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Original Communications.

OUR PROFESSION AND THE LAITY IN PREVENTIVE MEDICINE.*

By DR. H. J. HAMILTON, TORONTO.

I have a deep sense of appreciation of the honor you have done me in electing me to the Presidency of the foremost Medical Association in Canada. I am conscious of the fact that the profession in Ontario has no greater honor to confer upon one of its members. The status of this Association, however, is such that the honor carries with it grave responsibilities which I have endeavored to discharge, as well as I am able, to your satisfaction and in the interests of the Association. If I have failed in this I crave your indulgence.

On reviewing our history from the date of our organization, in 1881, I entered upon the duties of office with a great deal of temerity. The list of past presidents, the part they have had in the development of the Association since its inception, and the high point of excellence which it has attained, not only inspired me with awe, but stimulated and encouraged me to try to make this meeting an unqualified success. I cannot speak too highly of the support which has been rendered by the committees and the membership of the Association. It is with pardonable pride that I present to you the results of the combined labor of all, viz., the best programme ever provided for our annual meeting. In passing, I would thank the Secretary for his untiring efforts during the past year.

*In addressing the audience before me, it is superfluous to

* President's address at meeting of Ontario Medical Association, Toronto, June 1, 1909.

refer to the benefits derived by the profession from our meetings. Those who attend know all about this. For those who never come to such gatherings, I would quote from Hamilton Mabie:

“The development of one’s personality cannot be accomplished in isolation or solitude; the process involves close and enduring association with one’s fellows. If work were merely a matter of mechanical skill, each worker might have his cell and perform his task, as in a prison. But work involves the entire personality and the personality finds its complete unfolding, not in detachment, but in association.”

Surely the education and development of a member of our profession should not cease when he graduates. Both constitute a life-long process and true success in the individual will depend upon the consideration which he gives these essentials. I use the words education and development in their widest meaning. Professional education alone to the exclusion of that development which conduces to make a man broad, to give him a mature knowledge of human nature, and a soul full of sympathy for his patients and the general public will not place us where every member of our profession should stand.

In meetings such as this much has been said about our conduct towards each other, and it is sometimes not what it should be. Conscientious work, combined with abnegation of self in the interests of suffering mankind, would ultimately result in such a general application of the Golden Rule, that we would credit each other with such honesty of purpose, that we would be less inclined to misunderstand each other. Conditions in our profession have so materially improved during the life of this Association that only a passing reference may be made to this subject. To quote from our code: “Diversity of opinion and opposition of interest in the medical, may, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a court-medical.” My interpretation of that article is that if Dr. A. is of the opinion that Dr. B. has used him unprofessionally, Dr. A. should endeavor to have that misunderstanding “immediately terminated” by conferring with Dr. B. and only refer the matter to the court-medical after such effort to arrive at a proper understanding has proven futile. Furthermore, if Dr. A., smarting from a supposed “injustice” at the hands of Dr. B., resorts to the court-medical without trying by conference

with Dr. B. to amicably settle the difference of opinion, he, himself, is the aggressor.

Although conditions in our profession are much better than they were at one time, there is still room for improvement. Let us become better acquainted with each other, meet each other more frequently, reach a higher level and avoid making careless remarks when speaking of each other: remember the good and ignore the evil, if we know or suspect that such exists. Regular attendance upon this and similar associations would do much to keep down petty jealousy and strife. By attaining the ideal in this and combining our energies in work for the benefit of humanity, even much more would be accomplished than has been up to the present time. Let us forget all disturbing elements in our profession and keep before us the motto of this Association: "Concordia Crescimus."

What are we doing for the public?

The following quotation, from MacFie's "Romance of Medicine," gives some examples of what modern science has spared the public from:

To cure dropsy. "Take a good quantity of black snails, stamp them well with bay salt, and lay to the hollow of the feet, putting fresh twice a day."

To cure ill eyes. "Take two or three lice, and put them alive into the eye that is grieved, then shut it close. The lice will certainly suck the web out and afterwards without any damage to the patient, come out."

For dysentery. "Take the bone of the thigh of a hanged man (perhaps another will serve, but this was made use of). Calcine it to whiteness. Dose: a dose of white powder in some red cordial."

Earthworms, woodlice, human skull, and other loathesome things were favorite prescriptions of the time.

The same writer tells us that, according to Sir Thomas Browne's discourse upon this subject, Haly confirmed the fact that prepared mummy was frequently used by the ancients as a medicine. We are told that it was prescribed for epileptics and gouty subjects. Francis the First, of France, always carried mummies with him as a panacea against all disorders.

"But the common opinion of the virtues of mummy, bred great consumption thereof, and princes and great men contended for this strange panacea, wherein Jews dealt largely, manufacturing mummies from dead carcasses and giving them the names of kings, while species were compounded from crosses and gibbet-leavings. There wanted not a set of Arabians who

counterfeited mummies so accurately that it needed great skill to distinguish the false from the true. Queasy stomachs would hardly fancy the doubtful potion wherein one might so easily swallow a cloud for his Juno and defraud the fowls of the air while in conceit enjoying the conserves of Canopus."

We, as a profession, are making honest efforts to help the public. Progress in medicine has for its aim not only the cure, but the prevention of disease. Reforms in this latter particular are not always met kindly by the laity, nor in fact accepted without proof by the profession. It is at least safe to be cautious, but let us hope that never again will any movement in preventive medicine meet with such bitter opposition from the profession as did vaccination when introduced by Jenne.

Vaccination, providing immunity against smallpox, is so firmly believed in, that at this late date one should apologize for referring to it. The subject is no longer one for debate. Life is too short to enter into controversy upon that which is just as true as the fact that 2 and 2 make 4. Japan, not more than 30 years of age in medical progress, recognizes the necessity of adopting compulsory vaccination with the result that smallpox, once a scourge, has become easily manageable in that country. I refer to Japan as an example of a nation where compulsory vaccination is insisted upon when a child enters school. Medical inspection of schools is also carried out. The same may be said of Honolulu and other places which we have believed to be not as far advanced in medical science as we in Canada are. At the present time compulsory vaccination is a dead letter in the public schools of Toronto.

Our profession and this Association have frequently, with no uncertain sound, voiced their opinion in reference to this state of affairs. The public, for whom we are working, are either indifferent as to ultimate results or ignorant upon the subject. The awakening will be extremely rude when it comes, as it certainly will come.

Pasteur, in more recent times, conferred a boon upon mankind by providing a serum which rendered one bitten by a rabid dog immune to hydrophobia.

Mark the difference in the reception given by the public to his discovery and that accorded to Jenner's theory of vaccination. This may, in part, be due to the fact that vaccination against smallpox was given to the world when the laity, and even our own profession were less able to grasp the meaning of it than at the present time. It may also in part be due to the fact that Pasteur's serum is used only when there has been

exposure to rabies. The public can see then the wisdom of protecting themselves against hydrophobia, the disease most terrible to the popular imagination. They know that the bite of a rabid dog is fully expected to result in hydrophobia, and they will resort to the remedy at once and without question. I doubt very much whether there is a solitary member of our Board of Education who would decline to undergo treatment immediately, if bitten by a mad dog. No, not even for the sake of appealing to popular prejudice, if such existed, would he do such a foolish thing. It is safe to say that there is no prejudice against the use of Pasteur's serum. Must men be infected with a disease which is necessarily and rapidly fatal before they will consent to use the remedy? Rabies—horrible and terrorizing to contemplate, but comparatively rare in occurrence—fatal. Yes, the argument is convincing—Pasteur's serum prevents—we will be advised by our physician and even consider him a fool, if he does not send us to New York at once.

Smallpox—vile, loathesome, extremely contagious, large numbers attacked when there has been no immunity previously provided, wiping out the population of large cities by thousands but recovery possible in a proportion of cases—no, we may not be infected, and if we are infected we may recover. We will not be vaccinated, nor have our children vaccinated, nor will we require children attending school to be vaccinated. It would lose some votes for us on Jan. 1st, we are afraid. Thus in this disease the health of the public is allowed to be a political football. Nothing short of a frightful epidemic of smallpox which decimates our population will prove to these men the efficacy and wisdom of vaccination.

One hundred years ago, or a little more, one anti-vaccinationist asserted, "Smallpox is a visitation from God, but the cowpox is produced by presumptuous man; the former was what heaven ordained, the latter is perhaps a daring violation of our holy religion." Of the two v's in that quotation, all I have to say is, neglect the violation, and you will sooner or later get the visitation.

Vallery-Radot says, "One day Pasteur, having wished to collect a little saliva from the jaws of a rabid dog, so as to obtain it directly, two of Bourrel's assistants undertook to drag a mad bull-dog, foaming at the mouth, from its cage. They seized it by means of a lasso and stretched it on a table. These two men, thus associated with Pasteur in the same danger, with the same calm heroism, held the struggling ferocious animal down with their powerful hands, whilst the scientist drew, by

means of a glass tube held between his lips, a few drops of the deadly saliva."

This was heroism to be sure, but what of Jenner, who inoculated his own child of 16 months with swinepox? What of the heroism of Pasteur's second patient, a boy of 14, who was bitten while protecting his comrades? "Armed only with a whip he confronted the infuriated animal who flew at him and seized his left hand. After a tremendous struggle, during which his hand was badly bitten, the boy succeeded in overpowering the dog, bound its jaws together with the whip, battered in its head with his wooden sabot, and finally dragged it to a stream and held its head under water till it was undoubtedly dead." This boy recovered as did the first. Our profession has given men who in these two diseases have accomplished untold good for the public, but the Jenners and Pasteurs of to-day are working just as faithfully for mankind as ever they did.

In tuberculosis the laity are now the faithful allies of the profession, and while much has been accomplished in this disease, it remains for the powers that be to make more universal use of the educational campaign which has been going on now for some years and supplement the efforts of the profession and public. They are doing this as rapidly as seems to them wise. It is expected that the municipalities will take an active hand in this.

I would enlist for our profession the unbounded confidence and sympathy of the laity in our efforts to secure for all pure air, pure food and pure water. During the immediate past we have been making rapid advance in that respect. The local Legislature is co-operating with our profession with commendable zeal in reference to the milk supply of the Province. As a result of Mr. W. K. McNaught's most excellent resolution passed by the House, a Provincial Milk Commission has been appointed. This subject has occupied Mr. McNaught's attention for some time and has had the hearty support of the Minister of Agriculture and others in the Cabinet. With such an able Commission, and equally able and enthusiastic Department, we may be satisfied that before this Association meets again, much will be accomplished.

During the past year the Milk Commission of the Canadian Medical Association has been doing good work. Locally the Milk Commission of the Academy of Medicine has been successful in doing more than we could have reasonably expected from a body of men busy with the routine of medical practice.

These men have given of their time and energy most generously, with the result that it is now possible in the City of Toronto to purchase certified milk which must reach the standard of purity required by that Commission.

