formed across the opening, and in the lower angle there is the probability of some bone formation.

Again, the epileptic convulsions, that occurred on the 3rd and 4th of Oct., and which ceased on the removal of blood-clots and pus from the upper and posterior part of the wound, furnish strong evidence that the centre, controlling the muscles of the lips and angle of the mouth, is situated in that region.

It was unfortunate that the patient, contrary to instructions, was given such indigestible articles of food as pork and pastry; but what I wish to note is, that the patient became unconscious at a time when his circulation was steadier, stronger and slower than it had been for a week before, the pulse being 108. He lay almost motionless, but not from paralysis; there was considerable tendency of the brain to hernia, and concurrent with improvement was there a lessening of this tendency. The face was about the same color as before, the eyes were not congested, the pupils were slightly dilated, and the carotids did not throb particularly. There seemed to be increased intercranial pressure. A question that has risen in my mind is, whether or not the administration of antipyretics has any tendency to produce such a state; and, if so, which has the most and which the least tendency?

P.S.—Since the foregoing was written in April last, there have been changes in the case. In June he had two convulsions and on Aug. 27th he was again seized, and on 30th the fits recurred and continued to recur every ten to thirty minutes until the patient succumbed on the 31st, exactly eleven months after receiving the injury.

Gave pot. brom., chloral hyd., morphia and chloroform, and laid open the seat of injury down to the dura mater, but the convulsions continued. Patient did a man's work on the farm, blew a trombone in a brass band, and attended open-air dancing parties till all hours of the night. The week before his death he indulged in such pleasures six consecutive nights. No amount of persuasion could deter him from these extremes.

The lack of judgment and increased wilfulness were apparently the only evil effects on the mind.

Selected Articles.

PRESERVATION OF MORBID PRODUCTS FOR MICROSCOPICAL EXAMINATION.

The microscopical examination of diseased tissue, secretions, excretions and exudations, is now considered an indispensable aid to the formation of a correct diagnosis, a safe prognosis, and a rational therapy. That such examinations are not resorted to oftener than they are is certainly to be regretted. The general apathy in this matter is principally due to the fact that even the principles of *practical* pathology have not occupied the position in the curriculum of the medical colleges of this country that their importance demands. Consequently, their graduates are not able to make the examinations themselves, and, if they have specimens which they wish to send to a pathologist to be investigated, they do not know how to *preserve* them. The result is that very often the specimens are treated in such a way that a satisfactory examination cannot be made. It is not an uncommon occurrence to have morbid tissues and growths sent immersed in whisky, brandy, and even water. I once received a portion of a tumor wrapped in several layers of cloth and paper. It was several days before the package reached me. Its condition can be imagined. Suffice it to say, I did not examine it. Urine is frequently sent without anything being added to prevent decomposition. Sputum is often transmitted between the folds of a prescription blank or writing paper. Such methods may place the pathologist in an uncomfortable position, and he is often severely criticised as incompetent, when the fault belongs to another.

In view of these facts, I have thought it might be acceptable to many of the readers of the *Louisville Medical Monthly* to have such informa-

tion given them as is necessary to enable them to properly *preserve* and forward such morbid products as they would likely wish to send to a pathologist for microscopical examination.

For convenience of treatment, all morbid products can be classed under two heads—*solids* and *liquids*. The *requirement* is, that they must be preserved in such a way that their constituent elements shall not undergo any material alteration. To accomplish this end, we use certain agents which "fix" or "kill" these elements. There are a number of such agents, but, as I wish to make this paper as practical as possible, I will mention only those which are easily procured in any drug store. It is evident that both classes of morbid products can not be submitted to the same treatment. Therefore, we will consider the *solid* products first.

As "fixing" agents for this class I will mention :

A.—90% *Alcohol*, or the ordinary alcohol found in commerce.

B. *Absolute Alcohol.*—This is not found in commerce sufficiently anhydrous, so must be made at home. This is easily done by placing, say, one-half pound sulphate copper in an iron vessel ; put it in the oven of a cook stove and bake it until it falls into a fine *white powder*. Then place the powder into a quart bottle and pour over it sufficient 90% alcohol to fill the bottle. Cork it with a ground-glass stopper, if one is at hand ; if not, use a perfectly sound cork. Now and then shake the bottle well. In twenty-four, or better, forty-eight, hours, the alcohol will be ready for use, *after filtering*.

C.—*Müller's Fluid :*

R.—Potassium bichromate, .	2½ parts.
Sodium sulphate, . . .	1 part.
Water, ...	100 parts.—M.

D.—*Erlicki's Fluid :*

R.—Potassium bichromate, .	2½ parts.
Cupric sulphate, . . .	½ part.
Water, ...	100 parts.—M.

This is a better preservative than Müller's fluid.

E.—*Picric acid*—saturated aqueous solution.

It is not an easy matter to give definite directions as to which of these "fixing" or preservative solutions it is best to use in individual cases. However, the following rules will assist in determining the matter. Preserve in—

1st. *Alcohol* (90%).—Firm, hard tissues, and also such as do not owe their pathological condition to *vascularity* or *congestion*, in part or in whole.

2nd. *Müller's or Erlicki's Fluid.*—All soft, vascular or congested tissues. In one of these fluids *must* be placed the eye, brain, spinal cord, ganglia and delicate tissues of whatever kind.

3rd. *Absolute Alcohol.*—All tissues which are to be examined for micro-organisms.

4th. *Picric Acid Solution.*—Pieces of diseased bone. This medium is also valuable for soft tumors, epithelial and gland tissues and mesentery. The pieces should be small, and must not remain in the preservative longer than twenty-four or forty-eight hours, except bone.

General Directions.—With a *very sharp* knife cut the tissues into blocks never more than one inch square and one-half inch thick. It is better to have them one-half or three-quarters inch square and one-quarter inch thick, if they can be so cut, and give a surface fairly representing the morbid conditions present. Where you have organs or growths surrounded by a capsule, or where the skin is involved, the blocks must be taken so as to have the capsule or skin attached to one edge of the section. It is also necessary to have blocks taken from the periphery, centre and intermediate portion of organ or tumor. When the kidney is concerned, take a section that will include both the cortical and medullary regions. If the stomach, intestines or bladder is the seat of disease, they must be slit open and tacked to a block of wood with thread, having the mucous surface up. Never wash these organs out with water, but press out the contents with the fingers and place them in the preservative fluid.

Thin membranes, such as the omentum and mesentery, should be stretched across a block of wood and tacked with thread. Have at hand a wide-mouthed bottle with a perfectly sound cork, and one that will hold enough of the preservative fluid to be in proportion to the volume of tissue it is to contain as 20 to 1. *This is imperative.* If the volume of the blocks aggregate 60 cubic centimeters, there must be a quart of the preservative. Have also a fine needle threaded with cotton thread. As each block of tissue is cut run the thread through it, and have it long enough to suspend the tissue in the upper portion of the fluid and permit a card to be attached bearing the name of the organ and from what part it is cut ; if it is a tumor, whether it is from the periphery, centre or intermediate portion, treat each piece in the same way. Finally, place a label upon the bottle, giving the name, age and sex of the patient ; the name of the preservative fluid, and the date the specimens were placed in it.

It is now ready to be sent to the pathologist, but if it is likely to take more than a day for it to reach him, it is best to wait twenty-four hours and change the fluid before sending.

Liquid Morbid Products.—Under this class we have urine, sputum ; contents of abscesses, cysts and the cavities of the body. None of these require any preservative except the *urine*.

Urine.—When a sample of urine is sent for chemical analysis, as well as microscopical, at

least four ounces should be sent, if possible. Take the sample from the mixed urine voided during the night; or, if the patient has retained his urine in the bladder all night, send what he passes first in the morning. Drop into this quantity of urine eight or ten drops of carbolic acid or a few crystals of thymol. This will prevent decomposition and any change in the organic formed elements it may contain. If only a microscopical examination is desired, obtain the urine as above directed and let it stand in a cool place, securely covered, until the sediment falls. It is well to add the carbolic acid or thymol to the urine before sedimentation. It takes about twenty-four hours for the sediment to fall. Then pour off *nearly* all the supernatant fluid, place the remainder together with the sediment into a clean bottle. Add a little thymol.

Sputum.—Place a clean, small, wide-mouthed bottle and its cork in boiling water for half an hour, and, without rinsing it out with cold water, cork it up and let it cool in the air. Send the sputum that is expectorated in the morning. Very little is necessary. Let the patient spit directly into the bottle.

Contents of Cysts, Abscesses, etc.—These may be prepared in the same way as sputum. Care should be taken to evacuate the abscess, cyst, or cavity under strict aseptic rules.

In every case the *name*, *age* and *sex* of the patient should be given, as well as the location of the diseased condition. Any other information bearing directly upon the diagnosis should accompany the material.

It might seem an omission not to speak of the bacteriological examination of the fauces for the germs of diphtheria, and the intestinal discharges for those of typhoid fever. In these cases it is best for the bacteriologist to make the examination, or, rather, procure the specimen, himself. The extra cost of his trip to the residence of the patient will not add much to the fee charged.

Where diphtheria is suspected, and the patient does live so far away that the specimen will not reach the examiner the same day it is procured, the attending physician can obtain a tube of blood-serum and directions to use it from the nearest bacteriologist.

Intestinal discharges may be inclosed in a bottle prepared in the same way as for sputum.

By faithfully following these directions the physician sending specimens may rely upon a prompt and satisfactory reply.—*Louisville Med. Jour.*

LONDON now claims to be the healtiest of the large cities, the death-rate being only 16.3 per thousand persons. The death-rate in other large cities are, Berlin, 18.2; Paris, 20.5; Vienna, 22.5; New York, 19.6.

BLOOD SERUM THERAPEUTICS.

A very recent communication on this interesting subject appeared in the *Berl. Kl. Wochenschrift*, from the pen of one of the most distinguished workers in it (Professor Bebring). Although too long for a letter, an abstract I have thought would be useful and interesting. The communication is arranged under 15 numbered heads, each of which contains a definite conclusion on some part of the subject. The Professor says:

1. Blood serum treatment is antitoxic treatment. By means of it we endeavor to combat such infectious diseases as we know are produced by parasitic poison. Besides the infectious diseases there are also poisonings with vegetable and animal poisons, for example, snake poisons that are accessible to blood serum treatment. The specific anti-toxines which represent the active principles of treatment by blood serum have hitherto only been found in the blood of immunised animals.

2. The specific blood antitoxins have hitherto only been prepared in such concentration, and in such quantities as to make them available in the treatment of human disease as regards one disease only, viz, diphtheria.

3. For the treatment of diphtheria of the human subject two different preparations are manufactured by the Hochst Farbwerken. The first (No. 1, price 5 marks) contains in 10 ccm. a single curative dose; the second, (No. 2, price 15 marks) contains in 11.5 ccm. two and a half doses. The simple curative doses contains rather more than 600 antitoxin normal units according to the Behring-Ehrlich calculation. The control experiments as regards the efficacy and innocuousness of the preparation issued by the above named works have been made by Messrs. Behring and Ehrlich themselves.

4. No. 1, or that containing blood serum 60 times the normal strength, is most recommended on account of the great difficulty in the way of preparing the remedy in greater strength.

5. The cheaper kind will answer well in the majority of cases, and it is only in the case of adults and in children under 10 years of age in whom the disease has lasted more than two or three days that the simple dose will be insufficient, in these cases the dose must be repeated.

6. Although he thinks therapeutic observation should be made known, he considers it inadvisable to record individual cases, whether for or against the treatment, but statistical results such as have been published by Prof. Heubner and Dr. A. Kossel are desirable.

7. For prophylatic purposes 60 normal units will, as a rule, suffice for either children or adults. A flask of ten ccm. therefore (of No. 1) will be

sufficient to protect ten individuals from diphtheria. But in regard to this it must be borne in mind that the degree of immunity conferred is in direct proportion to the number of antitoxin units injected.

8. Although no reaction has been observed following the injection of the antitoxin, it is not improbable that such may occur, and Dr. Libbertz, Gartnerweg, of Frankfort, a/Main, has expressed himself prepared to collect and publish any such cases that may come under notice.

9. It is specially deserving of notice, and the fact had been determined beyond the shadow of a doubt that the specific action of blood serum is more certain and rapid and effectual with a smaller number of units of antitoxin the earlier the treatment is begun. The judgment may, therefore, already be pronounced, that *of* 100 *cases that are treated within the first forty-eight hours of the commencement of the disease by the injection of a single dose of* 600 *units, not five cases will die of diphtheria.* The later treatment is begun the larger will be the dose required, and not only that, the prospect of recovery even with larger doses of the stronger medicine is much less, as here, as a rule, complications have now arisen over which the antitoxin serum has no control.

10. The antitoxin contained in the blood serum is a substance soluble in water, it is very resistant to the ordinary atmospheric influences, concerning which, however, we do not know much except that it renders the diphtheria poison harmless. Beyond this diphtheria antitoxin, even in the strongest concentrations in which it can be prepared, has no action whatever. Neither plant nor animal life can be affected in any way by antitoxin. The only reagent that acts on diphtheria antitoxin is the living organism infected by diphtheria and poisoned by it. Diphtheria antitoxin is for this reason in an eminent degree a specific.

11. Blood serum treatment is, therefore, specific treatment. Each blood antitoxin has a curative and protective action only in regard to a single morbid product.

12. As regards the origin of diphtheria antitoxin, as all other blood antoxins, we must regard as its source the reactionable albumen of the living body; the specific antitoxin arises from the reaction of the specific toxin on this albumen under such circumstances as point to a general disturbance of the regulatory appliances of the whole organism. The fever and other symptoms of disease that manifest themselves after a toxic infection we may look upon as an expression that the living organism is endeavoring by the aid of protective appliances provided by Nature to render harmless the disease poison that has gained entrance. In the natural course of things this endeavor is very often unsuccessful. In experiments on animals, however, we can arrange matters so that the natural curative powers gain the upper hand. The results of our immunzing labors are to be looked upon as a proof of this, that constantly larger doses of poison are rendered harmless by antitoxins.

13. When after such a spontaneous or arbitrarily produced infection we examine the juices of the body, we find that the toxin is not only compensated by the antitoxin, but we find an over-compensation, an excess of antitoxin. This excess of antitoxin is the reason why when it is wished to infect anew by a later introduction of toxin the dose has to be augumented. We can also make use of this excess in helping other individuals to overcome similar intoxication.

This is the basis of treatment by blood serum.

14. Bearing in mind that the antitoxins are chemical bodies soluble in water, it is not impossible that at some time they may be prepared synthetically, or, at least, outside the animal organism. The prospect of this is, however very slight, as is also that of procuring the antitoxin direct from the toxin, the prospect of procuring in the laboratory the antitoxin direct from the toxin is no better than that of procuring an alkali wherewith to neutralize an acid direct from the acid itself.

Division 15 is taken up with what he holds to be erroneous views as to directly and indirectly acting curative bodies, as when the diphtheria poison itself, when attenuated by physical or chemical agents, has been thought to have acted beneficially in diphtheria. The author has thought it might be so used in the diphtheritic paralysis, but he has seen it only do harm in simple acute diphtheria. Kleb's attempts to treat diphtheria in this way he considers to have completely failed.

VIRCHOW'S VIEW OF THE NEW TREATMENT OF DIPHTHERIA.

Virchow's opinion of the efficacy of the new treatment by blood serum of diphtheria may be thus summarized: The serum exercises a strong protective effect for weeks, perhaps even for three to four months; but it remains to be seen whether this effect is permanent, and whether—and this is the cardinal question—it is really possible to cure diphtheria by this remedy. Much, however, is gained if we succeed in protecting even one child in a family in which three or four are ill of this malady. And that we may accomplish this appears extremely probable.—German Corespondent, *Med. Press.*

TERPINE IN CHRONIC BRONCHITIS.—Dr. Delmis, *Gaz. des Hôp.*, has employed terpine in chronic bronchitis, bronchiectasis and emphysema, as well as in phthisis, with successful results. It is best given in a pill of ten cgms., three to ten a day.

VARICOSE ULCERS SUCCESSFULLY TREATED BY A NEW AND PAINLESS METHOD.

Mrs. B——, aged fifty-six. History of struma during childhood. Is the mother of two children. General health fair. Veins much dilated from knees down, with very poor cutaneous circulation. Has suffered from chronic ulcers for many years.

Was first seen by the author December 8, 1893; at that time she presented one or two ulcers that had not been healed for five years, and others of more recent date. The manner in which these ulcers appear is as follows: First, a macule which soon becomes papular, and later capped by a vesicle which soon ruptures, liberating a bloody serum. The mass continues to enlarge, forming an ulcer the size of a quarter of a dollar or even larger. During the formation and growth of this ulcer it is highly sensitive and constantly painful. At the time of my first visit, after cleansing the ulcers with a solution of soda bicarbonate, I applied a solution of methyl violet—care being taken to bring it in contact with the entire area of the base and margins. After allowing it to dry, each stained ulcer was covered by a small bit of absorbent cotton. Mechanical support was furnished by Martin's elastic bandage. This entire procedure was repeated every morning. On the second or third day it was evident that the healing process had begun.

At my first visit a new and very painful ulcer was forming on the left leg. This I treated for a few days with subnitrate of bismuth, boracic acid being tried and found too painful. No benefit was derived from either. Pain was constant; on the third or fourth day I painted it with methyl violet, and to my great surprise and the patient's comfort, the pain at once ceased.

After two or three daily applications the sensitiveness had so far subsided as to render bandaging of that part of the leg possible. All of the ulcers were thenceforth dressed daily. At the appearance of any new vesicle I applied methyl violet, which prevented further development. Internal treatment consisted of potassium iodide, grs. x. to xv. t.i.d.

The patient continued her duties as housekeeper, and at the end of six weeks only cicatrices remained to mark the site of her former ulcers.

An ideal solution, as used by Dr. M. F. Coomes, of Louisville, Ky., in the treatment of lupus, is made by using Merck's methyl violet, grs. v., aqua destillata, ʒ ij. This forms a harmless and entirely painless application. I would not hesitate to use it on any chronic ulcer.

The bandage has been worn most of the time, and to this date there has been no return of the ulcers.

To put at ease the mind of anyone who may think the internal treatment and bandage are deserving all the credit, I will state that both had been used, with the accepted local treatment, with but little success by other physicians, at intervals, for several years. Also ulcers that began forming under the bandage were invariably arrested in their course by methyl violet. Its action we believe to be germicidal and highly astringent.—Dr. Summers, in *Med. Rec.*

CHLORALOSE IN THE TREATMENT OF NIGHT SWEATS.

Night sweats and sleeplessness, as is well known, are among the more tormenting of the manifestations of chronic pulmonary disease. They are often associated, consequently it is an object to use a remedy capable of overcoming or modifying both of them at the same time. Such a remedy M. J. Sacaze thinks is to be found in chloralose. In an article on the subject published by him in the *Nouveau Montpellier médical* for October 6th, he refers to a previous communication of his relating to clinical facts observed in Professor Grasset's service. According to M. Sacaze's observations, in persons affected with an advanced stage of pulmonary consumption the insomnia and the night sweats have disappeared almost completely under the influence of chloralose, and in a few cases the improvement has continued after only a few doses of the remedy had been taken, although as a rule the symptoms have returned when the use of the drug was suspended. In a very small number of cases this action of the drug is very slight, and, indeed, in exceptional cases, far from inducing sleep, it produces excitement and worrying dreams. Exactly why there should be this difference in its action in these cases, the author says is unknown. At all events, it would be rash to conclude from the beneficial action of chloralose in the night sweats of chronic pulmonary disease that it would act also in cases of profuse perspiration due to nervous derangements or to the action of such sudorific drugs as pilocarpine, and perhaps it is because this has been expected of it that some writers, founding their opinions on its failure under such circumstances, have doubted its efficacy as an antihydrotic. We do not yet know, says M. Sacaze, whether chloralose controls profuse sweating by a direct action on the sweat glands, or whether it acts through the medium of the nervous centres, but he suggests the possibility that in pulmonary cases it may act by some modification of the phenomena of infection taking place within the lungs. As to this point, however, there are no experimental data on which to base a conclusion.

The author has experimented with chloralose in various diseases, but he has given his chief attention to its action in consumptives, in whom, with some rare exceptions, it has produced great improvement in regard to both the insomnia and the night sweats. In a number of cases of other chronic pulmonary diseases, however, such as chronic bronchitis, with dilatation of the bronchi and fœtid secretion, accompanied by profuse sweating, he has found the action of chloralose almost identical with that observed among consumptives, and it seems to have been this observation which led him to the surmise that the remedy might act by virtue of some modification of the infectious processes going on in the lungs.

With regard to the administration of chloralose, in order to avoid toxic effects, the author begins with the use of capsules, each containing three-quarters of a grain. One of these capsules is to be taken, and, if at the end of half an hour sleep has not been induced, another may be given, and two more, if necessary, at intervals of half an hour. When the insomnia is very obstinate the dose may be increased to a grain and a half, but not more than four such doses should be given in the course of a single night. Moreover, in such cases it is sometimes advisable to give capsules containing, each, three-quarters of a grain of chloralose and from two to three grains of sulphonal, and, if there are febrile movements toward evening, it is well to add a small quantity of quinine. The author has experimented largely with these combinations, and has observed good results from them. As chloralose is almost always given in small doses, he says, it has rarely given rise to accidents, and when these have occurred they have not been of a very serious nature. Moreover, the small size of the dose required admits of the continued use of the remedy for days together, according to the persistence of the symptoms that indicate its employment. Finally, M. Sacaze thinks that chloralose seems worthy to rank with atropine, ergot, and agaric in the treatment of the night sweats of consumptives, and all the more from the fact that it answers two indications at the same time, that of overcoming sleeplessness and of mitigating the sweating.—Ed. *N.Y. Med. Jour.*

MEDICAL NOTES.

Almost invariably, Professor Keen says, a *Cold Abscess* will be found to be tubercular in character.

Professor De Schweinitz says, in cases of *Corneal Ulcer* always search for the presence of a foreign body.

Professor Parvin thinks that the time at which *Impregnation* is most likely to occur is at the decline of menstruation.

The administration of quinine, Professor Hare says, should always be preceded by the administration of a *Cholagogue.*

One quarter of a drop of carbolic acid every hour for a few hours, Professor Keen says, will often stop vomiting coming on after etherization.

The period of incubation of *Syphilis*, according to Professor Horwitz, is from 10 to 98 days, but in most cases the disease makes its appearance in 21 days.

If a person's *Temperature* should be found to persist above 100° without any apparent cause, Professor Keen says tuberculosis should be suspected and sought for.

One per cent. of common baking soda put into the water in which instruments are boiled, in order *to sterilize them*, Professor Keen says, will, to a very great extent, if not totally, prevent rusting.

Professor Wilson says the *Tympany of Enteric Fever* often can be favorably influenced by repeated rectal injections of from five to six ounces of ice water, retained for some time in the bowel.

Professor Hare says *Aconite*, as far as is known, is the only drug which in poisonous doses will cause numbness of, and tickling of, the first of the mucous membranes with which it comes in contact, and then of the extremities.

Professor Parvin says that *Very Fat Women* will often be found not to menstruate, nor will they become pregnant, but if some of their adipose tissue be gotten rid of they will not only begin to menstruate, but will also be able to be impregnated.

Professor Parvin favors the use of an *Anæsthetic* in almost all cases of labor; and when the assistance of no one can be obtained who understands the administration of an anæsthetic, he favors the use of ether; otherwise he prefers chloroform.

Professor Keen says that if during the time that a patient is suffering from an attack of *Appendicitis* he experiences a sudden diffuse pain and presents the other evidences of shock, it is almost certain that an ulcer of the appendix, or abscess consequent upon the appendicitis has ruptured into the peritoneal cavity.—*Coll. and Clin. Rec.*

For Chronic Eczema of the Legs:

℞.—Unguenti Zinci, . .
Unguenti Hydrargyri,
Unguenti Plumbi Acetatis, ... Partes æquales.
Misce et fiat unguentum.

The Practitioner.

SOME SPECIAL THERAPEUTIC USES OF CANNABIS INDICA.—Cannabis indica, according to the author's opinion, is less frequently employed than it deserves. His experience has proved this medicament to be particularly efficient as an analgesic in combating pain associated with spasmodic phenomena; it seems to exert a favorable influence in all the forms of cephalalgia, the author alluding, in particular, to violent cephalalgia occasioned by cerebral tumors. He recommends its use also especially in chronic uremia, where the employment of morphine is believed by many to be contra-indicated.