From the daily press we learn that Mr. John Ross Robertson, that good old protector of sick and helpless children, has recently been most active in securing for Toronto the establishment of infant milk stations which will provide pasteurized milk for 1,000 children daily during the coming summer. With a well selected delegation of physicians, Mr. Robertson recently visited New York and consulted Mr. Nathan Strauss at his laboratory, with the result that a pasteurizing plant has been ordered and will soon be installed by Dr. Arthur Randolph Green, of New York. Recently the Medical Society of the City of Hamilton appointed a milk commission to look after the supply there. These are examples of what is being done in other places throughout the Province, and we point with pride to the fact that our own profession is leading in the movement.

In reference to the water supply of the City of Toronto, last January, the electorate passed a by-law authorizing the expenditure of a large sum of money in a system of disposal of sewage by septic tanks and for a filtration plant for our water supply. At the time of writing some members of the Council are opposing the scheme, but we can confidently hope that this opposition and delay results from some misunderstanding which will soon be cleared up. When the people know and say what they want, they will certainly get it. They have said it, and the medical profession have helped them to learn the necessity of having pure drinking water.

The public were never so well informed in sanitary matters as they are to-day, and were never so eager to learn more from us in these things. The time is coming when they will not ask what it costs to secure pure food and pure water, but they will ask how to get it at any cost.

Life insurance companies should be foremost in the campaign against preventable diseases. Prof. Irving Fisher, of Yale University, said: "It is sound business for the life insurance companies to work for the prevention of disease, just as it is sound business for the fire insurance companies to work for the prevention of fires. By this method the insurance companies will increase the duration of life of their policy-holders and thus be financial gainers." Can they be induced to help in the fight against tuberculosis and typhoid fever?

To Sir A. E. Wright belongs the credit of applying vaccination as a means of preventing typhoid fever.

Statistics available in 1907 were based upon inoculation on British troops in India and South Africa. Sir A. E. Wright quotes figures as follows: Among 19,069 inoculated soldiers, there were 226 cases of typhoid fever—a proportion of 1 in 84.4; among 150,231 uninoculated soldiers there were 3,739 cases, that is, 1 in 40 took the disease. In the inoculated the mortality was 17 per cent., in the uninoculated the death-rate was 25 per cent. The immunity seemed to persist for about two years. Chantemesse reports a death-rate of 17 per cent. in 5,621 cases of typhoid treated in Paris hospitals from 1901 to 1907 without inoculation, and since that time 1,000 cases treated in his wards with cold baths and anti-typhoid serum with a death-rate of 4.3 per cent. Not one fatal result occurred when the serum had been used within the first seven days of the disease. Convalescence was very rapid in patients treated early. This practice has also been adopted in the German army with good results.

Up to the present the evidence would go to prove that the use of anti-typhoid serum is advisable among soldiers and other large bodies of men who are surrounded by unknown or suspicious sanitary conditions. An effort has been made in this address to refer to some things our professions are trying to accomplish for the public in preventive medicine. If to this aim on our part we can add the confidence and co-operation of the public the results will be more satisfactory in the future than they have been in the past. To this combination of profession and laity we can safely add the support of the Legislature, a body elected by the people, and willing to grant what the majority of the electorate desire of them.

The confidence and co-operation of the public can only be secured when they understand the necessity of the work. The surest way of educating the public is to start with the rising generation. The Legislature of this Province now empowers school trustees to provide and pay for medical inspection of schools. To this add the teaching of hygiene in the schools.

The primary object of medical inspection of schools is to prevent children from contracting or giving to others communicable diseases. In the second place the object is to detect mental and physical defects, that they may be properly cared for, and not allowed to interfere with the child's progress in school.

This, followed by teaching in public health as far as their

age and education will permit, would do much to relieve a great deal of distress and diminish our death-rate. If a child could tell his parents what could be done for the prevention of tuberculosis by proper disposal of sputum, and the adoption of proper hygienic measures, the time and money expended in teaching him these things would be well spent. The same would be true if every child could explain to his parents why it was better to boil the drinking water and why certified milk is cheaper in the end than milk of doubtful quality. If the children were able to demonstrate to their parents that tuberculosis and typhoid fever are preventable diseases, much more would be done towards educating the masses. The homes must be reached, and that can be done more readily if we have a good system of medical inspection of schools and instruction in hygiene.

Sir Victor Horsley, in addressing the British Medical Association, refers to medical inspection of school children as one of the primary questions of the day, and says: "Here is a department of national work for which alone the medical profession can be and is responsible."

Our Department of Agriculture each year spends a great deal of money on animal and plant life, because they, as representatives of the people, carry out the wishes of the people. If the local Government do not spend as much money in caring for the health of the children of this province as they might, it is because the people are not ready to permit it. In the matter of medical inspection of school children, the Government has given school trustees the power to spend money for this purpose—it is now for the people to allow it to be done. It is to be hoped that the Department of Education will at an early date devise some workable scheme by which medical inspection will be carried on in a most effective manner.

Locally, through the Academy of Medicine of Toronto, our profession has been endeavoring to accomplish something in the matter. There has just been published the report of a Committee of the Academy upon Medical Inspection of Schools. The Secretary, Dr. Helen MacMurchy, has been most untiring in her efforts to secure information regarding what has been accomplished by medical inspection in the United States and Europe. I would recommend the careful perusal and consideration of this report. It is our duty to not only help in this work, but to direct it. It certainly opens up a very wide field in the realm of preventive medicine.

SOME COMPLICATIONS OF THE PUERPERIUM, WITH A REPORT OF A CASE.*

BY DR. J. R. STANLEY.

Case—Mrs. N., aged about 28. Housewife, formerly a seamstress. Well developed and well nourished. Previous health good. Habits active. Father asthmatic, since dead. One sister with a large family and a history of albuminuria and toxemia with every pregnancy. Patient became pregnant for the first time in the autumn of 1906, and expected to be confined about July 15th last. Her health during the period of her pregnancy was on the whole good. She had, however, an occasional headache, and some edema of the feet, hands, and face. Her appetite remained excellent, and she was quite able to do her own housework. On June 28th, she travelled 100 miles coming to her mother's home. Four days later, on July 2nd, her present illness came on.

She was in her usual good health during the day; took a lunch about 4 p.m., and at 9.30 p.m. was seized with a violent pain in the epigastrium. I saw her, for the first time, about an hour later. She was in great agony, tossing about, both in and out of bed, and perspiring freely. She vomited a dark fluid, but almost no food. Her temperature was normal, and pulse practically normal. Morph sulph. gr. $\frac{1}{4}$, hypodermically, gave some relief. As the severity of the pain diminished the rhythmic labor pains were detected. On examination the head was found entering the pelvis, the cervical canal obliterated, but the os undilated. Towards morning the pains subsided, and the patient rested well during the forenoon. In the afternoon she had headache, increasing in severity, and by evening she was very restless, nervous, and had a violent headache. She vomited frequently, had epistaxis once, and some oozing from the gums. The urine was scant and smoky. Pulse 90, very high tension. Temperature 99 2-5. A hot pack gave some relief and labor pains returned. A fairly vigorous child was born about 2.15 a.m. The os and perineum were slow in yielding, otherwise labor was uneventful. There was rather less hemorrhage than is usual.

A few hours later the patient again became nervous and restless, and there was some twitching and vomiting. A catheter

* Read at meeting of Ontario Medical Association, Hamilton, May 28th, 1908.

was passed about eight hours after delivery but no urine obtained. The pulse jumped to 130, and became somewhat intermittent, and the temperature rose to 100 4-5. Considerable complaint was made of soreness in the epigastric and right hypochondriac regions. Free purgation and hot packs improved the condition somewhat, and about 3.30 p.m. half an ounce of bloody urine was obtained, and about 10 p.m. she voided urine with bowel movement.

The following day the patient's general condition was slightly improved, but the abdomen became distended with gas, and a moderate degree of jaundice developed. The kidneys were acting much more freely, but the urine and feces were passed involuntarily.

For the next couple of days the patient's condition showed improvement, but the tympanitis was extreme, and the right hypochondrium very painful on the slightest movement, forcing the patient to maintain the dorsal posture. This tenderness persisted throughout the whole illness.

About the beginning of the second week she had a pronounced chill, lasting 10 or 15 minutes, with no subsequent rise of temperature, and also began to bleed freely. This persisted for about a week. The patient, bleeding from the nose, gums, and vagina, became prostrated and exsanguinated to a remarkable degree. The cessation of the hemorrhages was followed by an attack of cystitis with strangury and pyuria.

During the latter part of the second week, the patient complained of an aching in her shoulders, and soreness and stiffness in the joints of the extremities, and this continued throughout convalescence, and is still troublesome.

Convalescence was slow but without further complication.

HISTORY OF SPECIAL PARTS.

Nervous System—Some headache during pregnancy, but not very frequent. Very severe headache on the afternoon of the second day; infrequent afterwards. Restlessness and sleeplessness, with some twitching on the morning following delivery; relieved by hot packs and free purgation. Mental irritability marked the greater part of illness. Exceedingly irritable in the second and third weeks. A mild type of delirium present for a short time in the prostration of the hemorrhages.

Slight rise of temperature, 99 2-5 to 100 4-5, for the first two days, afterwards usually subnormal until the onset of the cystitis, when it reached 102 2-5, and then gradually subsided.

Blood and Circulatory System—Pulse of very high tension

on the second day; became rapid, weak, and intermittent on the third day. After use of hot packs and free purgation it improved in quality. Again after hemorrhages recommenced it was of a wretchedly bad quality. Hemic murmurs in the cardiac area were very pronounced in the second and third weeks.

Hematuria, hematemesis, with bleeding from the gums, were present on the first and second days and reappeared in the eighth day, and for a week the patient bled constantly from the nostrils, gums, vagina, and urinary passages. No subcutaneous hemorrhages were observed.

On the day of attack she thinks she passed about the usual quantity of urine. On the day following a smaller quantity of smoky urine. Then for 14 or 15 hours no urine was passed and none could be obtained by catheter. When the kidneys began to secrete again the urine was loaded with blood. This disappeared in a few days, but reappeared in the second week, when considerable blood was lost per urethra. No casts were found after the first few days of illness, and the albumin was never abundant. The quantity of urine soon reached normal.

About the twelfth day the patient began to complain of pain on micturition. This developed into a well-marked attack of cystitis, with an abundance of pus. This slowly subsided and the pus gradually lessened and disappeared.

Digestive System—Nausea and vomiting frequent early in the illness, and occasional throughout; the digestive powers being very easily exceeded. During the first few days of illness the patient had a most inordinate craving for food. On the third day the abdominal distension began. This soon reached an extreme degree, displacing the liver and heart upwards, the apex beat being well above the nipple. This gas was chiefly in the small bowel, and it persisted in spite of free purgation and other treatment for about ten days and then gradually subsided.

The liver, which was displaced upwards by the gas, gave a slightly enlarged area of superficial dullness, and the tenderness anteriorly over the stomach and liver was present from the first, and persisted all through the illness. The pain was aggravated by any change from the dorsal position. Strapping the side gave a little relief. About the ninth day, on auscultation below the right nipple, friction sounds were heard. These I believed to be diaphragmatic in origin. At this time also the patient would cry out with pain immediately after swallowing, apparently as the fluid was passing the diaphragm. The erupting of gas was equally painful, the passage of the bolus,

or the gas, producing a spasmodic contraction of the diaphragm. The patient still complains of her "weak side," and is unable to lie on her left side, owing to a distressing feeling, as though her right side were falling in.

The Articulations—The trouble in the articulations was first noticed about the close of the second week, when the patient complained of the aching of her shoulders, and also that she could not use her hands well. She had not much pain except on active exercise. When convalescent she could not hold her baby owing to the pain which it caused in her arms. She could walk with difficulty, but could not go up or down stairs. There was no redness or swelling, and very little tenderness or pressure, and less on passive movement than on active. This disability she still has in quite a large measure.

Note on Treatment.—Hot packs inducing free perspiration and magnesium sulphate, in small repeated doses, inducing free purgation, brought quick response in relieving the toxic condition.

Milk and albumin water gave most satisfaction as a diet.

For the hemorrhages calcium chloride was tried, but it was soon rejected by the stomach. It was then given per rectum, but when it was required most was almost invariably expelled. Lime water added to milk or to peptonized milk was given nearly all through her illness.

A. E. Wright and W. E. Paramore, in *The Lancet*, state that the coagulability of the blood is increased by the ingestion of milk, as in this way calcium and magnesium salts are taken into the system. They also claim that where the salts of calcium cannot be taken by the mouth they may be taken hypodermically in solutions of 1 in 20. In this case I persisted in giving lime water with the milk, in the hope that some might be absorbed.

Strychnine and digitalin hypodermically or by the mouth were given freely.

Aromatics and antifermentatives, to relieve gaseous distension, were apparently useless, and were not well borne by the stomach.

As purgatives, calomel and magnesium sulphate, in small repeated doses gave best results.

Salines were given by the bowel, but were not well retained, even when given in small quantities.

Discussion—In the discussion of this case a few points might be noted:

The hemorrhagic tendency in pregnancy, or in the puerperium, is rather a rare complication, but may arise during pregnancy or after delivery, and is generally regarded as of very grave prognosis. The infrequency of the complication may be, in part, due to the fact that there appears to be an increased amount of fibrin in the blood during pregnancy, and this probably acts as an preventative.

In this case the hyperarterial tension was possibly a factor in the hemorrhages at the onset of the illness, but the toxic condition arising from the pregnancy was probably largely responsible. The recurrence of the hemorrhages a few days later was doubtless aided by the absorption of bile toxins. Hemorrhages in chronic jaundice are of frequent occurrence, but in acute attacks with light jaundice it is exceptional. J. W. Coe, in the *J. A. M. A.*, claims that constant features of the hemorrhagic diathesis are reduction in the number of blood plates, and an absence of leucocytosis.

Complete suppression of the urine is rather a rare complication, but it may occur in puerperal cases.

1. It may occur in acute nephritis, just as in acute nephritis apart from pregnancy.

2. It may occur apart from nephritis, and apart from eclampsia, as in a fatal case of Jardine's, coming on the sixth day, after the passage of a catheter. A few other cases have been reported.

3. It may occur in eclampsia; nearly always in fatal cases. Jardine reports some cases in which post mortem examinations showed dilated kidney tubules, but no inflammation.

This naturally brings up the question of the relation of the "kidney of pregnancy" to true nephritis. Jardine lays down a clear division between them and reports a series of post mortems in fatal cases of eclampsia, where there was no true nephritis. He attributes to liver derangement the chief source of trouble. He also claims the presence of blood in the urine, even in large quantities, does not mean nephritis, but may be present in eclampsia without nephritis, when it will quickly disappear after delivery. Grandin, of New York, speaks of cases of eclampsia with neither albumin nor casts.

There appears to have been, in this case, a perihepatitis, probably of a more or less local character, such as occasionally occurs secondary to gall stones or cholecystitis. This probably was one of the factors in producing the tympanitis, and the diaphragmatic irritation around the esophagus. It might also be well to remember that some claim that biliary colic does-

not necessarily mean the presence of gallstones. Sheldon, in the *N. Y. M. J.*, reports 37 cases of biliary colic and no stones at operation.

The association of gallstones and pregnancy is rather peculiar. Perhaps all authorities agree in placing pregnancy among the predisposing causes of gallstones, and yet gallstone colic is rare in pregnancy. Jardine says he has never met a case. It is also remarkable that a condition so often counted as favorable to gall-bladder troubles should so seldom be complicated by cholecystitis. Vineberg, in the *Med. Record*, says that in ten years he has seen but four cases complicating the puerperium.

Jaundice is occasionally present in eclampsia without gallstone colic or cholecystitis. I have seen it in cases of comparatively mild toxemia, but with considerable vomiting.

The usual complication of the articulations in the hemorrhagic diathesis is hemorrhage into the joints, and a consequent synovitis, but in this case, beyond some indefinite pains, principally in the shoulders, and pain on movement, few symptoms were present.

THE USE OF ADRENALIN CHLORIDE IN SPECIAL WORK ON THE EYE, EAR AND THROAT.*

BY MURRAY MCFARLANE, M.D., TORONTO.

Adrenalin— $C_{12}H_{17}NO_3$ —is a chemical substance crystallizing in various shapes, isolated in 1901 by Takamine and Aldrich from the suprarenal body of the ox, grayish-white in color, slightly bitter, and leaving a numb sensation of the tongue. It is very soluble in hot, less so in cold water, turning pink on exposure to the air, this change not affecting its power in any way. It is put up by Parke, Davis & Co., in a 1-1000 solution of the chloride with the addition of .05 per cent. of chlorotone as a preservative.

Shortly after a solution of 1-1000 adrenalin chloride is dropped into the conjunctival sac the membrane becomes white and the tissues at the inner canthus shrink; a few more instillations and the skin begins to whiten; sometimes the pallor extends to cheek, nose and eye-brow. Cocaine may be used with it, reinforcing its action and rendering it very valuable for operative work, as we all know.

Prior to the isolation of adrenalin, much work had been done by Brown, Sequard, Oliver, Schafer, Bates, Cohen, Floersheim, and others, who used solutions of the suprarenal gland. The great difficulty was owing to the rapid deterioration of the animal extract and the difficulty of preparation of the solutions, as the writer can testify.

Many suprarenal gland extracts are almost identical chemically with adrenalin, also physiologically and chemically. A few of the recent ones are hemisene, renaglandine, adnephrine, paranephrin and renostyptin—names applied by the different firms of manufacturing chemists supplying them. In diseases of the eye, nose and throat the solution can be used without fear, although one observer considered that a case of glaucoma was caused by the use of adrenalin. Sidney Stephenson, on the other hand, uses it in glaucoma. In the nose for cases where the submucous section is being done, or where it is desired of gaining access to the accessory sinuses, adrenalin chloride solution is of very great value by its power of rendering the parts bloodless and causing retraction of swollen tissues.

* Read before Academy of Medicine and Surgery, April meeting.

The notes following were from observations made some eight years ago when the writer was asked by Parke, Davis & Co. to report upon the new preparation of the suprarenal gland just isolated by their chemist, Takamine. Since then it has been used with unfailing satisfaction, care being taken not to use the solution in too great strength, pain being occasionally noted in the nose and face when 1-1000 was painted upon the turbinals; also in three cataract extractions it seemed to cause a profuse hemorrhage from the iris when iridectomy was done, which may have been only coincidence.

In fifty cases of conjunctival injection from causes varying in nature from simple congestion due to eye-strain to the most severe types of conjunctivitis, a single drop of adrenalin chloride solution, 1-5000, in the conjunctival sac, almost immediately caused a blanching of the membrane, commencing in about ten seconds, and reaching a maximum in from five to ten minutes, the effect lasting from one-half to two hours, according to the nature of the case. The blanching effect may be obtained by even a solution of from 1-12,000 to 1-10,000 in from thirty seconds to two minutes. For practical purposes a solution of 1-2,000 was found to give the best results in operative work upon the eye, causing no irritation that could be noted upon close observation. A two per cent. solution of cocaine mur. was used ten minutes prior to the instillation of the adrenalin, when operation was contemplated, in order that the effect of the anesthetic might not be interfered with, thus insuring a painless and almost bloodless result.

In ten strabismus operations and one advancement of the internal rectus muscle, two drops of a 1-1,000 solution rendered the various procedures almost bloodless fifteen minutes after being dropped on the conjunctiva, a deep as well as superficial hemostatic action resulting. In an operation at St. Michael's Hospital for the removal of an eye, not more than ten drops of blood were lost, and this after five drops of a 1-1,000 solution of adrenalin chloride was placed in the conjunctival sac, ten minutes prior to chloroform anesthesia. The effect seemed to extend to the central artery of the optic nerve, thus proving the rapid absorption of the active principle, with control of the deep as well as superficial circulation of the parts. In diseases of the eye with a tendency to iritis or choroidal disease, where an astringent is contraindicated, and in corneal ulceration, adrenalin should not be used; but whenever an operation is required, adrenalin will be found to be an invaluable adjunct.

It is in operations of the nose, throat and ear that the specific

action of the active principle of the suprarenal gland proves its great value as a hemostatic; the tendency to hemorrhage, controllable with difficulty, being one of the drawbacks of the surgery of these organs.

For a number of years the writer has used with great satisfaction various solutions of the suprarenal extract in the removal of the septal spurs, cartilaginous outgrowths, septal deviations and hypertrophy of the turbinates, the only drawback being the difficulty of preparing fresh solutions and the danger of irritation which so frequently existed. This, however, has been overcome, adrenalin giving better results without the concomitant disadvantages. The strength used was 1-2,000, applied by means of a cotton carrier, after local anesthesia had been accomplished by a two per cent. cocaine solution.

In this manner a number of large spurs and cartilaginous growths were removed with scarcely any hemorrhage. In addition to the hemostatic action, the contractile power of the drug upon the turbinate tissues greatly enlarges the field of vision for exploratory and operative measures.

For the removal of adenoid vegetation the vault of the pharynx is sprayed by a 1-5,000 solution of adrenalin with five per cent. of chlorotone, the result being all that could be desired. Except in the case of very small children, the writer never uses a general anesthetic, thus obviating one of the grave dangers attending these operations, the obtunding action of the chlorotone being quite sufficient in the majority of cases to render them practically painless. Cocaine is occasionally used in 3 per cent. solution, applied by swab to the pharyngeal vault, where the patient is over twelve years of age.

In hay-fever, the treatment of which has been so unsatisfactory, good results have been obtained by a spray of suprarenal extract to the nose, together with the administration of pil. anti-neuralgic (Brown-Sequard), one-half strength, thrice daily; and the use of sod. salicyl. grs. v., pot. bicarb, grs. xx., in aq. menth. pip., t.i.d.

Adrenalin being so much better than the old suprarenal extract, the writer feels confident of the results which will be obtained upon its use during the hay-fever season. In tonsillectomy the gland is to be painted by a solution 1-1,000 of the chloride, or a 1-5,000 solution injected into the tonsil, which renders the removal almost bloodless. In cautery operations on the tonsil the gland melts away like cheese, no hemorrhage interfering with the heating of the point of the instrument, a fact to be greatly appreciated.