But where he has found the remedy to be well nigh a specific is in the more or less continuous form of cephalalgia. The type in question commences at the patients awakening, and lasts the whole day; it may disappear toward evening, but if the patient happens to get up during the night, he will feel the trouble again. The pain is generally diffuse, extending over the whole head; this dull pain will at times grow intense for moments, and it may persist for weeks, months, and even years. Without being violent enough to interfere with occupations not requiring considerable intellectual effort, it constitutes a constant source of discomfort and seriously annoys the patient. It is observed in both sexes, and oftenest in youth and middle age.

This form of cephalalgia is almost always curable, it is stated, by the use of cannabis indica, alone or associated with other medicaments destined to combat concomitant disturbances. The author generally uses it in the form of extract, administering this at first in the doss of ½–3 centigrammes $\frac{1}{12}$–½ gr. in pills, evening and morning. If these doses prove insufficient, he prescribes 6 centigrammes (1 gr.) in the evening, and 3 centigrammes (½ gr.) in the morning. In particularly obstinate cases, he increases the dose (always giving the stronger dose in the evening) until a marked relief is obtained, or symptoms of intoxication appear.

In one of the two successive cases which are described at length, the author associated the extract of cannabis indica with gentian and cinchona, in the other with caffeine hydrobromate.

Cannabis indica is, furthermore, considered one of the best remedies in neuralgia, acting well also in the pain of tabes; and in gastralgia and enteralgia, it is said to be more or less successful.

In skin diseases accompanied with intense pruritus, where local sedatives are inefficient, the author resorts to cannabis, which, he says, is particularly useful in cases of senile pruritus. Only after the cannabis fails does he give chloral. It should be given preferably at bed time, pruritus being more intense and painful, as a rule, during the night; in severe cases, however, the remedy may be given during the day. In cutaneous diseases, the author prefers its application in the form of tincture, 20 drops of which correspond to 6 centigrammes (1 grn.) of the extract; 5–6 drops may be taken on a piece of sugar, and repeated as often as necessary.

The author has rarely observed untoward effects from this medicament; symptoms of intoxication were only very exceptional.

Nevertheless, to avoid any possible disagreeable effects, it is advised always to commence with small doses, and to increase them slowly, whereby toleration will be established.—Dr. S. Mackenzie in *Sem. Med.*

LOCOMOTOR ATAXY.—According to Prof. Fournier, the first symptoms of ataxy may be classed as follows:

1. Sign of Westphal.
2. Sign of Romberg.
3. The "stairs" sign.
4. Crossing of the legs.
5. Walking at the word of command.
6. Standing on one leg.

1. Westphal's sign is well known; it consists in the abolition of the patella tendon reflex, and is present in two-thirds of the cases.

2. Romberg's sign can be thus appreciated: The eye is an indirect regulator of motion; it helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instances his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling.

3. The "stairs" symptom. One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject, he will say that at the very outset of his malady he was alway afraid of falling when coming down stairs.

4. The manner in which a patient crosses his egs is often significant. In the normal state a man when performing that act lifts one leg simply to the height necessary to pass it over the other, whereas in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

5. Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before starting off. If, while in motion, he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

6. The patient is asked to stand on one leg, at first with his eyes open, afterwards closed.

Although man is not made for this position, yet he can balance himself pretty firmly for a little while. The ataxic will experience a great deal of difficulty and will instinctively call to his aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held he would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy. They will not be all present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.—*North Am. Pract*

DIDACTIC AND CLINICAL TEACHING.—The study of medicine as followed in the best medical schools is spread over a number of years, beginning with the foundation branches and ending in the last two years with the practical parts. While lectures of a didactic character may be necessary in part in the first and perhaps second years of the course, the laboratory work should form a large part of this half. After this, the didactic lecture should be put aside and cases should be intelligently and systematically followed in the wards and dispensary.

The schools that insist on the didactic lectures to the end, and have but one or two clinical lectures a day will hardly turn out the right kind of men. The making of good text-books and works intended to supplement the ward work can in a great measure take the place of the musty and often out-of date didactic lecture which is given in a perfunctory manner. Medicine alone needs object teaching more than any other of the professions. The proper study of mankind being man, it should be the duty of the medical school so to frame the course that the student, after he has mastered the rudiments, may study disease at the bedside, and after following out each symptom and sign, then to refer to, not read through, his books. In this manner of study, the treatment may be left to the last, but it should not be entirely neglected for the diagnosis. Americans living in Germany often have a German physician to make the diagnosis and then call in a practical American or Englishman to prescribe. The student needs diagnosis and then, as he proceeds, efforts as to forecasting the probable outcome of the disease should be made, for in private practice it will be found out what value people put on the right prognosis. The general class of drugs to be used will be known by their physiological action, and the doses are gradually acquired by constant prescription writing. It should never be forgotten that all books describe disease as it occurs on the average, and because a patient is ill he need not necessarily have one of the diseases as laid down in the books. There are atypical cases, and these as well as the typical ones can only be learned at the bedside. Therefore, the progressive school and one that wishes to turn out men fit to practice, and not theorists, will let the dry didactic lecture give place to bedside teaching and clinical lectures, and the result will be that a student will be ready to practice when he graduates, and will not have to sit in his office and wait for grey hair and venerable looks. The multiplicity of medical schools, and the competition between the poorest ones do not elevate the standard of the medical profession.—Ed. Maryland *Med. Journal.*

ALCOHOL IN NEURASTHENIA. By Græme M. Hammond, M.D., New York.—The diet to be observed in neurasthenia is a question which deserves a great deal of careful consideration In many cases the digestive organs fail to perform their functions properly, either because the digestive juices are not secreted in their proper proportion, or else chemical changes in their composition diminish or interfere with their activity. This results generally in quantitative indigestion, that is, the inability to digest more than a very limited quantity of food; but sometimes certain classes of foods seem to be discriminated against much more than others.

It is not my purpose in this article to consider the subject of digestion in neurasthenia in all its aspects, but to confine myself solely to the influence of alcohol on the digestion of the neurasthenic and on the neurasthenia itself.

The free use of alcohol is always more or less injurious to the normal individual, but it is particularly so in cases of neurasthenia. Patients of this description usually find out for themselves that the free indulgence in wines aggravates their headaches, increases their insomnia, induces more indigestion than they usually have, and augments their general symptom of discomfort. On the other hand, it has been my experience that small quantities of alcohol, given with the heaviest meal, frequently assists a feeble digestion. More than this, is seems to dissipate, for a time at least, the depression and confusion which are so often prominent symptoms. It is true that alcohol retards the action of pepsin in experiments performed outside of the body, but within the stomach diluted alcohol, in small quantities, seems to stimulate the gastric tubules and thus increases the secretion of gastric juice. It is the function of the gastric juice to convert proteids or nitrogenous food into peptones. A diminished quantity of gastric juice, therefore, delays or arrests the digestion of meats, albumin and gelatinous foods, all of which are nitrogenous and, as a class, are very necessary in supplying muscular strength and vitality. The gastric irritation consequent upon indigestion has in itself a depressing effect upon the nervous system. It has long been my custom, therefore,

advocate the ingestion of a small quantity of alcohol in the form of a glass of claret with the patient's heaviest meal. Of recent years I have used one or more of the various preparations of wine of coca, as it seemed to me the tonic and stimulating effects of the coca on the nervous system, together with the gastric stimulation from the small quantity of alcohol, had generally a more beneficial effect than claret alone. More recently I have used maltine with coca wine. Here the maltine, which contains diastase, materially aids in the digestion of the starchy foods, while the small quantity of alcohol it contains stimulates the secretion of gastric juice and thus assists in the digestion of the nitrogenous substance. On the other hand, the coca acts as a mild tonic and stimulant to the nervous system, diminishing the irritability and despondency and promoting the gradual restoration of nervous strength. Maltine with coca wine is a preparation agreeable to the palate, is a food in itself, assists in the digestion of starchy and nitrogenous foods, and is also a useful tonic to the nervous system. In this form moderate quanties of alcohol can be administered to the best advantage. — *Journal of Nervous and Mental Disease.*

THE PERILS AND RESPONSIBILITIES OF PRACTICE.—A curious tale which comes from Leeds not only draws attention to certain dangers to which doctors are especially exposed at the hands of angry and excited people, but suggests the propriety of thinking twice before speaking too openly of the ailments of their patients. Nothing can be easier than to beguile a doctor into a house in which he may be absolutely at the mercy of any ruffians who choose to maltreat him, and whatever may have been the provocation received in this case by the defendant, we are glad that the stipendiary-magistrate refused to consider it as an excuse, but imposed a fine of £3 and costs. It appears that a dentist, who was attending a young lady for her teeth, called upon her doctor and made particular inquiries regarding her health. It further appears that this unfortunate doctor, in response to these inquiries, "made a certain statement concerning her condition." *Hinc illæ lacrymæ!* The young lady's young man straightway beguiled him into her house, and after by threats inducing the doctor to give a written apology, said, "I shall thrash you all the same," and proceeded to do so. This may be a Yorkshire way of doing things, but it strikes us as unfair. We say nothing about the truth of the statement he is said to have made, but it is clear that a doctor often has to say unpleasant things, and the chance of having to risk ordeal by combat for so doing is decidedly one of the perils of practice. As to responsibilities, we would seriously ask whether medical men do not often talk far too much about their cases. Doubtless, the long hours sometimes spent in sick rooms, or the still more dreary hours spent while waiting to be called there, tempt men, from mere want of subjects for conversation, to draw on their personal experiences; but it should not be so; patients' cases should never be talked about. Then in regard to consultations, we think that unless one is asked by the patient to consult, the greatest reticence should be maintained. It ought not to be difficult to give such advice as may be for the good of the patient without entering into reasons or breaking confidence. Even in case of insurance companies and the extraordinary questions they sometimes ask, it is desirable to find out from the individual concerned that they are asked with his consent before committing oneself. The more strictly medical men put restraint upon their tongues and treat everything that is told them professionally, whether good or evil, as confidential, the more readily will they check that impertinent questioning about other people's affairs which is one of the never-ending nuisances of a doctor's life.—*Brit. Med. Jour.*

THE TREATMENT OF FURUNCULOSIS. — Van Hoorn, *Monatsh. f. prakt. Derm.*, treats furnuculosis as follows: He first washes the whole of the patient's body with potash soap and tepid water; then he asepticizes the boils and the surrounding parts with a 1 in 1,000 sublimate solution, afterwards covering them with a mercurial and phenol plaster, which is changed every day. If the furuncles burst, the contents are squeezed out and the cavity washed with sublimate. The results are excellent. If there was no fluctuation in the furuncles, absorption takes place very quickly. If there was fluctuation, absorption is rare, but the disease does not spread; the boil opens and rapidly cicatrizes. During the treatment no further boils developed.—Loewenberg (*Bull. Méd. Jour Cut. and Gen.-Urin. Dis.*, October, 1894) recommends the use of the actual cautery for the abortive treatment of boil. For this purpose he employs galvano-cautery irons ending in fine platinum points about a centimetre long and a millimetre in diameter. As soon as a furuncle shows its presence by a red areola surrounding a hair and by special sensitiveness to touch, he introduces the platinum point, brought to a white heat, into the centre of the areola, causing it to penetrate deep enough to act upon the whole length of the hair follicle, in the supposed course of which it is made to enter. The incandescent point is left for an instant in position and then withdrawn. When the furuncle has already begun to form we may still attempt to abort it; but we must in this case prolong the cautery so as completely to carbonize the small drop of pus which has already been pro-

duced. Brocq points out that French dermatologists have for a long time had recourse to the actual cautery applied by means of finely-pointed thermo-cautery tips, or, better still, with the electro-cautery, for the treatment of rebellious acnes, especially where there are large lesions on the face and trunk. In this way they not only succeed in curing the lesions more rapidly, but arrest the formation of new ones. It would seem as if the inoculable germs which produce acne are thus destroyed.—*Epit. Br. Med. Jour.*

THE DANGERS OF BROMOFORM IN PERTUSSIS.—Dr. J. B. Marvin says: "I have recently had two cases which illustrate some of the dangers of giving bromoform in suspension or emulsion. About two weeks ago there were several cases of pertussis among the children at the Baptist Orphans' Home, and the house physician prescribed syrup of lemon and bromoform in the usual mixture with gum Arabic, to be taken a teaspoonful at a dose, which contained 7½ minims of the bromoform, giving directions to always shake the bottle before pouring out the mixture. He also told them not to use the last few doses in the bottom of the bottle. One of the nurses, who had evidently not understood the instructions, gave two of these children, one aged 4, the other aged 6 years, the usual teaspoonful dose from the bottom of the bottle. This was given about eleven o'clock in the morning, The weather being exceedingly warm the children, trying to keep cool, afterward lay down upon some rugs in the room and went to sleep. At one o'clock the nurse in charge of the room went to awaken them and could not arouse the two children in question. Dr. Frank and myself were sent for and worked with them two and a-half hours before we succeeded in getting them aroused. There was not only slow respiration and feeble pulse, but impairment of all the reflexes—you could pull the eyelids open and rub the cornea without their flinching. After getting them revived, if left for a moment they would immediately fall asleep again. I roused one little fellow up and asked him if he wanted a stick of candy; he said, yes; I gave it to him, and he grabbed it and put the end in his mouth, biting off a piece, and he fell asleep again with the portion bitten off in his mouth. The pulse was very feeble, but still strong enough to keep the lips red in color.

The only difference I noticed between the action of bromoform and that of chloroform was that there was not the same amount of lividity that follows the administration of chloroform; there was the same pulse, respiration, and other symptoms. The children were perfectly limp, as though thoroughly intoxicated, with staggering gait, dizziness, etc. Both recovered, however, without any serious after-effects. The query arises, if bromoform might not form a valuable hypnotic.—*Am. Pract. and News.*

THE VALUE OF CHLOROFORM IN INTERNAL MEDICINE.—We are so apt to regard chloroform as a pure anæsthetic when taken by inhalation, that many of us are wont to overlook its value as an internal medicament, and, as a result of this oversight, lose a valuable aid to treatment in many affections, some of which are apt to resist the ordinary remedial measures. One of the most important applications of chloroform is its internal use for the relief of pain either in the chest or abdomen, pain in the latter region yielding naturally more readily to its influence. Particularly is this the case where the pain is of a griping character, either due to irritability of unstriped muscular tissue in the wall of the intestine, or to the presence of irritating foods or large quantities of flatus. Under such circumstances 20 to 40 drops of the spirit of chloroform added to two teaspoonfuls of water, and perhaps aided by 10 to 20 drops of the spirit of camphor, is one of the very best prescriptions that we can give. Further than this, those of us who believe in the value of antiseptic medication will recognize the fact that chloroform, under the circumstances which we have named, not only relieves the pain, but acts as one of the most powerful antiseptics which can be taken internally with moderate impunity. It is a well-recognized fact in therapeutics, that many volatile substances seem to exercise very considerable power in checking all forms of diarrhœa, and where pain in the abdomen is associated with liquid movements, chloroform possesses a third scope for usefulness. Not only is it of value in the forms of pain which are due to direct irritation or inflammation in the abdomen, but it is also useful in those pains which are due to nervous disturbance, such, for example, as in ordinary neuralgia of the stomach or true gastralgia. In obstinate vomiting, 2 to 5 drops of pure chloroform in a little water, taken in teaspoonful doses, will often act advantageously, and when the vomiting is due to the ingestion of bad food, particularly food which has undergone some decomposition process, it is especially indicated. In the vomiting of pregnancy, with some practitioners, it is held to be the best remedy. Another very valuable application of chloroform is its employment externally in liniments in cases of muscular rheumatism for stiffness of the muscles due to strain or excessive exercise. Possessing, as it does, not only counter-irritant, but anæsthetic effects, its employment in this manner is most advantageous. Another use to which it is too rarely put is for the production of counter-irritation varying from slight reddening to actual blistering of the skin. Slight reddening is rapidly produced by applying a cloth saturated with chloroform to

some portion of the skin so remote from the respiratory apparatus as to avoid inhalation in any large quantity, and the blisters may be formed by placing chloroform on the skin under a watch-glass, so that too rapid evaporation will not take place. For those who are unable to take opium in any combination for relief of pain in any part of the body, a prescription composed of 30 drops of spirit of chloroform and 10 minims of the fluid extract of a good cannabis indica is a valuable prescription.—*Therapeutic Gazette.*

VOMITING IN PREGNANCY.—Lutaud, *Rev. Obstet. et Gyn.*, states that vomiting of pregnancy is best treated by cocaine. The action of this drug is often strengthened by combining it with antipyrin. Thus the following prescription:

℞—Chlorhyd. cocaine, ... grs. jss.
Antipyrin, ... grs. xvi.
Aq. dest., ... ℥ iv.

Sig.—Teaspoonful every half hour until the vomiting ceases.

If the stomach will not tolerate this quantity of liquid, ten drops of a one and a-half or two per cent. solution of cocaine are administered, repeated at one or two-hour intervals.

At times the application of cocaine to the os is extremely valuable. The following prescription may be used:

℞—Hydrochlor. cocaine, . . . grs. xvi.
Ext. bellad., ... grs. iv.
Vaseline, ... ℥ ss.

Cotin's method of dilating the os with the finger sometimes causes immediate cessation of vomiting. Occasional success will follow Routh's procedure, which consists in exposing the uterine neck by means of a speculum and painting with tincture of iodine. In cases of moderate severity the following mixture will be found serviceable:

℞—Tinct. iodine, ... } āā ℥ ij.
Chloroform, ... }

Sig.—Five drops night and morning at meal times, taken in Seltzer-water.—*Kan. Med. Record.*

THROMBOSIS OF THE CEREBRAL SINUSES IN CHLOROSIS.—Kockel records two cases. The first patient was a girl, aged 19 years, who, after suffering only from headache for three days, became suddenly unconscious. When taken to hospital, she was in a state of profound coma; the pupils were unequal, and did not contract reflexly; respiration was irregular and intermittent; the temperature was raised. The limbs were motionless and flaccid; sensibility was diminished; the reflexes were increased. The patient died in less than twenty-four hours after becoming insensible. The autopsy revealed abundant effusion into the ventricles, together with a thrombus, which obliterated not only part of the transverse sinus in the neighborhood of the corpora quadrigemina, but also the great vein of Galen.

The second patient was aged 17, and presented a similar clinical picture—headache, vomiting for forty-eight hours, then sudden insensibility. After death there was found thrombosis of the great vein of Galen. The clot extended into the straight sinus, and into the transverse sinus on both sides. There was, in addition, softening of the cerebral substance in the lateral and superior walls of the lateral ventricles, as well as of the most superficial layer of the basal ganglia. The softening was of a reddish color, and was due to numerous small hæmorrhages.

The writer does not dogmatise on the question whether such cases are due to a true thrombosis or to a phlebitis from secondary infection.—*Gazette Médicale de Paris.*

TREATMENT OF DYSMENORRHŒA.—Dr. Schwarze, *Centralblatt f. die med. Wissenschaften*, divides dysmenorrhœa into two great groups—the one presenting manifest inflammatory affections of the genital tract, and the other in which these are absent. The non-inflammatory forms he comprises under the term constitutional dysmenorrhœa, including those cases without a demonstrable pathological basis, as well as those due to anteflexion, retroflexion or faulty development of the uterus. The displacement is not the chief factor, but rather a defective development of the uterus. Treatment of the second group is that of the co-existent chlorosis and the pains—antipyrine, phenacetine, antifebrine, exalgine, salicylate of soda; later, codeine, opium, atropine and belladonna, as well as morphine. He warns against the abuse of narcotics, and before attempting local treatment would try Thure Brandt's local gymnastics and viburnum prunifolium. This latter drug is given five to seven days before the expected appearance of the menses and during the same, in doses of a teaspoonful three times a day. In the non-inflammatory varieties he obtained with these measures excellent results.

As to local treatment, he speaks highly of local massage and regular dilatation of the uterus before the menses, if necessary, with tents. Before attempting instrumental dilatation he would try the galvanic current—from 50 to 150 milliamperes, with negative pole, an aluminium sound, in the uterus and the positive pole, a broad electrode, upon the abdomen; or the faradic current, with a bipolar electrode in the uterus. In obstinate cases which resist all treatment castration is eventually indicated. Hypnosis might be tried, as is recommended by Brunnberg, of Upsala, Sweden.—*Lancet-Clinic.*

THE PRODUCTION OF DISEASES BY SEWER AIR.—Jacobi, *New York Med. Jour.*, concludes his article upon the above subject with the following sentences: (1) The atmosphere contains some specific disease-germs, both living and dead. (2) They are frequently found in places which were infected by specific diseases. (3) In sewer air fewer such germs have been found than in the air of houses and school-rooms. (4) Moist surfaces—that is, the contents of cesspools and sewers, and the walls of sewers—while emitting odors, do not give off specific germs, even in a moderate current of wind. (5) Splashing of the sewer contents may separate some germs, and then the air of the sewer may become temporarily infected, but the germ will soon sink to the ground again. (6) Choking of the sewer, introduction of hot factory refuse, leaky house-drains, and absence of traps may be the cause of sewer air ascending or forced back into the houses. But the occurrence of this complication of circumstances is certain to be rare. (7) Whatever rises from the sewer under these circumstances is offensive and irritating. A number of ailments, inclusive, perhaps, of sore throats, may originate from these causes. But no specific diseases will be generated by them except in the rarest of conditions. For specific germs are destroyed by the processes of putrefaction in the sewers, and the worse the odor the less is the danger, particularly from diphtheria. (8) The causes of the latter disease are very numerous, and the search for the origin of an individual case is often unsuccessful. (9) Irritation of the throat and naso-pharynx is a frequent source of local catarrh; this creates a resting-place for diphtheria-germs, which are ubiquitous during an epidemic, and thus an opportunity for diphtheria is furnished. (10) Of the specific germs, those of typhoid and dysentery appear to be the least subject to destruction by cesspools and sewers. These diseases appear to be sometimes referable to direct exhalation from privies and cesspools. Very few cases, if any, are attributable to sewer air. (10) A single outlet from a sewer would be dangerous to general health, because of the density of odors (not germs) arising therefrom. Therefore a very thorough and multiple ventilation is required.—*Univ. Med. Mag.*

Chemical research proves that Kola contains a large percentage of caffeine (the active principle tea and coffee), also theobromine, the stimulating principle of cacao. But not to these alone is its remarkable virtue to be credited, as further investigation proves that the *fresh* (undried) Kola nut contains a peculiar active principle (glucoside) found in no other drug, to which the name of Kolanin has been given. This peculiar principle is found more abundantly in the fresh (undried) Kola nuts, and taking advantage of the knowledge of this fact, Messrs. Frederick Stearns & Company, of Windsor, Ont., have been the first to place on the market a Wine of Kola, for which they have coined the fanciful title "Kolavin" to distinguish their product from similar preparations, which in time will undoubtedly appear. "Kolavin" is a delicious aramatic tonic wine, each dose (a tablespoonful) of which contains 30 grains of the fresh (undried) Kola nuts. It is a prompt and active stimulant, and is useful in all cases where such a stimulant is needed. Samples of "Kolavin" may be obtained by addressing the manufacturers, Frederick Stearns & Company, Windsor, Ont., who are headquarters for Kola nuts in this country, having introduced the drug to the medical profession in 1881, and being the sole importers of the fresh (undried) nuts from Africa. Their scientific department has recently issued an elaborate monograph on Kola, profusely illustrated, which is worthy of a careful perusal, and will be sent to any physician who will apply for a copy.