As to drawbacks to the use of suprarenal gland extracts, a certain amount of controversy has existed as to the greater danger of secondary hemorrhage after its use, some eminent observers holding that such exists, others claiming never to have noted it. In the writer's opinion the great law of action and reaction holds good, and a slight tendency to after-hemorrhage exists undoubtedly, but is not in any sense dangerous and can be combated with unusual success if the cut surfaces are swabbed with a solution of glycerine and alcohol, equal parts. Another point is to be noted, and that is to be very careful to apply the adrenalin solution only to the part to be operated upon, thus limiting its action. During the past three years six cases have been treated in hay-fever patients where a severe pain behind the eyes came on after the suprarenal extract had been used in spray form, as well as uncomfortable sneezing. But adrenalin in normal saline solution has been almost without irritation, according to the experience of the writer.

NOTES ON A CASE OF NEURITIS.

By J. T. FOTHERINGHAM, M.D., TORONTO.

Assistant Physician, Toronto General Hospital.

I was consulted on March 10th, 1909, by Mr. A. M., farmer, aged 28, kindly referred to me by Dr. McPhaden, of Mt. Forest, Ont., and found the case so interesting that I venture to report it.

1. *Family History*.—Unimportant.

2. *Personal History*.—Married one year ago, has issue one child, healthy. He was never in bed from ill-health till July 11th, 1908. On this day he was sitting for some hours in a very hot sun on a load of lumber when he became ill, vomited for some hours, had headache, and was one week in bed, then up and about, but with back first painful, then weak, so that he was completely idle, and much of the time off his feet till October. Since then he has regained gradually partial strength of back, and been able to drive about. After two or three weeks of mild pain in mid-dorsal to upper lumbar region of spine and around to the epigastrium and navel in front, he felt weakness come on in the trunk as the pain subsided. This weakness then for some weeks persisted, and is still present to a less degree, showing itself chiefly as—

(a) Inability to sit up from supine posture in bed without rolling over to one side, preferably the right, and using the hands by which to pull himself up.

(b) Inability while lying on the back to lift either foot towards the ceiling with the leg straight, except by grasping the thigh with the hand and lifting the limb. This movement was fully recovered some months ago.

(c) He found for some months after leaving his bed that if, while standing, he leaned back a little, he could not recover himself but would fall backwards unless caught or supported. Similarly he found it hard to keep the shoulders up and erect, the tendency being to sag forward with chest bent towards abdomen. These losses of motor power are plainly to be referred to the psoas muscles, the anterior abdominal muscles, especially the recti, and the erector spinae muscles, respectively.

(d) He still finds, though there has been a marked improve-

ment in this respect, that he cannot hold up any weight before him at any distance from his body, as at arm's length. He cannot, for instance, lift grain on to a waggon, or pitch hay without marked weakness referred to the area of the back above mentioned.

3. *Present Condition.*—Still unable to do any heavy or regular work. This has been the case now for eight months. Weight, 160 lbs. Average, 160-165 lbs. Most, 175 lbs. Pulse, 80. Temperature, 99 F. (at noon). Respiration, 18. Looks very strong and well, not anemic.

Digestive System—Normal.

Circulatory System—Normal.

Genito-Urinary System—Normal.

Nervous System—Brain and cranial nerves normal, never noted any subjective disturbance other than above mentioned. Motor functions, speech, eyes, and gait, all normal. Never any diplopia or sphincter trouble. Loss of power as above noted.

Erector spinæ muscles on left side normal, but on right, much wasted, fibrous, full of bare tendons, which could be rolled under the thumb much like catheters in a bag. Slight curvature of vertebral column to the left, involving the last two dorsal and first lumbar vertebræ, which were also slightly knuckled backwards, and with all those below them, standing out a little too plainly, partly from flattening of the muscular planes, especially on the right. The contour of the thorax was not disturbed, as the lateral deviation of the vertebral column was but slight.

Reflexes.—All normal, both cranial, arm, and leg reflexes, and cremasteric, except the umbilical and epigastric, which were normal on the left and entirely absent on the right side.

Diagnosis.—Toxic or infective neuritis of the three or four dorsal intercostal nerves on the right side, probably invading also the higher twigs of the lumbar plexus to the psoas.

Carics of the spine was excluded by family and personal history, mode of onset and progress of the case, and by absence of pain and tenderness to rough manipulation, jumping, etc., and to the hot sponge, as well as by the character of the curvature (lateral) and the shape of the slight kyphosis, and by the progress towards recovery.

Herpes Zoster may be mentioned, to be dismissed.

Anterior-poliomyelitis may, I think, be definitely excluded, for, amongst others, the following reasons:

(a) His age, 28 years—makes it less likely.

(b) The pain which accompanied the onset, and,

(c) The slowness and partial character of the loss of power, and (d) The extent to which recovery has occurred.

Prognosis.—Good. Recovery slow and probably not complete. The most cheerful feature of paralysis due to neuritis is that the physician can safely assure the patient, even after the lapse of a year, that farther recovery will take place.

The only measures from which improvement may still be expected are, moderate exercise at his usual employments, with massage, electricity, and possibly continued small doses of strychnine.

Selected Articles.

ALCOHOLIC INSANITY.

BY J. O'CONNOR DONELAN, L.R.C.P.I., L.R.C.S.I.

In to-day's lecture I intend to deal with that most important section of mental disease which is due to, or aggravated by, indulgence in alcohol. About ten per cent. of the cases admitted to our asylums are directly caused by intemperance, while fully 15 per cent. more, though originated by some other causes, are aggravated by it. As in some of the cases of melancholia and paranoia you have seen, the patients suffering from various ill-defined, unpleasant sensations in the early stages of their disease, vainly sought relief in delusive stimulants. At first probably a sense of gratification may have been experienced, but very soon the debilitating effects of the alcohol crushed out the resisting power of the system, leaving the mind an easy prey to the ravages of hallucinations, delusions, and general decay. No doubt many mild cases of insanity would never develop sufficiently to require asylum treatment if they could have been prevented from trying to "cure themselves," or "cheer themselves," as they express it, in the early stages of the disease.

The type of insanity resulting from alcoholism is by no means constant. Impulsiveness, exaltation, depression, stupor, etc., may be the characteristics of different cases, while epilepsy is often seen for the first time under its influence. It would seem, indeed, that whatever individual predisposition there may be to mental derangement, it is developed under the alcoholic influence.

That hereditary tendency plays an important part in reproducing intemperance and insanity in families is generally admitted, notwithstanding the theory that acquired traits are not transmitted. On looking through our asylum records it is remarkable how often we see evidence of neurotic inheritance amongst our alcoholic cases, and also the frequency of alcoholism in the family history of our feeble-minded and insane patients, who never indulged themselves in alcohol. A kind of mutual dependence seems to exist between alcoholism and insanity, each helping the other in a vicious circle, and it may be to the advantage of our race that they lead to physical

degeneration and decay—probably one of Nature's methods of getting rid of the effete.

Alcoholic insanity is classified thus: (1) Dipsomania; (2) Acute Alcoholism (Drunkenness); (3) Delirium Tremens; (4) Mania-a-Potu; (5) Chronic Alcoholic Insanity.

Dipsomania is a form of obsessional insanity in which the imperative idea seems to compel its victim, often against his reason and natural inclination, to break out into alcoholic excess.

J. F. is a remarkable case of this kind. Up to 30 years of age temperate and industrious, held a first-class position in a large commercial establishment. He was found in his office in a profound state of intoxication. He was taken home, where he continued drinking, quite regardless of consequences, for some days, when he became violent, delusional, and afflicted by hallucinations of sight, hearing, and taste, and was then committed to the asylum, and entered as suffering from mania-a-potu. He made a good recovery, and stated that for some days he had been haunted by the idea that he should drink whiskey, not that he cared for it or wanted it, but still the idea kept coming before him, and at night it kept him awake. He could think of nothing else. He said it seemed as if some misfortune would come upon him if he did not drink, so he gave way. He remembered a kind of mad delight when he did so. If he knew it was poison he said he could not have prevented himself from drinking it. It seemed as if his nerves or mind got upset before he took the drink. Fervently he said he would never, never drink again, and I am quite sure he earnestly meant what he said. Yet within a year he was again admitted to the asylum, and went through pretty much the same course. Since then his family had become alive to looking after him, and five years have elapsed since his last attack, but I am informed that at about the same time each year he has had to leave his work for three or four weeks, during which it was with the greatest difficulty he was restrained from "breaking out." Last month he "broke out," and now seems to be physically and mentally breaking down. Truly a case of obsessional insanity leading to drink, and drink leading to acute alcoholic mania.

Of acute alcoholism or drunkenness it is unnecessary for me to say very much, for such cases are usually dealt with by the general practitioner or the police. However, they are of interest, as they constitute miniature cases of insanity running through the several phases—elation, exaltation, depression, and stupor—in the course of a few hours. Epileptiform convul-

sions may be noticed in a certain number of cases, and in these the mental disturbance often lasts for some days, during which they are liable to be mistaken for epileptic insanity, and committed to the asylum. D. G. is such a case, admitted here recently as an epileptic maniac. He had been on a drinking bout, had an alcoholic (epileptiform) seizure, was sent here. where under good feeding and no drinking he quickly recovered and will be discharged in a few days. You will observe the absence of that dull, confused apprehensive expression of countenance which is so noticeable in the average sufferer from epileptic mania.

Delirium tremens is another class—or rather degree—of alcoholic insanity, more frequently treated outside than within our asylums, and as it comes into the general hospital course I will not occupy much of your time with it. It commonly occurs in those who habitually drink freely, and who have recently been indulging to an abnormal extent. Curiously enough, we find that in many instances a distaste for drink accompanies the first symptoms of the disease, and then we are told that it was the sudden stopping of the drink that caused the upset. A chill, a shock, or an accident is often the determining cause of the breakdown.

Restlessness, irritability, loss of appetite, disturbed sleep with fearful dreams, soon total loss of sleep, hallucinations of a terrifying character haunt the sufferer; he is muttering, incoherent and wandering, or shouting in terror. It is difficult to fix his attention. He is liable to mistake those about him for enemies, and to make violent attacks on them under the misapprehension that they are trying to injure or kill him. The suspicions of the habitual drunkard are exaggerated in *delirium tremens*.

The physical symptoms: Face flushed, conjunctiva suffused: the tongue tremulous, thickly furred, becomes dry as the disease progresses; pulse quick, soft, and full at first, later small and irregular. The temperature may rise to 102 deg., but it seldom goes above 101 deg. in uncomplicated cases. The skin is moist or perspiring, the urine scanty, dark-colored, and high sp. g.

In favorable cases at the end of the third or fourth day marked improvement takes place. Sleep may come on naturally, and last for ten or twelve hours, when the sufferer may awaken much refreshed, the delirium and trembling are lessened and general improvement follows pretty quickly. In unfavorable cases the pulse is quick and feeble, the delirium of a milder

type, the face pale; the patient lies on his back in a semi-comatose state; convulsions may supervene, followed by exhaustion and death, or hyperpyrexia may herald the end.

Treatment—In all cases of delirium tremens one should be prepared for and guard against heart failure, which is liable to occur even when good progress towards recovery seems to have been made. The patient should be kept as quiet as possible in a subdued light, but total darkness must be avoided because it tends rather to aggravate the terrors. To promote sleep and build up the patient's strength are the points to be aimed at. Plenty of nourishment must be given in small quantities at a time, milk and eggs being chiefly used. One must be very careful in prescribing drugs. Chloral, in doses of 15 to 20 grains, may be given every six hours, and bromidia is a preparation which I find particularly useful in these cases.

It is a debatable question whether delirium tremens cases should be sent to asylums or not. No doubt we are more suitably equipped for dealing with them than general hospitals. We have trained attendants to care for them, small isolation rooms, padded rooms, and grounds for air and exercise during convalescence. Against all this is the fact that certification as insane involves many disabilities; it shuts a man out of practically all public services, and lowers the value of his life for insurance purposes, etc. So, all things considered, it is only in extremely violent cases that the asylum should be resorted to.

Diagnosis may be confused with acute delirious mania, but with the history of the case, and remembering that in the latter the hallucinations are not terrifying, there need be little difficulty. The delirium of pneumonia in drunkards is liable to be mistaken for it, but physical signs easily settle the question.

Mania-a-Polu occurs in persons of temperate habits who, being of neurotic taint, give way to drink for a short time. In them the intoxication seems to continue for some time. In a general way the mental symptoms resemble delirium tremens, but the expression of terror is seldom very striking, the tremor is absent or only trivial, the patient does not look ill or broken down, and he generally recovers within a few days or so.

D. C. is a case of this class. Admitted three weeks ago for assaulting a policeman, he was in a very restless, noisy, excited state for three days, when he fell exhausted into a sleep of about 15 hours. Since then he has been quite tranquil, recognizes that his mind was upset, and says he mistook the policeman for a man he thought was on the watch to injure him.

C. E. is an interesting example of the alcoholic development

of latent defects. His family history is very unfavorable. Two brothers are cases of ordinary epileptic mania, an uncle suffered from chronic delusional insanity, and other relatives are known to have been insane. He served as a soldier of good record up to five years ago when he went on a drinking bout, had an epileptiform seizure, followed by maniacal excitement and delusions of persecution against an officer. He was committed to the asylum and made a speedy recovery. He was discharged and worked as a laborer for nearly a year, when he again drank heavily for three days; as before, he had an epileptiform seizure, followed by a severe attack of mania, same delusions as previously, and made a good recovery within two months. Since then he has been discharged and readmitted three times; same course, but recovering more slowly on each occasion. He was last admitted three months ago, and you see the delusion of being followed by the officer still continues, with the further development that he threatens to shoot his persecutor whenever he gets the chance. Probably the delusions have now become permanent. It is only under alcoholic influence that the seizures occur.

Closely allied to the above is the recurrent insanity of the common drunkard. He is generally one of little strength of character, he lacks inhibitory power, and is largely the creature of habit. If with drinkers, and in the way of it, he drinks; if not, he may continue temperate for a long time. As our patients express it, "I could take it or let it alone, company does it," "I never cared for drink." These people form an intermediate class between mania-a-potu and chronic alcoholic insanity. The symptoms are less severe, the duration longer and the probability of recurrence much greater than in the former; the constitutional enfeeblement in early attacks is trifling, the appetite and general health recovering quickly when alcohol is withheld. Hallucinations and delusions are indefinite and very temporary, and restoration is accomplished in a week or ten days. With recurrences recovery becomes slower, delusions and hallucinations obtain a firmer hold and gradually they merge with the ranks of the chronic alcoholic maniacs and demented. It is unfortunate that the law does not afford some means of restraining these people in the early stages of degeneration, to protect them from their own weakness and the rate-payers from the burden of their maintenance when they have reduced themselves to the stage of absolute uselessness.

Chronic Alcoholism and Chronic Alcoholic Insanity.—These are forms of mental derangement which result from steady

drinking for a prolonged period. The alcohol is taken in small quantities, frequently repeated. Some confusion and impairment of memory, restlessness and irritability of temper, degradation of character, tendency to lie and use filthy language, may exist for some time before any very definite symptoms appear. Sensory and motor disturbances are frequently complained of, while gastric and digestive troubles are not uncommon. As the malady develops there is a general weakening of the intellectual faculties. The memory, particularly for recent events, becomes markedly defective, paramnesia is frequently present, attention fails, the patient grows suspicious and anxious; he is no longer able to attend to his ordinary duties, and soon he becomes incapable of looking after himself; abnormal sensations are experienced, due to the action of the alcohol on the nervous system. These are usually the starting points of hallucinations and delusions, the patient attributing them to external influences. His failure in business and general breakdown he persuades himself are caused by an enemy, and his sensations or hallucinations he believes to be a continuation of the persecution, it may be through electric or hypnotic influence. That poison is being put into his food or puffed in at the keyhole is frequently complained of; alterations of sense of taste and smell are frequently found in such cases; the delusion of poison originating in hallucination of taste, coupled with the idea of persecution. The persecutory delusions are generally in relation to some near associate, such as wife or husband. The above is practically the case of this patient M. B. To his wife, as you see, he attributes all his misfortunes. The immediate cause of his committal was that he made a violent attack on her, under the belief that she attempted to poison him. His insane inconsistency is noteworthy. He explains that she put poison in his tea, but that when she looked away he exchanged her cup for his own, and although she suffered no ill-effects from drinking that which was intended for him he still believes it was poisoned.

The insanity of chronic alcoholism is liable to be mistaken for general paralysis of the insane. Exaltation and extravagance may occur in either, but the general paralytic tends to buy quantities of the same thing (a general paralytic lately admitted here had 26 watches on him); the alcoholic goes in for more variety. The general paralytic seldom attempts to reason or explain his delusions; he simply makes wild delusional statements of wealth or power, but does not explain much how he came by it. The alcoholic with the same delusion will explain how he came in for it, how successfully he invested it, etc.

In the chronic alcoholic the knee reflexes are usually absent or diminished; in general paralysis they may be increased, particularly in the early stages.

In both the tongue is tremulous, but in general paralysis it is ataxic also.

There is greater loss of facial expression in general paralysis. The pupils are usually unequal and often irregular in general paralysis. Headaches favor diagnosis of general paralysis.

Expression of terror is more frequent in alcoholism than in general paralysis; vivid visual hallucinations frequent in alcoholism, rare in general paralysis. The history of the case is naturally of much assistance. If chronic alcoholism, the patient has been pretty steadily tipping for years; if general paralysis he is more likely to have developed his intemperate habits suddenly, and to have gone to extremes at once, for the general paralytic does everything in extremes.

The prognosis in such cases is unfavorable; yet we see very unpromising ones make pretty good recoveries, particularly if a first attack. Age is, of course, an important factor, those of advanced years tending to run into dementia. Profound loss of memory in a young person is unfavorable. Even in those regarded as good recoveries there is almost invariably a perceptible degree of mental enfeeblement left. I certainly cannot call to mind a case in which a patient quite regained his normal strength of mind.

The treatment consists of removal of the cause, generous feeding, which it may be necessary to forcibly administer in some cases. Sulphonal and trional are about the most satisfactory hypnotics in all alcoholic cases except delirium tremens. As convalescence progresses it is of importance to afford much outdoor exercise, cheeriness of surroundings, and generally to enkindle a bright view of life, with hope and prospect for the future. In some a sense of despondency occurs during convalescence, which must be combated, lest melancholia should supervene. As a rule, in these, as in most other forms of insanity, one of the best guides we have to gauge if recovery has taken place is to find that the patient recognizes his mind had been upset, and that he fixes a period at which he found himself regaining his senses.

ON ECZEMA IN CHILDREN.

BY MEDICAL COUNCILLOR MAX JOSEPH, M.D., OF BERLIN.

Diseases of the skin offer so many peculiarities in childhood that they well repay special consideration. This applies very particularly to the most frequently occurring form—eczema. It may be affirmed without exaggeration that the majority of infants suffer from eczema in some form or other. Thus it happens that the disease is liable to acquire chronicity from the fact that it is exposed to unsuitable treatment in the first instance. The majority of forms emanating from a single isolated spot may extend over large tracts of the body, and rapid cure is then a matter of some difficulty. It is fortunate for us medical men that the laity are unable to discriminate between the legitimate action of a particular drug and the damage which may be caused by it. The inquiry often made by relatives as to whether it was not the drug used by the medical attendant which first “brought the rash well out” can, objectively considered, only be referable to the powerful irritant action exerted by the drug contributing to the extension of the primary lesion. The mischief lies in the fact that no fundamentally uniform mode of treatment among competent authorities has hitherto been possible, the widest views being current on the subject. It therefore excites no wonder when while one medical man appears to one authority for his mode of treatment, another medical man perceives in this treatment what almost amounts to technical faults.

Thus, in undertaking in the present paper to deal with the subject of eczema in childhood, it is my intention to give the results of my own experience. The number of my observations has now become very considerable, and it has been my purpose to report upon them when opportunity should occur. I therefore owe Professor Baginsky a special debt of gratitude for having assigned this theme to me in the pages of *Folia Therapeutica*.

In the first place, a word on the subject of etiology of eczema in children. It has rightly become the endeavor of the later school of dermatologists to bring itself into harmony with the giant strides made in late years in the science of bacteriology, and investigation on these lines has not failed to leave its imprint upon the inquiry as to the origin of eczema. In opposition to the view, chiefly supported by Hebra, that local irrita-

tion is the principal factor concerned in the production of eczema, voices have not been lacking to emphasize the importance of the parasitic theory. It is indeed true that in the height of the inflammatory process, during the moist stage, staphylococci are found in the secretion. It is, however, remarkable that this discovery is never made in the early stages of the disease, but only at its height. Thus the presence of these ubiquitous organisms does not as yet point to their pathogenicity. On the contrary, it would be difficult to lay the blame to the same organism which in one case is the cause of acne, in another furunculosis, and in yet a third forms the etiological factor which determines an attack of eczema. It is, however, quite probable that some trifling traumatism determines the penetration of staphylococci into the lymph spaces of the cutis, and that there, owing to disintegration of the bacterial body, endotoxins are set free. Since these toxins are known to differ in their nature, it is quite conceivable that varying pathological phenomena may be produced by them. Anyhow, from the investigations of Bockhart, Gerlach, and Bender we have acquired evidence upon which to support some such supposition. By experimental inoculation with staphylococci, these observers have actually succeeded in producing pathological conditions which, clinically at any rate, are indistinguishable from eczema. In childhood, and especially during infancy, the skin is particularly susceptible to traumatisms of a trifling nature. Apart from accidental small woundings, an etiological factor of great importance appears to me to lie in the frequent washing of infants; in childhood the skin is naturally more tender than in adult life. Generally speaking, children are not only bathed and cleansed with soap once during the day, but are also washed from top to toe morning and night. Thus it is no exaggeration to state that they are bathed thrice daily. This is too much of a good thing. It is true that many children with more resistant skins are able to bear it, but in others, where the skin is more delicate, this frequent source of irritation is responsible for a catarrhal condition of the skin, in other words, eczema. The traumatism in such cases may be furnished by the soap, for the ordinary soaps are alkaline and, owing to excess of alkali, effect the solution of the epidermis. That which for adults in similar circumstances is serviceable for cleansing purposes can be in children productive of the greatest harm. To prevent too great a degree of desquamation of the epidermis and the occurrence of slight fissures, children should at least be rubbed with an in-

different emollient after their bath. Still more advisable, however, is the prophylactic cleansing of children with neutral soaps. For this purpose I can recommend the centrifuged soaps suggested by Liebreich, of the type of which is the children's soap manufactured by Heine, of Koepenick, near Berlin.