SALICYLATE OF SODIUM IN HEADACHE.—In the February number of the *Practitioner*, Lauder Brunton writes an interesting article on headaches, in the course of which he points out that the one very common form of headache commences in this way: The patient sometimes feels a little unwonted irritability at night, but this irritability is not always present. It is very often the precursor of a headache. He wakes in the morning about four, five or six with a feeling of weight in the head, but not a headache. He is very drowsy, disinclined to rise, and is apt to turn over and go to sleep again at once. If he does this he awakes again about seven or eight with a distinct, but not a severe headache, usually frontal or temporal. As the day goes on the headache becomes worse and worse, until in the afternoon or evening it becomes almost unbearable. It then finishes up with sickness, after which the patient becomes easier, but feels much exhausted. A headache of this sort may frequently be prevented by the patient taking a mixture of bromide of potassium and salicylate of sodium over night, or by getting up and taking it when he awakes with a heaviness in the early morning, instead of turning over and going to sleep again.—*North-Western Lancet.*

CAUSE OF EARLY DEATH AFTER OPERATIONS ON THE INTERNAL ORGANS.—Thiercelin and Jayle describe the necropsies made on 7 cases of abdominal section (5 removal of appendages, 1 ovarian cyst, 1 abdominal hysterectomy) which had died, 6 within three days, and 1 within six days after the operation. In 5, including the case which lived six days, there was distinct acute fatty degeneration of the liver. In the remaining 2, where the lesion could not be detected by the naked eye, cloudy swelling of the

hepatic cells was discovered on microscopical examination. It is expressly indicated that in none of the 7 cases did suppurative peritonitis exist. Thiercelin and Jayle then examined the liver from a case of death from hæmorrhage six hours after operation for a ruptured extra-uterine fœtal cyst. The liver was absolutely free from fatty changes. But in the liver of a child that died a week after an operation for congenital dislocation of the hip, acute fatty changes were discovered. The same condition was seen in the liver of a man dead from septicæmia due to phlegmonous inflammation of the larynx. Other evidence is brought forward to show that in all the above cases the liver is infected by streptococci. Cirrhosis, etc., predispose greatly to this infection after laparotomy.—*Archives of Gynæcology.*

SUBNORMAL TEMPERATURE IN THE HUMAN BODY.—Subnormal temperatures are considered to be more frequent than was formerly supposed. The histories of the Medical Clinic of Kiel have been searched for the past fourteen years, with the result that over four hundred cases of subnormal temperature were discovered. It is the custom in this hospital to take the temperature of a patient free from fever between six and seven in the morning, and in the evening between five and six, while the usual rule is to take the temperature of fever patients every two hours. The thermometers were tested every three months, and the temperatures were uniformly taken in the rectum. From experimentation upon two hundred patients suffering from skin and venereal diseases, but without fever, the average minimum subnormal temperature was found to be 36.6° C. between six and seven o'clock in the morning, and 36.5° C. during the hours of five and six in the evening. A temperature below 36.5° must therefore be considered subnormal. A number of interesting cases are cited belonging to the following classes: 1. Subnormal temperature after direct deprivation of heat. A drunken man, aged twenty, fell into the water in winter. On removal his temperature was found to be 32.3° C., which quickly returned to normal. 2. After severe loss of bodily fluids, as in severe diarrhœa. 3. In chronic anæmia, cachexias, and conditions of inanition. Of one hundred and thirty cases of uncomplicated carcinoma, fifty-four showed subnormal temperatures. 4. By severe disturbances of circulation, as in a case of mitral stenosis and anasarca, in which for twelve days there was a subnormal temperature. 5. By various diseases of the central nervous system. Numerous cases are here cited. 6. After irritation of the sensory nerves; also in neuroses of a vaso-motor origin, as after wounds, gall and renal colic, etc. 7. By wide-spread lesions of the skin, as in scleroma and extensive areas of burning. 8. In feverish patients, both during the course of the fever and in the stage of defervescence of the fever. 9. In the action of certain poisons, including in this class some poisons which may be produced in the body itself. An old man took sulphuric acid with suicidal intent, and then threw himself into water at a temperature of 37° C. The temperature was found to be 31° C., and was undoubtedly largely due to the action of the acid.

A reduction in temperature under 33° is not remarkable, as thought by Wunderlich. The signification of a marked subnormal temperature is not, therefore, necessarily ominous. A very unfavorable prognosis should be given in cases of cachexia and marasmic conditions when a continuous low temperature is present, as this often precedes a fatal termination.—*Rev. of Med.*

A REMEDY FOR WHOOPING-COUGH.—Early in May of the present year I received, by the kindness of Schering & Glatz, a sufficient quantity of formalin to thoroughly test it under various conditions. The results proved beyond doubt its remarkable antiseptic properties. Its action as a general antiseptic I shall not dwell on, but desire to call attention to conditions where it showed peculiar and valuable characteristics, especially in whooping-cough.

There is probably no disease of childhood so discouraging and intractable, and especially when it appears in juvenile institutions, so persistent in its development of new cases among the uninoculated. On the 15th of June, whooping-cough being epidemic among the children at the Crittenden Home, near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room and a one per cent. solution of formalin was sprayed from an ordinary hand bulb atomizer for ten minutes three times a day, the spray being thrown above the heads of the patients, saturating the air and inhaled by them.

A marked improvement was noted within two days, and after two weeks' treatment all were well and no new cases have developed.

In age these cases ranged from three months to four years, with one exception, a girl of about fourteen, whose duty it was to operate the spray.

It was with this last case that the result was most marked. Previous to the use of the spray, the paroxysms had been so violent that she would rush to the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

About the 20th of August, I treated fifteen

cases of the same disease at the Inman Orphanage. Here I used the steam atomizer and a one per cent. solution of formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days. The attendant, a woman of about 50, reported great relief from the effects of the spray of a troublesome bronchitis of years' standing.

These results undoubtedly prove the efficiency of the drug, and give it a definite position in the treatment of this harassing and heretofore intractable disease.

The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

In five cases of scarlet fever its modifying influence was immediate and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use.

I am now testing its efficiency in two cases of pulmonary tuberculosis, but cannot report, as the treatment has only just begun. Its application to diphtheria suggests itself.—*N. Y. Med. Times.*

TUBING MADE EASY IN TYPHOID.—The greatest benefits produced by the application of cold water in typhoid by the Brand method are not due to reduction of temperature, but arise from the increase of the elimination of toxic products through the excretory organs, thus limiting their power to depress the vital force of the nervous system. The cold water acts as a powerful stimulant to the central nervous system through the sensory reflexes of the cutaneous surface, and through the respiratory centres deep reflex inhalations are stimulated, which are of great importance in oxygenating the blood and sending it with increased force to all the organs of the body and so re-enforcing their functional activity. According to the experiments of Roque and Weil, the toxicity of the urine of patients treated by the antipyretic coal-tar compounds is about the same as, or even less than, that of normal urine. This toxicity is increased twofold by the expectant plan of treatment, and sixfold by the Brand baths. The author mentions the obstacles which prevent the use of this treatment, and then describes a folding mattress bath-tub of his own construction which he believes will remove all objections. It consists of a folding crib-like frame of poplar six feet two inches long by two feet wide and eight inches deep; along the outside of the lower rail are fastenings for holding rings, which are attached to the edges of a rubber sheet two and a-half yards long by one and a-quarter yards wide. The rubber sheet is slipped under the patient and drawn up over his pillow, and its edges tucked up alongside his body. The crib frame is then unfolded and placed over the patient, resting upon the mattress and surrounding the patient, pillow and rubber sheet. The edges of the sheet are then drawn up over the top rail of the crib and down the outside, and the rings hooked into the fasteners. In this light and perfect tub the patient rests undisturbed on his comfortable mattress and pillow. The tub is filled by siphoning water from elevated buckets, and, after the bath, is emptied by siphoning into buckets on the floor. By means of this simple, inexpensive tub a bath can be readily modified in various ways without exhausting the patient, and no strain in lifting is required of the attendant. The author hopes that this device will make the Brand treatment more popular and will extend its good offices in the saving of human lives.—*Rev. of Med.*

A NEW METHOD FOR THE TREATMENT OF WOUNDS.—We have had the opportunity of studying the new treatment of wounds devised by Dr. George Stoker, and find it to start from the original idea of using the stimulating effects of oxygen on a granulating surface; the *primâ facie* idea not being one of antisepticism. The method consists in keeping the part of the limb on which the wound or ulcer is present in an air-tight wooden box the upper part of which is glass, and which, at the extremity where the limb enters, is closed by an india-rubber funnel fitting to the limb and kept *in situ* by a turn of a Martin's bandage. To this box are connected three india-rubber tubes about three-sixteenths of an inch in diameter. Through the first, the attendant at stated intervals pumps in warm air by a plan closely resembling that used in a Higginson's syringe, the warm air, however, passing through two bottles, one containing Condy's fluid and the other lime water, whilst in a glass portion of the tube itself it traverses menthol and medicated wool. Through the second tube the oxygen is carried in. The third tube is utilized to carry off any impure air into a bottle of Condy's fluid. The treatment is commenced by pumping in the warm air for about three minutes; this is done first, as it is found that the pure oxygen is too stimulating. Next the oxygen is turned on, and this is continued at a very low pressure, and not even shut off when the warm air is pumped in again at intervals of a quarter of an hour; pain, which is increased by dryness, is relieved by this method. The ulcerating surface is dressed twice a day with dilute warm boracic solution, with which it is gently syringed and the scabs removed, the box of course being taken away during the dressing. The treatment necessitates the constant attention of a nurse, who has to a certain extent to be specially trained. The cost is about one farthing per hour, but this probably, Dr. Stoker asserts, could be

considerably reduced. Through the courtesy of Dr. Stoker we were enabled to see a patient under treatment; the subject certainly was not a favorable one. The ulceration, which was probably specific, half encircled the right leg of a middle-aged woman, rather stout, and suffering in addition from chronic eczema and heart disease; the ulceration had been treated for a considerable period in the ordinary manner, but without success. Under the new treatment the ulcerating surface looked clean, the granulations were healthy, and Dr. Stoker hopes soon to see it entirely healed.—*Med. Press.*

PHYSIOLOGICAL REST IN THE TREATMENT OF PROLAPSE OF THE RECTUM. — Bryant, *Mathew's Medical Quarterly*, reports the case of a man operated on seven times for the relief of extensive prolapse of the anus, with its attendant distressing symptoms. Until the last operation, surgical intervention had been of little benefit. Bryant, to whom he finally came, made an artificial anus in the left groin, putting the patient to bed for two weeks, meaning to proceed to further treatment. But this operation was followed by so much relief and by such a marked diminution in the pressure that he was content to adopt no further procedure. He submits the following proposition as a conclusion to his paper:

That the proper performance of the physiological functions of the rectum contributes greatly to the advancement of rectal disease and to the afflicted.

That the complete vicarious discharge of the fæces through an artificial anus located in the sigmoid flexure reduces the physiological demands on each structure of the rectum to a minimum.

That the lessening of the physiological requirements is commonly in direct proportion to the diminution of the fæcal flow through the rectum.

That the cessation or lessening of the fæcal discharge per rectum exercises a palliative and curative influence on diseases of the rectum.

That in certain cases of obstinate rectal prolapse the formation of a vicarious channel for fæcal discharge is justifiable, both as a palliative and curative measure.

That the preliminary establishment of such a channel for the purposes of cleanliness and the prevention of infection is justifiable in many grave operations for prolapse of the rectum.

That the dangers attendant on the formation of an inguinal anus are much less than those invited by the contact of fæcal discharges with large operative surfaces of the rectum.

That the case just presented has been, without special risk, greatly benefited, and may be finally cured, through the agency of an artificial anus.

That when cure takes place, great care must be exercised thereafter, otherwise the prolapse will return.—*Therap. Gaz.*

THE PHYSICIAN AS TRADESMAN.—Formerly, there were three "learned professions"; then other pursuits made claims to stand on a parity with these, both as professions and as learned; more lately all pursuits have been styled in the vernacular professions, and all their followers professors; and, last of all, comes the period when no pursuits are professions and no men are learned. All occupations become trades and all men tradesmen. A contributor of a paper entitled "The Commercialization of Medicine, or, The Physician as Tradesman," evidently thinks that this last period has been entered upon, at least in this country.

Although we cannot accept his position in its entirety as applied at any rate to the Eastern States, there is evidently a considerable measure of truth in his forecast of a hard and unpicturesque reality. The times have changed, and are changing; we have changed, and changing with them. It is inevitable, and the newer the country the greater the change. Whether human existence is gaining or losing remains to be seen; but life presents less individualism, less repose of thought or action, less of the picturesque and the mellow. Every one has all kinds of fruit at all seasons, picked before it is ripe, that it may be rushed to the best market by rail or steamship, and cold storage does the rest.

The profession of medicine and the physician have undergone the change along with all else, and must continue to march with the music. We think that commercialization has affected the physician as little in Boston and New England as anywhere in the United States, but it must be granted that our doctor of to-day is no more like his predecessor of fifty years ago than is our modern "merchant" like his predecessor in the palmy days of the old China trade.

Even in the laboratory "business methods" are very desirable, and in the field of practice the doctor without them is heavily handicapped. The practising physician must know how to handle his cotemporary men and women, as they are accustomed to being handled in other relations of life, in order to get patients; and how to "turn off" his clients in a thoroughly business-like fashion, in order to get more than he can properly attend to.

Trade and collectivism have made and will make their mark upon the medical profession; but its days as a profession based upon learning are not quite yet numbered, and the personal equation will still continue to be a large factor in its practice.—*Boston Medical and Surgical Journal.*

THE MENTAL CONDITION IN CHOREA.—Dr. A. Breton, after an investigation of a large number of cases of chorea, has arrived at the following conclusions in reference to the condition the of

mental powers in patients suffering from this complaint. He has found that the majority of cases of chorea are complicated by perversion of mental processes more or less marked. The psychical symptoms may be divided into two groups: in the first he places those which include alterations of moral sensibility, of character, of intelligence, want of attention, and loss of memory and of affection for those nearly related to the patient; and in the second those which occur more rarely, such as "night terrors," hallucinations, and what Dr. Breton terms "folie choréique." The first class of phenomena are so common as almost to form one of the ordinary symptoms of chorea. Fright, terrors, and hallucinations are rare, while "folie choréique" is very exceptional. Hallucinations are generally observed at night, just when the patient is falling asleep, but they may continue for some time, interrupting or preventing sleep; those of sight generally predominate, but more rarely there may be observed those of hearing, taste, smell, or even touch. Affections of speech may also be mentioned, affecting the muscles of the tongue and lips, not caused by chorea, but due to mental causes. "Folie choréique" may take the form of simple mania, of delirium, of mania with hallucinations, or revert to a melancholic form, with profound depression and suicidal tendencies. Recovery from the mental symptoms in acute cases of chorea usually follows the cessation of the motor symptoms caused by the chorea: they cease when convalescence from the primary disease is established. But the neurosis may pave the way for permanent psychical trouble, such as moral degradation, mental alienation, and dementia. Dr. Breton, however, believes that the more pronounced psychical phenomena met with in the course of chorea are not directly due to the disease, but only receive from it special characters. They are complications rather than symptoms proper, and hereditary taint can always be traced; and he would look upon them as mental phenomena occurring in patients who have a hereditary tendency to such attacks, which have been precipitated by the chorea.—*Lancet.*

THE INFLUENCE OF THE ABORTIVE TREATMENT OF SYPHILIS ON THE NERVOUS SYSTEM.—Deutsch, *Archiv f. Dermatologie u. Syph.*, calls attention to the fact that symptoms of involvement of the nervous system are often among the first of those which show that syphilis has become a constitutional disease. Thus, among the prodromatic, pain in the head, kidneys, psychical disturbances, pallor, and nausea are well recognized, and are attributed by Lang to meningeal irritation. Occasionally sluggishness or inequality of the pupils is noticed, neuralgia, greediness, excessive thirst or drenching sweats, all these signs denoting irritation of the brain and its meninges. A similar condition of the spinal cord and its envelopes is indicated in the prodromal and exanthematous period by very marked increase in the reflex excitability of the skin and tendons, followed by a rapid diminution, sometimes amounting to complete absence, which may last for several weeks after the exanthemata have disappeared. All these signs show early involvement of the nervous system, and suggest the advisibility of attacking the poison at the earliest possible moment and weakening its virulence. As a matter of personal experience, Deutsch states that in patients who were treated with mercury early,—that is, immediately after the appearance of the chancre, or at least before the development of secondaries,—symptoms denoting involvement of the nervous system did not develop; whilst in those not treated until secondaries were well marked, such symptoms were the rule. Moreover, so far as tertiary manifestations are concerned, these did not attack the nervous system in cases which received early treatment.—*Therap. Gaz.*

A TRUE STORY. — A correspondent sends the following, for the truth of which he vouches: A young doctor who began his practice in Texas, west of Houston, was called to a confinement case in which he, being green and nervous, naturally had some trouble, the patient seeming unable to make the supreme effort for final expulsion. The only other occupant of the wretched quarters was an old crone in a sun-bonnet, who was silently but steadily rocking herself near the foot of the bed. Finally the old woman croaked out, "Doc., I wouldn't bother any longer with that woman, I believe I'd quill her and have done with it." The medical man not knowing what "quilling" meant, answered that he did not quite see the necessity for that yet. The old woman repeated this suggestion several times, until finally the nervous, exasperated man turned angrily on her and said, "Madam, I'll be d——d if I will do it. If you want to quill her you can do so, but I won't." The crone took from the wall a turkey wing, and, drawing a feather from it, proceeded to fashion something like a long quill toothpick, and filling this with snuff from her own private stock, leaned over the patient, and as the next pain came, blew the snuff into the woman's nostrils. Quick as a flash the woman responded with a giant sneeze, and the child was born with a sneeze. "Thar," said the old woman, radiantly, "I knowed mighty well that thar bust would make her break her holt." And it did, to the great instruction of the attending physician.—*Medical Record.*

THE LASH OF ANTI-VIVISECTIONISTS.—The Anti-Vivisection party are never sparing in their abuse of the scientific workers in the profession,

and the incumbent of St. James', Marylebone, whose predilection for silver coins in contradistinction to copper ones is conspicuously announced upon the walls of his church, politely delivered himself of the following opinion at a recent anti-vivisection meeting: "If there are two parties of medical men, I prefer to be on the side of the medical men and the angels, and against the medical men and the devils." We cannot quite grasp the meaning of this curious avowal. But to have reminded his audience that he preferred angels to devils was an admission which might be described as a platitude. Indeed, he would find a difficulty in meeting with anyone who would be bold enough to assert the contrary. However, he has propounded a conundrum in the matter which we cannot pretend to solve, that is to say, we fail altogether to see what either angels or devils have to do with medical men. So far as we know, neither are taken into consultation by medical practitioners during the course of their daily work, and this can be asserted with any emphasis based upon a profound conviction.—*Med. Press*

MENTAL SEDATIVES.—Thousands of men and women, says the *London Spectator*, use novels as mental sedatives, read them to steady their nerves. Busy brain-workers or those who otherwise exhaust their nervous energies, want some form of mental sedative. They cannot rest while doing nothing. In order to quiet the thinking machine, it must be kept gently at work. The easier and more mechanical that work is the better, but the mental powers must just be kept running. A douche of fiction quiets them, so novels are poured over the weary in a gentle easy stream. This physical need creates the novel market. To one accustomed to use fiction to soothe his mind, there comes a positive craving for novels, like the craving for any other sedative. Hence the demand for fiction, good or bad, of a kind that does not obtain in other forms of literature. And if the novel is in a foreign language, be it said in passing, the sedative effect is complete.—*Med. Record.*

INTRA-UTERINE INJECTIONS IN ANTIQUITY.—At a recent meeting of an Edinburgh medical society Dr. Ballantyne quoted from a paper by Koromilas, a Greek physician, in which it was claimed that there was evidence in the writings of Hippocrates, Oribasius, Paulus Ægineta and Galen to show that these authors were acquainted with the use of intra-uterine injections. Hippocrates divided the degenerative organs into three parts—first, the external genitals; second, the genital organ or vagina; third, the uterus. He also used for each a special kind of substance to be injected; wine with honey for the external genitals, goose-grease for the vagina and oil with honey for the uterus. Dr. Koromilas believed that Hippocrates was the first to make intra-uterine injections.—*Med. Rec.*

TREATMENT OF HYDROCELE IN CHILDREN.—Dr. Herwig has employed the following procedure for the past two years: By means of a slightly curved needle he passes a strong, sterilized, double silk or cotton thread from the upper to the lower extremity of the hydrocele. He then aspirates the fluid with a Pravaz syringe, removing what remains as completely as possible by means of pressure. The ends of the threads are then firmly knotted on the surface of the scrotum, and the three punctures, or the entire half of the scrotum, covered with collodion. No dressing is required. At the end of six to eight days the threads are withdrawn, and collodion re-applied to the puncture openings. In adults a larger number of threads are necessary.—*Centralbl. f. Chirurg.*

TO RELIEVE THE THIRST OF DIABETICS pilocarpin may be administered in solution or in pill-form. The pills are best prepared by the addition of glycerin and gum arabic. Each contains gr. $\frac{1}{60}$ of pilocarpin nitrate. For the solution the following form is given:

℞—Pilocarpin. nitrat., ... gr. ½.
Spirit. vini dilut., ... ♏xx.
Aquæ, ... ʒj.—M.

S.—The tongue is to be moistened with 5 or 6 drops of this solution four or five times daily.—*Nouv. Remèdes.*

APPLICATION FOR CONDYLOMATA:

℞.—Acidi Tannici, . . . Partes æquales.
Hydrargyri Subchloridi, " "
Amyli, ... " "
Misce et fiat pulvis.

Sig.—To be dusted on the affected parts.
—*The Practitioner.*

W. H. CUNNINGHAM, M.D., Butler, Al., on November 15th, writes: I have been using "PAPINE" for about a year. It is not only retained in the most irritable conditions of the stomach, but will also control nausea and vomiting with more certainty than any other remedy. Even in acute gastritis it controls the vomiting better than morphine hypodermically. A number of ladies in my ptactice cannot take morphia on account of nauseating after-effects. The Papine has *never* in a *single instanc* produced any unpleasantness. As an anodyne for children (from two months up) it is simply inimitable. Permit me—without solicitation—to express to you my thanks for the production of a remedy so useful, and in many instances absolutely indispensable.

THE CANADA LANCET

A Monthly Journal of Medical and Surgical Science, Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address,* DR. J. L. DAVISON, 12 Charles St., Toronto.

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AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER 23 Rue Richer, Paris.

TORONTO, JANUARY, 1895.

Editorial.

THE ONTARIO ANATOMY ACT.

Our people in Ontario need educating on a subject of vital importance to medical education, viz., the giving every facility for an amply sufficient supply of anatomical material, in order that our medical students, in whose hands, as their doctors, the people will have to trust the lives of themselves and of those dearest to them, may be accurately and fully acquainted with the body in every part, and thus be physicians and surgeons worthy the name. Without the fullest knowledge of anatomy, no man is fit to practice in any capacity either with safety to his patients, or with credit to himself. We have an Anatomy Act which provides that the unclaimed bodies of persons dying in public institutions, strangely excepting lunatic asylums, shall be handed over for the purposes of anatomical and surgical study to inspectors of anatomy, government officers, whose duty it is to distribute them with absolute fairness amongst the teaching medical colleges, according to the number of students in attendance at each.

Unclaimed bodies only, *i. e.*, those of persons dying in institutions where they have been supported perhaps for years at the public expense, and who have no relatives whose susceptibilities might be wounded by so appropriating them, are given under the Act for this most essential purpose. The supply is by no means all it should be, or anything like it. Not that the Act is so defective—for with a few exceptions it is a very good Act—but from the people not taking a proper view of the matter, not having in this direction as much intelligence as they should have, and as in many other things they undoubtedly manifest. Objections are being continually raised, and difficulties thrown in the way, of the carrying out of the Act, which, if persisted in, will either seriously injure medical education, or, as is far more likely, will lead to the necessary supplies being obtained in ways far less desirable than those provided by the Act. The Act provides, and the provision is carried out by the colleges, that after having been used for purposes of science, the remains shall be interred, and we from our own personal knowledge certify that at considerable cost, this is regularly done; yet in spite of all the kindly and wholesome safeguards of the natural susceptibilities of the people, provided by the Act, men who have charge of county industrial homes, and even of jails, and sometimes of city morgues, throw every conceivable difficulty in the way of sending notice of unclaimed bodies to the anatomy inspectors, and make all sorts of appeals to County Councils, which bodies, instead of calmly considering how absolutely essential it is to the welfare of every man, woman and child of our population, that we should have perfectly well-educated doctors, are carried away by such appeals, and one such body has even recently memorialized the Governor-in-Council on the subject, desiring specially to have Industrial Homes exempted from the operation of the Anatomy Act. Were this done, it would simply necessitate such means of getting the supplies, which *must be had*, as would very soon open the eyes of the members of County Councils, and of all other officials, who from mistaken sympathy, throw difficulties in the way of carrying out the Anatomy Act, which was passed for the double purpose of advancing science, and guarding the feelings of the community from being outraged, as they constantly are, where no legal provision is made for studies so indispensable as anatomy and surgery.

In Quebec, of all places, is where one would expect difficulties in the way of the carrying out of such an Act. There are now, as a matter of fact, none; and the Quebec Act is a far more satisfactory one than that of Ontario, for it embraces lunatic asylums as well as other institutions aided from public funds. In the past in the

Province of Quebec there was great and constant trouble, occurring year after year. Determined, and for a time successful, opposition was offered to the passing of such an Act as was required.

As a supply had to be obtained, Act or no Act, the outrage resulting from the want of such an act continued and increased, and culminated in the body of a prominent and well-known citizen being taken from the grave. This brought matters to a crisis, and opposition to the passing of the Act having ceased, it became law, and there is now no trouble, there are no outrages such as used to be occurring almost weekly during a great part of the year, and the needs of science are provided for.

In Ontario as the Act now is, the supply will suffice for every purpose, provided no opposition is made to its being carried out. And we look for this from the proper officials. And who are the proper parties to instruct such officials as manage our jails, industrial homes, hospitals, etc. ?