In the second place, the question must be raised as to whether the food factor plays any part in the production of eczema. From the earliest times eczemas supposed to have come under this category have been termed "milk scab." I must confess that I have never been able to satisfy myself that milk of a particular kind has any influence on the production of eczema. The latter is often seen to occur in children irrespective of whether they are nourished naturally or artificially. All this, of course, applies provided that no coarse pathological changes exist in the digestive apparatus, in which case the milk given may play the rôle of heterologous proteid, and as such may produce changes in the skin of a toxic nature. This may, of course, happen in children at the breast as well as in children artificially reared, for in both cases the proteid is not assimilated. Interference is required in some cases owing to over-nourishment, in others to under-nourishment, and in others again to irregularities in nourishment. As a general rule, however, in the treatment of eczema in children, provided the child is thriving on it, I suffer the nourishment to continue without objection. On the other hand, other observers, chief among them Finkelstein (*Mediz. Klinik*, No. 37, 1907), have drawn attention to the fact that a diet which while being poor in salts is at the same time rich in proteid and fat exerts favorable effects upon infantile eczema. A litre or other quantity of milk suitable to the age of the child is fully curdled by means of pepsin or essence of rennet. The greater part of the whey is removed and one-fifth (reckoned from the quantity of milk used) filled up to the original volume with barley water. The firm curd is rubbed through a fine hair sieve in order to render it fine-flaked, washed several times by flooding it with water, and then added to the mixture of whey and barley water. Finally, from 20 to 40 grammes of powdered sugar are added. The whole forms a viscid broth which is readily taken by children; it contains the whole of the casein and fat of the milk used, but only a fifth part of the salts of the whey.

I do not, of course, venture to throw any doubt upon the observations of Finkelstein, and will therefore merely state that complete cure is observed quite as often by purely local treatment without this change of diet. I have prescribed the Finkel-

stein treatment often enough, but, as I have been unable to obtain the desired result without the additional aid of local treatment, I am accustomed to give greater attention to the latter. I am glad to learn from a recent publication by Spiethoff (*Deutsche mediz. Wochenschrift*, No. 27, 1908), that he likewise has been unable to observe any direct influence exerted by the Finkelstein diet on the eczema cases under his care.

Before doing anything else I am accustomed, for the reasons above stated, to forbid baths of every kind. Time after time have I seen baths of permanganate of potash, boracic acid and other substances prescribed elsewhere exert directly harmful effects, and even an ordinary cleansing bath used too early delays cure or brings about relapse. For the complete cure of eczema, therefore, I require that the patient shall be neither washed nor bathed. The further endeavor of our treatment in acute cases must be directed to allaying weeping from the affected parts as quickly as possible. For this purpose two courses stand open to us: we may either apply astringent fomentations or drying-up powder. For the former method both resorcin and acetate of aluminum are especially to be recommended. As to which of the two is the better remedy it is difficult to decide. It is a question of experiment. At one time resorcin acts well, at another—in an apparently identical case—better results are obtained from Burow's solution. It is probable that small cellular changes play some part in the individual process which we are unable to discern clinically, but which afford varied indications. I dissolve 10 grammes of resorcin in half a litre of water and use the fluid for a continuous series of fomentations. Of the liquor aluminii acetici I give two tablespoonfuls in 250 c.cm. of water. In the event of the desired effects not being obtained after a few days, the treatment is changed, powder being substituted. The best form is rice powder (*amylum oryzæ*). The parts are well powdered several times a day until, after the lapse of some days, we are successful in allaying the weeping and bringing the eczema into the dry stage.

The skin, which is now in a state of some tension, chiefly requires inunction with an indifferent ointment. Here again it is largely a question of experiment, since it cannot be foretold with certainty which ointment will act best in a given case. In one case a serviceable application will be from 3 to 5 per cent. boracic vaseline, such as:

R.

Acidi boric pulv.	15 to 25 gr.
Tere cum vaselin. americ. alb. opt.	ad 2 oz.

In another child good results may be achieved with Kaposi's unguentum vaselin. plumbicum. Unfortunately, however, we see often enough, in spite of initial benefit, the occurrence of relapses, and the diseased parts again return to the weeping stage. We may then make use of the paste introduced by Lassar. As this contains fat and powder in equal proportions, its action is both drying and emollient. In acute eczema we may use a zinc paste composed as follows:

R.		
	Zinci oxidi	6 drams.
	Amyli	2 drams.
	Vaselin. americ. alb. opt.	1½ ozs.

This must be applied to the thickness of a knife-blade two or three times daily and covered with gauze. Every third day it is necessary to remove the ointment with olive oil in order to decide whether or not the treatment shall be continued. As soon as absolute dryness is established and hyperemia begins to be less pronounced, we may proceed to the more comfortable employment of the lotion introduced by Jadassohn, composed as follows:

R.		
	Zinci oxidi	
	Amyli	of each 5 drams.
	Glycerini	3½ drams.
	Aq. dest.	ad 3 ozs.

This fluid should be well shaken and applied by means of a large brush several times a day to the whole of the affected part. It dries by itself in a few minutes and further dressing is unnecessary. It is easy to imagine how comfortable such a form of treatment may be, both for the child and the nursing staff. Instead of it the lead-water liniment of Boeck is sometimes to be preferred:

R.		
	Talci pulv.	
	Amyli	of each 5 drams.
	Glycerini	2 drams.
	Aq. plumbi	ad 3 ozs.

This is to be used in the same way as the lotion already mentioned.

In many cases, however, no progress is made with any of these prescriptions; the child is tormented with itching, which

continues unabated both day and night. In order to allay this, tar is the remedy which chiefly stands at our disposal. It should always be borne in mind, however, that the early use of tar is a two-edged sword, and that often enough retrogression or the recurrence of weeping follows upon apparent improvement. I therefore advise that the transition to tar should only be made when absolute dryness is established, and when hyperemia is no longer a prominent feature. A less irritant action is possessed by the liquor carbonis detergens (Wright). While the skin is still in a state of tension, it should be used in the form of an ointment, mild at first but stronger afterwards:

R.

Liquor carbonis detergens	1½ to 2½ drs.
Ung. leniens	ad 3 drams.

Should the skin remain quite dry and be thus able to bear more powerful medication, we may proceed to tar lotions:

R.

Liq. carbonis detergens	1½ to 2½ drs.
Oxide of zinc	5 drams.
Glycerini	7½ drams.
Aq. dest.	3 ozs.

The convenience of the methods above described renders tar in this form almost indispensable in childhood.

In conclusion, however, it must be stated that pathological processes are met with in practice in which all the measures above mentioned do not suffice, and the itching still continues in spite of treatment. We are then obliged to proceed to the use of stronger preparations of tar, such as oleum cadini, oleum rusci, or oleum fagi. It is here that the greatest caution must be exercised, as too drastic a preparation may place in jeopardy results already achieved with the greatest trouble. We therefore begin with a very weak dose, which we incorporate in a paste, and gradually increase as time goes on:

R.

Ol. cadini pur.	1½ drams to 2½ drams.
Zinci oxidi	6 drams.
Amyli	6 drams.
Vaselin. americ. alb. opt.	3 ozs.

With this application, as a rule, the desired result is obtained, and it only seldom happens, chiefly in cases where the disease has assumed a chronic form, that it is necessary to

resort to the use of pure tar. Should this be necessary, however, the diseased parts should be painted with pure oleum cadini and the child afterwards placed for ten minutes in a lukewarm bath, and, after drying, anointed with boracic acid vaseline, finishing with powder.

On account of its antipruritic and keratoplastic properties, tar has become so indispensable to us that we often wish we had more preparations of it at our disposal. It cannot be denied that in the case of some individuals a certain idiosyncrasy prevails against a particular tar preparation, while another may be tolerated perfectly well. In many cases I am accustomed to employ a preparation called anthrasol. This is a fluid tar from which the coloring matter has been removed; it forms a light yellow oily liquid with a faint odor of ordinary tar. It is insoluble in water, but forms a solution in all proportions of absolute alcohol, acetone, olive oil, vaseline and vasogen. In 90 per cent. alcohol about 10 per cent., and in spirit. saponat. kalin. about 8 per cent. is soluble. Anthrasol is very little poisonous, and, even when used on large tracts of skin, gives rise to no toxic effects. A special feature is that irritant effects upon the kidneys have never been observed. I employ it in the following form:

R.

Anthrasol	25 minims.
Lanoline	2½ drams.
Amyli	
Zinci oxidi	of each 5 drams.

Lenigallol, the tri-acetate of pyrogallic acid, is also well in place in the treatment of the subacute stage of eczema. It reduces hyperemia and exudative infiltration. It is sometimes to be recommended, combined with anthrasol as follows:

R.

Anthrasol	25 minims.
Lenigallol	25 minims.
Zinc paste	ad 1½ oz.

The general treatment here briefly sketched requires sundry modifications and additions when certain parts of the body are under consideration. This remark applies with particular force to the hairy scalp. Pastes should never be employed in this situation owing to the difficulty with which the powder is afterwards removed from the hair. An excellent application is the cinnabar ointment introduced by Lassar:

R.		
	Hydrarg. sulfurat. rubr.	15 grs.
	Sulphur. sublimat.	5 drams.
	Ol. bergamottæ	15 drops.
	Vaselini flav.	ad 3 ozs.

This ointment is spread three or four times daily to the thickness of a knife-blade, covered with gauze and the part bound up. Every third day the ointment is removed with oil and, should cure not be complete, the same treatment is continued. Even when dealing with very moist eczemas, one is sometimes successful in bringing them to a state of complete dryness within a short time. For after-treatment the following ointment may be used:

R.		
	Tinct. benzoini	25 minims, evapora ad 8 grs.
	Adde zinci oxidi	15 gr. et ung. lenient. ad 3 oz.

I should also like to draw attention to the sulphur preparation, thiol, which is often capable of surprisingly good effects in eczema and crsipelas. One of its best properties consists in the alleviation it affords to burning and itching, which it will sometimes entirely abolish from the first moment of application; hyperemia and swelling also speedily disappear. Thiol is antiseptic, desiccating and keratoplastic; it is in no way irritating to tender skins, but rather is sedative. It may be used in various convenient ways such as the following:

For painting on.

R.		
	Thiol liquid	7½ drams.
	Glycerini	2½ drams.
	Aq. dest.	2½ drams.

As a powder for dusting.

R.		
	Thiol sicc.	25 gr.
	Amyli	10 drams.

As an ointment.

R.		
	Thiol liq.	2½ drams.
	Vaselini	5 drams.
	Lanolini	17½ drams.

Finally, in obstinate cases one is sometimes obliged to resort

to the internal administration of arsenic. Personally, I have adopted the formula suggested by Neuberger:

R.

Liq. arsen. Fowleri

15 minims.

Aq. dest.

1 dram.

For an infant of 6 months one drop is to be taken daily for fourteen days. This is increased each week until five or six drops are reached. For older children a correspondingly larger dose should be employed.

By following these principles, one is generally successful in bringing cases to a successful termination within a moderate time; but the maxim applies to this as to so many other diseases: "A tree is not felled in one stroke, but perseverance leads to the desired goal."—*Folia Therapeutica*.

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, F. A. CLARKSON, AND BREFNEY
O'REILLY.

Differentiation of Abdominal Aortitis.

G. Zagari analyzes the clinical findings in some cases of inflammation of the abdominal aorta, and calls attention to the differential value of the discovery that blood pressure in the arteries of the legs is higher than normal, while persisting normal in the arteries of the arms. This discovery of an equally high or higher arterial tension in the arteries of the foot is a presumptive sign of abnormal conditions in the vessels below the diaphragm. Another instructive sign is the paresthesia of the legs, "as if they were asleep." These sensations are noted early, and in one case continued in tormenting fashion during the patient's stay in the clinic. The patients complain also of pain in the epigastrium, toward the left side and weakness. On account of the lack of objective symptoms, the disturbances are usually credited to neurasthenia. The aortitis is insidious and essentially chronic, the latent process causing no disturbances until exacerbation follows some intercurrent affection or excessive effort, the symptoms then being generally ascribed to some crisis in the stomach, liver or kidney unless the physician locates the true source of the trouble in the aorta. He gives several tracings of the arterial pressure in his communication which appeared in the *Riforma Medica*, Oct. 19, 1908.—*J.A.M.A.*

Infusions of Digitalis in Heart Cases.

There is a general concensus of opinion amongst those who have had most experience of the various preparations of digitalis that, although the tincture, particularly the physiologically standardized tincture, is very good indeed, the best results of digitalis action are afforded by the infusion. The difficulty is that the infusion will not keep for any length of time; it has, therefore, to be made up freshly at short intervals, and in country practice this means that the medical man needs to make it

for himself. The following notes upon the effects of heat upon the infusion, the use of chloroform in preserving it for considerable periods, and the addition of carbonates for the same purpose, are points of practical importance. It must be assumed, of course, that the digitalis leaves have been carefully selected, gathered, and dried.

The usual method of preparing infusions is to heat to boiling point and to keep simmering. Bokay considers it wrong to prepare infusions of digitalis by heating. The active glucoside in the leaves becomes partly decomposed when heated. The best way of making the infusion is to macerate the digitalis leaves in cold, or only moderately warm water for at least three hours. Some observers go so far as to say that the human stomach should extract the glucoside for itself, and that, therefore, the powdered digitalis leaves should be given as such, as in the *pilula hydrargyri diuretica* of some hospital pharmacopœia.

When digitalis treatment is to be prolonged, and it is desired to employ the home-made infusion, it becomes a matter of importance to make the preparation keep good as long as possible. Chloroform, like chloretone (acetone chloroform), has often been used for purposes of preservation, and it is found to answer fairly well in the case of digitalis infusions. The following recipe is one of Stepp's :—

R Digitalis foliarum ʒj.
 Aquam ad Oj.
 Fiat infusum. Adde chloroformi ʒiiss.

A dessert-spoonful of this may be given every two hours, or a larger dose at longer intervals, the dosage and its continuance being controlled by observations of the pulse, the urine, and so forth, as when the tincture is employed. The beneficial effects of the infusion are not likely to appear sooner than the third or fourth day, but in some cases they are remarkably good.

It has been suggested that a small quantity of sodium carbonate should be added to the infusion of digitalis in order to neutralize the vegetable acids it contains. The addition seems to lengthen the time during which the infusion will keep good without other preservative to several days. Focke's prescription is as follows :—

R Infus. Fol. Digital. Titr. ʒiiss. to Oj.
 Sodii Carbonatis gr. j.

Sig.: A tablespoonful to be taken every three hours.

—*The Hospital.*

Latent Malignant Disease of the Stomach.

Heinrich Stern, in an article on latent malignant disease of the stomach (Amer. Med.), summarizes his conclusions as follows :—

1. A certain proportion of instances of gastric cancer run a concealed, that is, a latent course.
2. Latent gastric cancers may be divided into two general groups, namely, those which do not manifest their presence by any gastric symptom, and those concurring with indefinite gastric phenomena not pointing to malignancy.
3. The scirrhus, when located in the stomach, occurs much more frequently in a latent state than any of the other varieties of malignant disease.
4. Latent malignant disease of the stomach is often not recognized on account of the absence of pain.
5. The acuteness of certain instances of malignant disease of the stomach means nothing else than the rapid disintegration of a cancerous growth, the presence of which had not heretofore been recognized.
6. The average duration of gastric cancer is about twice as long as that of its apprehensible symptoms, and there are but very few instances of the affection, the beginning of which is synchronous with the advent of gastric phenomena.

Editorials

CANADIAN MEDICAL ASSOCIATION.

As announced in former issues the next meeting of the Canadian Medical Association will be held in Winnipeg, August 23-4-5.

The President, Dr. A. R. Blanchard, and his committees, have done much work in making the necessary preparations, and we understand that the prospects for a large and interesting meeting are of the brightest sort. The Association has been in existence for 42 years, and is at present in what may be termed a flourishing condition.

We learn from an editorial in the *Dominion Medical Monthly* that the Association has a membership of 1,500, but its revenue has been small because there has been no annual fee demanded from members excepting as they attend the meetings. An effort was made something like 30 years ago to collect such fee from all the members, whether they attended all the meetings or not, but after a couple of years it was deemed advisable to resume the "pay-as-you-attend" fee system. As a large proportion of the members attend about one out of every five meetings it was feared that an attempt to collect the annual fee from all the members might injure the Association. Our peripatetic system of going to different cities in all parts of our big country operates against a large permanent membership with a comparatively large fee or even a small fee collected every year. The majority of the members, however, have always favored such a system, considering it the one best suited for our Dominion. As a consequence, the proposal of some years ago to hold all meetings in one place, for instance, Ottawa, the Capital, found two supporters.

We are pleased to learn that there will be a large contingent from the East at the Winnipeg meeting, and we are told that our friends in the West will extend a hearty greeting.

We desire again to announce the fact that the meeting of the British Association for the Advancement of Science will be held in Winnipeg immediately after that of the Canadian Association.

TORONTO GENERAL HOSPITAL.

We learn from the lay press of Toronto that the tenants have been ordered to vacate the houses situated on the ground recently purchased as a site for the new hospital. The funds available amount to about \$1,300,000, as follows: Government grant per University, \$300,000. City grant, \$200,000. Subscriptions, \$800,000. It is expected that the new hospital and site will cost about \$2,000,000, as follows: Site, \$580,000; buildings, \$1,400,000.

We are told, however, that the figures given as to subscriptions, grants, etc., do not represent the whole amount in sight, but we are also told that one of the Trustees stated a few days ago that the Hospital Board had \$1,000,000 available above the actual cost of the site.

The *Evening Telegram* thinks that the University ought to control general pathology and pathological chemistry, to the latter of which the University has made an appointment which is of profound significance to the development of medical education and to hospital efficiency. Of course this would be a great benefit to a large number of worthy institutions, including the Hospital for Sick Children, which are doing good work for the little ones of Ontario, and concludes the article as follows: "The University should, in view of the appointment of a professor of pathological chemistry, proceed to provide accommodation for the department, even if it anticipates the erection of the new hospital building."

We understand that at the conference between the American hospital experts, certain Canadian hospital experts and the Toronto architects it was decided to raze to the ground the

building formerly occupied by the school of pharmacy. It is expected that the main building will be placed on the north side of the lot about 50 or 60 feet from the street, and that other buildings, such as the pathological laboratory, nurses' home, out-patients' department, etc., will be placed on the south side of the lot.

PURE MILK.

The campaign against impure milk which is now being waged is a vigorous one. At the present time we are especially interested in the work of three commissions. One of these commissions was appointed by the Canadian Medical Association, a second by the Toronto Academy of Medicine, and the third by the Ontario Legislature.

The fact that impure milk is a very common source of various kinds of infection is now fairly well appreciated both by the profession and the public. Mr. W. K. McNaught, M.P.P. for North Toronto, introduced the subject at the last session of the Ontario Legislature, and delivered a very able and very interesting address respecting the milk contamination. A most interesting discussion followed, and there was a general concensus of opinion that the Legislature should take some prompt action. As a result a commission was appointed, consisting of Dr. A. R. Pyne, the well-known analytical chemist, Chairman, and two members of the Legislature. The chief aim of the Committee will be to examine carefully the conditions existing in connection with the care of the cows, the methods of milking, and the care of the milk up to the time that it reaches the consumer.

One of the most important points considered will be the pasteurization of milk. There has been considerable difference of opinion as to the effects of pasteurization in the medical profession. There was a strong prejudice against this process a few years ago, and probably at that time the majority of the

profession considered that it had a somewhat injurious effect on the milk so far as its digestibility was concerned.

We note that Dr. John A. Amyot, of Toronto, who has studied the subject with great care for many years, and was for some time at least luke-warm as to his opinions, has recently stated that he is now strongly in favor of the process. He says the proper pasteurization with subsequent cooling to 45 deg. F. will remove the danger from many different diseases.

He says that to accomplish this a constant temperature of 150 deg. F. for at least 20 minutes is required. Machines to do this are now easily acquired. He refers to another fact which was not generally understood, namely, that the great majority of milk pasteurizers heretofore used are of the four-minute type, which are quite inadequate for the purpose desired. He considers that these "false security procedures" have done much damage to the reputation of the process.

THE PROPOSED TORONTO UNIVERSITY REGIMENT.

We referred in a former issue to the proposed formation of a military regiment in the University of Toronto. Dr. J. T. Fotheringham, Colonel of the Army Medical Corps for Military District No. 2, the chief mover, feels satisfied now that the prospects are good. He expects the new university regiment will become a nursery for military officers all over the country.

The University authorities propose to start with a four-company battalion, having a staff of twelve officers. A number of the permanent corps and an adjutant will be attached to the staff and give regular lectures on military discipline, etc., and supervise the drill like subalterns at all military hospitals. The students who belong to the regiment will take a course and fit themselves for a commission. The engineer corps, from the science students, will probably be made about 200 strong. It has not yet been decided what the medical students are likely

to do. Many of them would like to spend considerable time at field ambulance work. It seems somewhat difficult to find much time for them because of the large number of lectures and clinical demonstrations which they are required to attend. As it is now, however, the course extends over five years, instead of four, and the number of dietetic lectures are likely to be curtailed, so it is hoped that the students will not be quite "lectured to death," and as a consequence will have more time for recreation and athletic sports. It is likely in this connection that the military drill will be made an option in the faculties where physical drill becomes compulsory for all the students.