Surely medical men all over the country, alone are competent to do this fully and well, for they know as no other men do, how foolish opposition of the kind we complain of is, and what injury must arise from it, if it does not cease. Medical men should make it their business to put the members of our Legislature right on this important subject, so that mischief and injury may not be done by members allowing themselves to be carried away by the one-sided representations of those who from being more kind-hearted than intelligent, have permitted themselves to be influenced against an Act which is not only indispensable, but most beneficent.

ETIOLOGY OF ACUTE CEREBRAL AND CEREBRO SPINAL-MENINGITIS.

It has been recognized since the beginning of this century that a form of the above disease is epidemic ; as also that sporadic cases occur at any time. The classical "spotted fever" form is not met with nearly so frequently now as it was a quarter or half a century ago, when epidemics occurred chiefly in the winter and spring.

Leaving out the predisposing causes, such as age, sex, environment, etc., we wish to call attention to the interesting fact that an acute meningitis may be due to a great many infective agents, and that unless it be in the spotted fever of the older school men, no one specific cause exists.

The number of cases of inflammation of the meninges which do not conform to this classical type with eruption, are so numerous that the immediate factor or factors in their causation become matters of great interest not only to the pathologist but to the physician in daily practice. And that this is so, is evidenced by the number of investigations which are being carried on in regard to the immediate causation of the disease. The results of such investigations appear to be that so-called primary meningitis is extremely rare, if it exists at all ; that traumatism is not one of the most frequent causes, and that by far the greater number of cases are directly traceable to some local or general acute infectious process. And it would be interesting to know how many of the cases due to trauma have been really caused by infection of the wound. Have we not all seen cases of fracture of the skull, and injury and disease of the cranial bones and soft parts about the head, run a benign course with no resulting meningitis ? and so are not cases of meningitis said to be due to trauma, really due to trauma, plus infection of the lesion ?

Dr. Biggs Wilder, *Quarter-Century Book*. has given the results of the bacterial examination of eighteen cases. He found in one case pure cultures of the anthrax bacillus ; in one case bacillus coli communis ; in one case B. coli communis and proteus vulgaris; in four cases the pneumo-bacillus of Frænkel ; in two cases the streptococcus pyogenes ; in one case the diplococcus intracellularis meningitidis, and in two cases a mixed infection.

He also draws the following conclusions :

1. "Purulent or sero-purulent meningitis is always microbic in its origin.

2. "Many cases of cerebro-spinal meningitis do not differ from cerebral meningitis except in the extent of *pia* affected. The etiological factor may be the same.

3. "Cerebro-spinal meningitis is usually primary.

4. "Cerebral meningitis is usually secondary to some infectious disease, and is only occasionally primary.

5. "When the disease is secondary, the cause

of the secondary infection may be a different organism from that producing the primary disease.

6. "The following organisms have been previously found in the *pial* exudate in cerebral meningitis: The pneumo-bacillus of Frænkel, the streptococcus pyogenes, bacillus typhosus, staphylococcus pyogenes, pneuma-bacillus of Friedlander, the bacillus of 'La Grippe' and the gonococcus." The author's observations have added two new ones, bacillus anthracis and bacillus coli communis.

7. "The pneumo bacillus of Frænkel is the most frequent cause of cerebral meningitis.

8. "The latter organism is a not infrequent cause of primary cerebral and cerebro-spinal meningitis, the lungs not being involved.

9. "The cases of meningitis due to different organisms do not show such constant differences from each other in the symptoms presented, as to make possible the clinical differentiation as to cause.

10 "The amount of exudation bears no constant relation to the severity of the symptoms.

11. "It is not possible to distinguish with certainty during life, cases of acute cerebral hyperæmia, with or without œdema, from cases of meningitis."

THE RECENT MEDICAL COLLEGE DINNERS.

The time which has elapsed since the holding of this year's medical banquets renders it unnecessary for us to say more than that they came off with the usual *eclat, abandon*, etc.

Mr. George Elliott proved a very eloquent and admirable chairman at the Trinity banquet held at the Rossin House, Nov. 29th. The whole affair was the most enjoyable, and also reasonable dinner we have had the pleasure of attending.

The banquet of the students of the Medical Faculty of Toronto University, Chairman, W. T. McArthur, was held one week later, and was also a great success.

ANTIPRURITIC OIL.—Bronson's formula for an antipruritic oil is—

℞—Acidi carbolici . . . . . ʒi.
Liq. potassæ . . . . . ʒi.
Ol. lini . . . . . ʒi.—M.
Sig.—Shake before using.

TREATMENT OF NEURASTHENIA.—Dr. Krauss, in the *Buffalo Med. and Surg. Jour.*, gives among the prominent symptoms of this disorder: Moroseness, fault-finding, dull aching in the occiput or at the vertex, and in the lumbar spinal region. Following these come tachycardia and palpitation, sinking spells, hot flushes, profuse perspirations on the face and extremities, indigestion, short attacks of jaundice, scanty secretion of urine of high specific gravity, temporary sexual impotence. Great stress is laid on the appearance in all cases, with vascomotor symptoms, of a dilatation of one pupil with a contracture of its fellow. The author thinks this due to derangement of the sympathetic nerve.

For treatment the cases are subdivided into (1) those with a lithæmic element; (2) those without a lithæmic element; (3) those with marked vasomotor disturbance. After trying to find and remove the cause of the disorder the asthenic cases of the first two divisions are ordered to take, before rising, two ounces of strong, black coffee, and in a half hour take a tepid sponge bath for about five minutes, then dress and take breakfast. The plethoric cases receive, instead of this, one-half ounce or one ounce of a saline cathartic, followed by a cold bath, and if possible a cold plunge. Just before retiring a warm general bath is taken. For from five to eight minutes a galvanic current is applied with the electrodes on the sacrum and the neck, then the positive pole is applied to the forehead and a weaker current turned on, and, finally, with the electrodes to the hands as strong a faradic current is applied as the patient can bear. This treatment is given once, twice, or thrice weekly; the severe cases receiving treatment three times weekly. Massage may be given also, the lithæmic cases receive after meals one to three tablets, each containing lithium carbonate, 3 grains; phosphate of iron, 1-3 grain; extract of nux vomica, 1-9 grain; arseniate of soda, 1-27 grain. The author claims that patients who seem unable to take iron in other forms use this tablet with benefit, and that it acts well also in cases of chronic rheumatism. Non-lithæmic cases are given bromides, hyoscyamus, tincture of nux vomica, albuminate of iron, phosphoric acid and pepsin. Trional in five or ten grain doses is the favorite hypnotic. Cases with vasomotor disturbances have been intractable and unsatisfactory.

ON THE TREATMENT OF CANCER BY INJECTIONS OF IODINE AND CARBOLIC ACID.—Surgeon Lieut.-Colonel T. Robinson, I. M. S. (Chiswick), writes, *Br. Med. Jour.* On July 16th, 1893, I published the result of treatment of two cases of cancer, and a hope was expressed that the treatment, which was described, might be tried by someone who had more opportunity of seeing such cases than fell to my lot. The treatment in both the cases related consisted of injection of a saturated solution of iodine in commercial carbolic acid; the syringe was charged with ℥ 20, the needle introduced at the margin in any direction towards the middle of the mass, two or three drops pressed out, then partially withdrawn, sent in another direction, a few more drops ejected from the syringe, and so on till the whole contents had been got inside the cancer. Surgeon Lieut.-Colonel Robinson recommended that the injection should be made every day in large epitheliomata, every second day in small ones. Sometimes the point of the needle was found to get into a fissure, and the black, strong fluid appeared on the surface, where, if it did little good, it did no harm. The syringe and the fluid should be warmed before use, otherwise the needle becomes clogged. The idea underlying the treatment is this: wherever the blood can go in epithelioma, and that is to every part, this fluid can go too. Since then I have had one case (epithelioma of lip), which under the same treatment is now practically cured. The patient (a peasant woman otherwise healthy, aged about 60, widow of a man who died of cancer of the upper jaw) first noticed her ailment about March, 1892, but only within the present year did it grow rapidly. The treatment began on July 25th, the epithelioma being the size of a half-crown piece, and was continued with only one day's intermission until August 9th. The amount injected was ℥87, and afterwards ℥11. But it is doubtful whether any specificity remained after August 9th. The treatment is rather long (including the after-treatment), but it seems to be effectual.

WHY PATIENTS RECOVER FROM TUBERCULOSIS OF THE PERITONEUM AFTER OPERATION.—At the Congress of the American Association of Obstetricans and Gynæcologists, recently held at Toronto, *Med. News*, Dr. Morris, of New York, stated that he had been experimenting with a view to determine the reason for the cure of tuberculosis of the peritoneum after operation, it being a well-known fact that more that 80 per cent. of these cases recover as a result of simply exposing the peritoneal cavity to the air. The author collected fluid from the abdominal cavity of patients with tuberculosis of the peritoneum, placed it in an incubator for forty-eight hours, and developed the bacteria of putrefaction which would ordinarily enter in such fluid exposed to the air. From this fluid Eiloart then isolated a toxalbumin, the product of the growth of putrefactive bacteria in this peritoneal fluid. The toxalbumin employed to destroy tubercle bacilli in culture tubes destroyed them very promptly. A control experiment, which was not yet completed, was in progress for determining if these bacteria were absolutely dead. However, enough had been proved to show that tuberculosis of the peritoneum recovers after operation because putrefactive bacteria produce a toxalbumin in the fluid which is fatal to tubercle bacilli in the peritoneum. The reason why it is more effective in curing cases of tuberculosis of the peritoneum than tuberculosis of the knee-joint is because the anatomy of the peritoneum is such that any toxic agent absorbed by the lymphatics of the peritoneum is brought into close contact with the entire structure; whereas, in the knee-joint, the lymphatics are fewer and with more definite channels.

THE EFFECT OF ERYSIPELAS ON MALIGNANT GROWTHS.—For many months the medical journals have been occupied to a considerable extent with reports of the treatment of malignant growths by the use of toxic products of erysipelas. It has long been known that intercurrent attacks of erysipelas have a peculiar effect upon malignant growths, while properly conducted experiments with its toxines, are of quite recent date. A careful and systematic investigation is now in progress, and, so far as reported, the investigation seems to show that erysipelas has an antagonistic influence on malignant growths. Dr. Coley, of New York, is pursuing the investigation with great vigor, and is from time to time reporting results that are unquestionably favorable. He has experimented with both sarcoma and carcinoma, and seems to have had favorable results in both. In some of his cases he has injected the

toxic products of erysipelas alone; in other cases he has combined it with the toxines of the bacillus prodigiosus, which he thinks gives some better results, and seems to increase the effects of the erysipelas toxines. Dr. Coley has reported in all nearly one hundred cases thus far treated. Other observers are reporting favorable results along the same line. Many of the cases were inoperable ones; therefore, if this new process of inoculation with pure cultures of the streptococcus of erpsipelas proves to be what is reported of it, another great advancement will have been made in the medical profession. European investigators are busily engrged in the same kind of investigations and give likewise the same results.

A NEW GAS.—The discovery of a new gas, or it may be element, is one of great interest. The discovery was communicated about the middle of August, to the Chemical Section of the British Association at Oxford, by Lord Raleigh, *Med. Press.* He announced the discovery of a hitherto unknown constituent of the atmosphere, which he described as a gas characterized by extreme inertness. After he had commenced his investigations, he had been joined by Professor Ramsay, but they have not been able to distinguish the new body by any specific chemical reactions. The density of the substance, of which they had obtained about 100 cc., was 19·09. For the present they have adopted the term "gas" in describing the new constituent, and did not commit themselves to the word "element." As may be imagined, their announcement has excited a good deal of attention amongst the chemists. Notice was first called to this substance by the fact that the density of nitrogen obtained from atmospheric air differed by about half per cent. from the density of nitrogen obtained from other sources. It was found that if air be subjected to electric sparks, the resulting nitrous fumes absorbed by potash, and the excess of oxygen by alkaline pyrogallate, there remains a residue which is neither oxygen or hydrogen, as can be seen from its spectrum. The newly-discovered substance constitutes 1 per cent. of the atmosphere, and gives a spectrum with a single blue line much more intense than a corresponding line in the nitrogen spectrum.

GLYCERINE SUPPOSITORIES INSTEAD OF THE GLYCERINE TAMPON.—Dr. T. Graham in the *Med. Rec.*, speaks of the advantages of the suppository over the ordinary tampon. He makes each suppository to contain, besides the glycerine, one or two grains each of alum and thymol, and keeps it in place by a pledget of cotton wool. He says the advantages are: 1. Easy application, as it does not require the use of the speculum to place it. 2. Its greater and more prolonged effect on the parts to which it is applied, its action extending over a period of at least thirty-six hours. 3. It can be used in the treatment of the virgin without the use of the speculum, and this I consider its chief merit. I have never been able to understand why a virgin should not be treated locally for uterine disease, if she need treatment, as well as her married sister. Of course she need not be mutilated or abused, but if there were more sense and less sentiment used in treating the virgin for uterine disease there would be fewer married women with chronic utero-mania to wear out the patience of both the husband and the doctor. The glycerine suppository can be inserted into the vagina of the virgin without a speculum and will remain in place without the pledget of wool; or if it seem best the patient can be taught to apply it herself, and thus be saved from the trying ordeal of an examination so graphically described by writers on Gynecology whose practice is not seldom contrary to their published statements.

HEPATIC COLIC WITHOUT GALL-STONES.—Lépine, *Intern. klin. Rundschau; Med. News*, contends that hepatic colic may result from simple spasmodic contraction of the gall-bladder or biliary ducts. This opinion is based on both clinical, pathologico-anatomic, and experimental evidence. From the clinical point of view reference is made to the hepatic colic observed in hysterical individuals as a result of emotion, without discoverable cause in the intestinal evacuations. In some individuals the ingestion of certain articles of food is followed by hepatic colic. A case is cited in which after death no concretions were found in the choledoch duct, although a few small grains were present, together with active contraction of the walls of the duct. In dogs spasmodic contraction of the lower portion of the choledoch duct may be induced artificially. It is maintained

that contraction of the biliary canals may be induced reflexly.

FOUR USEFUL PRESCRIPTIONS.—

"C. C." Cough Mixture.—The following mixture is said, *N. Y. Med. Jour.*, to be largely used in the Philadelphia Hospital :

℞—Codein sulphate, ... gr. $\frac{1}{8}$.
Dilute hydrocyanic acid, . . ♏ ij.
Spirits of chloroform, . . . ♏ xv.
Mucilage of acacia, ... ♏ xv.
Syrup of wild cherry, . ad. . ℥ j.

Tympanites, Med. Press and Circular :

℞—Ol. terebinthinæ, ... ℥ j.
Ol. amygdalæ dulc, ... ℥ ss.
Tr. opii, ... ℥ ij.
Mucil. acaciæ, ... ℥ v.
Aq. laurocerasi, ... ℥ ss.
S.—A teaspoonful every 3 to 6 hours.

Flatulence.—Hartshorne, *Ibid.*, prescribes :

℞—Olei cajuputi, ... ℥ ss.
Tinct. lavand. co., ... ℥ ss.
Mucil. acaciæ, . ad. . . . . ℥ ij.
S.—Dessertspoonful when necessary.

Diarrhœa in Infants.—Rothe, *Ibid.*, uses :

℞—Acidi carbolici, ... grs. ij.
Bismuthi subnitratis, . . . ℥ j.
Syr. acaciæ, ... ℥ ss.
Aq. meth. pip., . ad. . . . ℥ ij.
S.—A half teaspoonful every 3 to 4 hours.

HYDROGEN PEROXIDE IN BLEPHARITIS MARGINALIS.—Dr. Ayres, of Cincinnati, has recently, in the *Med. News*, called attention to the treatment of marginal blepharitis with peroxide of hydrogen. After first correcting unhygienic conditions at home, and errors of refraction if they exist, he softens the crusts on the edges of the lids with warm water, and scrapes them off. A little absorbent cotton is then wound around a Japanese toothpic, dipped into the solution of peroxide, which has been poured into a little dish, and applied to the entire length of the lid margin. The application is continued until the characteristic bubbling ceases. The ulcers will then present a whitish appearance, as if they had been treated with silver nitrate. This treatment should be repeated every day. The doctor reports the happiest results from this method.

EPISTAXIS. — Prof. J. Hutchinson has stated, *Am. Pract. and News*, that epistaxis may be invariably arrested in a short time by placing the hands and the feet of the patient in water as hot as can be borne. In a recent discussion on the subject of epistaxis, it was divided into three varieties—juvenile, hereditary, and hereditary hepatic, and it was thought that the effect is nearly always due in childhood of latent or unnoticed disease of the liver. In the adult the hemophile form is generally associated with arthritism, and especially with the lesions of the liver caused by arthritic disease. Instead of tonics and milk diet so often prescribed, and so injurious to the liver, the speaker said alkaline and vegetable diet, with general and local douches, should be ordered. In elderly subjects arterial lesions were considered to be the chief cause.

RESOLUTION OF CONDOLENCE. — At a meeting of the medical profession of Belleville, the following resolutions were carried :

1. *Resolved*,—That we deeply regret the death of Dr. Hope, one of our oldest and most esteemed confrères, and whose sterling integrity, dignified deportment, unfailing professional courtesy and constant devotion to duty endeared him to us all.

2. *Resolved*,—That in tendering our profound sympathy to his widow and family, we trust their grief will be mitigated by the reflection that his was a useful and exemplary life.

3. *Resolved*,—That a copy of these resolutions be forwarded to Mrs. Hope.

Signed on behalf of the medical profession of Belleville,

JOHN J. FARLEY,
W. YOUKER,
W. J. GIBSON,
R. TRACY.

A LAY VIEW.—The following is from the *Philadelphia Record :* "Out of the forty-four States in the Union there are only sixteen in which a medical diploma of itself is no license to practice, and in which a State examination is required before legal permission to practice may be obtained. These sixteen States are Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia, and Washington. The ease with which bogus diplomas may be obtained in this and other

countries, and the alarming prevalence and persistency of quackery, should awaken the legistatures of all the derelict commonwealths to the necessity for State supervision. Life ought not to be put in jeopardy through the ignorance of practitioners who are paid to cure, but who often blindly assist in swelling the death-rate.

PAPAIN FOR TAPE-WORM.—Tape-worm is not very common in this country, but it is extremely difficult to cure. Dr. Roberts Bartholow refers to a case in the *Medical News*, in which the patient had used unsuccessfully turpentine, naphthalin, pumpkin seeds, pomegranate root, pelletierin and croton oil. He then tried papain, taking ten grains three times a day after meals. As a result he passed several segments and finally the whole worm, head and all. It was highly probable that the papain exerted a toxic action on the worm, causing it to relax its hold on the mucous membrane. Papain is a ferment contained in the juice of the carica papaya, and as it is neither a poison nor an irritant, it may be used freely in such cases.

WE MUST LEARN TO MILK THE GOOSE.—Fifteen cases of chronic urethral discharge dependent on the retention of the seminal fluid in the vesicles are reported as cured by Dr. Eugene Fuller's massage treatment or stripping of the seminal vesicles, *Jour. of Cutaneous and Genito-Urinary Diseases*. This method is to insert the greased forefinger into the rectum and stroke the seminal vesicles. This stripping process forces out the retained semen. Repeating the treatment once a week he claims to accomplish very happy results in relieving the chronic urethral discharges dependent on vesiculitis.

ETHER SUBCUTANEOUSLY IN SCIATICA. — Dr. Chindamo, *Memorabilien*, has treated a number of cases of sciatica, even including some very obstinate ones, which were rebellious to all other measures, with hypodermic injections of sulphuric ether. The drug is injected daily, in doses of 1 to 2 syringefuls, with cures in four to seven days. The remedy is injected into the painful points (of Valleix), beginning with the highest and proceeding gradually downwards.

TREATMENT OF CHANCRE.—Dr. Willard Parker Worster says, *Jour. Cut. and Genito. Urin. Dis.*, that chancre is cured in the shortest possible time by the use of peroxide of hydrogen without pain or detention from busines. The sore is sprayed with peroxide under sixty pounds pressure and dressed with iodol powder, the same treatment being repeated. All the chancres reported were not by any means innocent, as some presented unmistakable signs of phageadena. The showing made by the author is certainly remarkable and worthy of trial.

THE ALMIGHTY'S TREATMENT OF NERVOUS DEBILITY.—When Elijah was utterly depressed in mind, says *The Independent*, and believed that his brave attempt to create a reformation in Israel had completely failed, and that there was nobody left that cared for the true God, and was ready to die of a broken heart, then God gave him a quiet desert far from distraction, then a good sleep, then a comfortable meal, then sleep again, then more food, and then a six weeks' vacation. After that he recovered his spirits and was greatly improved in his religious feeling, his faith in God, as well as in bodily condition. One's religious moods may often depend on the condition of the body, if not one's religious life.

FOR PAIN IN THE EYES.—Heretofore there have been but few remedies from which we could choose in prescribing for the relief of pain in the eyes. Now, however, Dr. D. H. Howell, Editor of the *Southern Medical Record*, has given us a new remedy, which promises to be of the greatest value in these cases. Dr. Howell says he has been a great sufferer for two or three months, with the most intense pain in his eyes. "At last I thought I would try Antikamnia. I was relieved in less than two hours. I now carry it in my pocket all the time."

AN APPLICATION FOR TOOTHACHE, NEURALGIA, RHEUMATISM, ETC.—The following, *Coll. and Clin. Rec*, is an excellent application for local pain, as of toothache, neuralgia, rheumatism, etc. :

℞—Menthol, }
Chloral, } āā . . . . . grs. x.
Camphor, }

Mix until liquefaction occurs.

Sig.—Apply locally.

CHANGE OF STAFF.—We understand that Drs. Atherton, Burns, Ryerson, McDonald, Ferguson, and Aikins are no longer on the editorial staff of the *Dominion Medical Journal.*

Books and Pamphlets.

TREATMENT OF THE DISEASES OF THE STOMACH AND INTESTINES. By Dr. Albert Mathieu, Physician to the Hospital of Paris. Octavo, 502. Price, parchment muslin, $2.50; flexible leather, gilt top, $3.25. New York: William Wood & Co. Toronto: Carveth & Co. 1894.

Dr. Mathieu's reputation as an investigator and his experience in connection with the administration of the Paris Hospital have given this work a wide circulation on the continent, where it is considered the best, as it is the latest, treatise upon the subject. The author's standing in the profession gives it an authority that is most welcome in a class of diseases about which so much has been written and so little said. The divisions of the work are, first, diagnostic technique; second, general considerations on diet, and, third, treatment of the principal clinical forms of dyspepsia and of the most common symptoms of gastro-intestinal diseases.

Either of the divisions is well-worth the price of the whole book. There is, we think, and we are led to think so from experience, both personal and from consultations and conversations with others of our profession, much haziness, in the average medical mind upon the subject of indigestion, whether stomachic or intestinal. Late investigations in regard to the chemistry of the stomach have led to real advance in a knowledge thereof; and a more general knowledge of the action of ptomaines absorbed into the blood from the intestinal tract, leading to auto-intoxications, has done much to relegate pure empiricism out of a considerable portion of the field it once occupied in the treatment of dyspepsia.

Time and space will not permit an extended notice of this excellent work. We must content ourselves by saying that it is the most practical, as well as scientific, work we have yet seen on the subject.

MENTAL DISEASES. By Daniel Clark, M. D., Medical Superintendent of the Asylum for the Insane, Toronto, Extra Mural Professor of Medical Psychology in the University of Toronto, etc. Toronto: Wm. Briggs. 1894.

The above is a synopsis of twelve lectures delivered in the hospital for the Insane, Toronto, to the graduating medical classes. It is intended as an introduction to the study of mental diseases, and designed for the senior medical student and busy physician, who have not time at their disposal for the study of larger and more exhaustive treatises. The work is essentially practical, long dissertations and involved arguments on matters of hypothesis, and as such, of secondary importance to the practising physician, have been wisely omitted.

The work is timely, or, to speak more correctly, such a work should have been *en evidence* years ago. It will prove a boon to both student and doctor. We have enjoyed reading it. Much information vaguely put down in other and more pretentious works on the subject, is here crystallised and put into a tangible and useful form. The work should have a large sale.

THE POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D., Prof. of Gynæcology Detroit College of Medicine. Leather, 300 pages, 193 illustrations, post-paid $1. Detroit, Mich: *The Illustrated Medical Journal* Co. Publishers, Toronto: Carveth & Co.

The eighteenth edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies. The one mistake made is, we think, printing on too thin paper, which in this edition makes the letter press and engravings somewhat indistinct. The idea, of course, is to lessen the bulk and weight of the volume, which object has been successfully accomplished.