NOTES.

The Iowa State Medical Association held its 58th annual meeting at Dubuque, Iowa.

The Ohio State Medical Association held its annual meeting in Cincinnati, May 5, 6, 7.

The ninth annual meeting of the Canadian Association for the Prevention of Tuberculosis was held in Ottawa, May 19th and 20th.

The next meeting of the American Association of Obstetricians and Gynecologists will be held at Fort Wayne, Ind., September 21, 22, 23, under the Presidency of Wm. H. Humiston.

It is probable that an entire regiment of volunteers will be organized in the near future from the University of Toronto. It is expected that a \$100,000 addition will soon be made to the University gymnasium. The Governors of the University have also decided to proceed at once with the erection of the new provincial museum, which, it is said, will be without a peer on the continent. The building, which will cost \$300,000, will be erected on the south-west corner of Bloor and Avenue Road.

In our March issue we announced that Dr. Chas. D. Farfitt had severed his connection with the National Sanitarium Association, and had entered on private practice in Gravenhurst. The majority of his patients reside at the Minnewaska, under the charge of Mrs. Fournier, who was for ten years Superintendent of Hope Hospital, Fort Wayne, Ind. Mrs. Fournier originally lived in St. Thomas, Ont., but is a graduate of Harper Hospital, Detroit. We are glad to be able to report in this issue that this Sanitarium is filled, and a number of prospective patients are on the waiting list.

There is a general feeling of regret among both physicians and nurses of Toronto because of the resignation of Miss Barwick, who was for many years the Registrar of the Toronto Central Registry of Graduated Nurses. We have very much pleasure in endorsing the opinions of the Editor of the *Canadian Nurse*, who speaks as follows: "Miss Barwick, a graduate of the Johns Hopkins Training School for Nurses, a member of an old and highly respected Toronto family, of high medical traditions, made such a success of the Registry that she was repeatedly invited to Ottawa, Cleveland, and other Canadian and American cities to address nurses on the subject. She has done good service every day of her occupancy of the Registrarship, and we part with her in that special capacity with genuine regret, and with a grateful sense of her good and faithful far-reaching labors. Miss Barwick's personality, her unselfishness, her conscientious discharge of her duty, counting nothing any trouble which would conduce to the comfort of the patient or the help of the physician, will not soon be forgotten."

We understand that Mrs. Downey has been appointed Registrar in the place of Miss Barwick.

The National Sanitarium Association.

We have received the annual report of the National Sanitarium Association for the year 1908. The Association is now in the 12th year of its existence, and its supporters have fairly good reason to be satisfied with its success. At the same time we believe that it has not met with the hearty support which this good work deserves. There appears to be in some quarters a certain amount of antagonism against this institution for certain reasons which we only partially understand.

It is eleven years since the Muskoka Cottage Sanatorium was

erected near Gravenhurst. At the present time it provides accommodation for 85 pay-patients, the rates ranging from \$8 to \$15 a week. Seven years ago the Muskoka Free Hospital for Consumptives was erected. It is situated about a mile from the Cottage Sanatorium. It provides accommodation for 107 patients.

The Physician-in-Chief, Dr. W. B. Kendall, offers a valuable suggestion. He advises that an invitation be extended through the Medical Society of Toronto University to six fifth-year students to visit the institution and receive clinics on chest and throat work for three days during the month of January. It is presumed that these six students would be chosen by the Medical Society. He also proposes that the expenses of these students should be met by the Trustees of the Sanatorium. At the same time he would wish it to be understood that these six students should present a report to an open meeting of the Medical Society after returning from Gravenhurst.

The University and People.

The Toronto *Daily Star* of May 1st, published an article with the above heading, from which we quote the following: "President Falconer, of the Toronto University, is asked to preside or speak at numerous gatherings of the most varied character. He consents as often as he can, and he always says something that is worth hearing. He devotes his mind and conscience to the task and gives the audience his best. There is something very engaging in his earnestness and hearty goodwill. By his evident sympathy with all sorts and conditions of men and women and his readiness to aid all good causes, Dr. Falconer is strengthening the position of the University of Toronto in this Province. He is adding to the number of ties which connect the University with the people and with all phases of the life of the people."

The Case of Dr. A. B. Cook.

Dr. Allan B. Cook, of Toronto, was tried before Judge Winchester and a jury on a charge of performing an illegal operation on a girl named Dolly Cutmore, in February last. The defendant, Dr. Cook, gave evidence on his own behalf, and admitted the girl had been a patient of his, but strongly denied

having done anything unlawful. The counsel who defended Dr. Cook asked Judge Winchester to withdraw the case from the jury as there was no corroboration of the girl's story, but His Honor refused, saying corroboration was unnecessary in cases of this kind. The jury, after deliberating about twenty minutes, brought in a verdict of "not guilty."

Janeway Hall.

Janeway Hall, the new residence building for the house staff of the City Hospital, on Blackwell's Island, New York City, was formally opened on April 15. It cost \$75,000, and contains, in addition to bedrooms for the 24 members of the staff, commodious dining, living and billiard rooms, and a library.

Academy of Medicine.

At the last annual meeting, held on Tuesday, May 4th, the following officers were elected for the ensuing year:

MEMBERS OF THE COUNCIL.

Officers: President, Dr. Alexander McPhedran; Past President, Dr. James F. W. Ross; Vice-President, Dr. A. A. Macdonald; Hon. Secretary, Dr. H. J. Hamilton; Hon. Treasurer, Dr. D. J. Gibb Wishart.

Chairmen of Sections: Medicine, Dr. Harley Smith; Surgery, Dr. A. Primrose; Pathology, Dr. G. Silverthorne; Ophthalmology and Oto-Laryngology, Dr. R. A. Reeve; State Medicine, Dr. J. F. Goodchild; Pediatrics, Dr. H. T. Machell.

Elective: Dr. N. A. Powell, Dr. E. E. King, Dr. A. H. Perfect, Dr. John Ferguson, Dr. F. N. G. Starr, Dr. J. M. Cotton, Dr. Walter McKeown, Dr. W. H. B. Aikins.

Graduates in Medicine.

QUEEN'S MEDICAL COLLEGE, KINGSTON.

Degree of M.D. and C.M.—E. J. Bracken, Ellisville; J. E. Brunet, Clarence Creek; L. L. Buck, Railton; E. P. Bryne, Kingston; D. R. Cameron, M.A., Lancaster; D. A. Carmichael, M.A., Unionville; H. E. Chatham, Stettler, Alta.; W. A. Claxton, Kingston; J. W. Corrigan, Roslin; P. O. Coulombe, Cheneville, Que.; W. H. Craig, Kingston; L. M. Dawson, Ottawa; C. S. Dunham, Kingston; Alex. Ferguson, Williamstown; J. E. Galbraith, Chatsworth; J. C. Gillie, Chapleau; T. J.

Goodfellow, B.A., Parham; Irvin Hardy, Davis, W. Va.; A. R. Houtt, Melbourne, Australia; C. A. Hughes, Grenada, B.W.I.; J. B. Hutton, Kingston; C. H. Knight, Georgetown, B.W.I.; H. M. Lermont, B.A., Trinidad, B.W.I.; A. Letherland, Glenvale; T. N. Marcellus, Williamsburg; J. J. McCann, Perth; M. C. MacKinnon, Whim Road Cross, P.E.I.; J. J. McPherson, Nigg, P.E.I.; C. J. McPherson, Metcalfe; O. W. Murphy, Portland; J. S. Quinn, Tweed; A. L. Raymond, Williamstown; B. C. Reynolds, Cornwall; D. Robb, B.A., Batterssea; A. K. Salmon, Lucea, Jamaica; J. C. Shillaber, Regina, Sask.; J. H. Stead, M.A., Lyn; W. G. Wallace, B.A., Metcalfe; B. L. Wickware, Toledo; H. C. Workman, B.A., Kingston.

LONDON MEDICAL COLLEGE.

E. F. Jeffries, London; C. E. Brown, London; J. R. N. Childs, London; S. M. Fisher, London; Paul Poisson, Belle River; J. LeR. Anderson, Ailsa Craig; W. L. Lutan, Mapleton; J. E. Kidd, Mitchell; H. C. L. Lindsay, Strathroy; W. E. Bavis, Broughdale; R. C. Carroll, Middlemiss; Nelson George, London; R. G. Barrett, Freeborn; W. Gillespie, Seaforth; A. E. McLarty, St. Thomas; T. R. Phipps, London; J. A. Butterwick, London; R. G. Gordon, London; A. T. Stockwell, London; A. G. Robertson, Ivy; J. M. Taylor, Odell; W. M. Lancaster, Wyburn, Sask.; R. G. Mathews, Toronto; W. S. Rhycard, London; H. E. McCaul, Holiday; C. H. Alley, Petrolea; J. H. R. Stanfield, London.

GRADUATES OF UNIVERSITY OF MANITOBA.

M.D.—C. H. Bastin; F. C. Bell, B.A.; P. G. Bell, B.A.; J. E. Bloomer; E. S. Bolton; M. C. Bridgman; E. E. Bryans; E. E. Bugg; J. S. Clark, B.A.; W. A. Cooper; W. D. Dixon; C. C. Everson; E. Grant; W. E. Guest; M. Hjaltason; D. R. Houston; G. R. L. Ireland; H. T. Irvine; H. W. Lewis; W. N. Maines; A. E. Medd; A. E. McGavin; D. F. McIntyre; J. D. McQueen; J. A. McTavish; H. E. Montgomery; J. P. Palsson; N. J. Paul; W. W. Pirt; C. Rice; P. C. Robertson; W. Ross; A. J. Swan; E. J. Washington; D. V. S. Winkler; V. W. Wright.

C.M.—W. A. Cooper; C. C. Everson; A. E. McGavin; J. D. McQueen; C. Rice; W. Ross.

Silver medal—P. G. Bell, B.A. Bronze medal—D. F. McIntyre. O'Donnell gold medal in obstetrics—W. Ross. Hutchison gold medal (aggregate of the full course)—D. F. McIntyre.

Personals.

Dr. R. Rowan has removed from 301 Dundas Street to 552 Bathurst Street.

Dr. Fred. LeM. Grasett, of Toronto, sailed for England the first week in May.

Dr. Chas. Trow, of 57 Carlton Street, Toronto, sailed for England, May 4th.

Dr. S. T. White, of Shelbourne, has been appointed Associate Coroner for the County of Dufferin.

Dr. Kenneth Campbell, of Bruce Mines, has been appointed Associate Coroner for the District of Algoma.

Dr. W. F. Loucks, of Campbellford, has been appointed Associate Coroner for the Counties of Northumberland and Durham.

Dr. David Heggie, of Brampton, who has been in practice for about 44 years, has gone to England, where he will spend a well-earned holiday.

Dr. R. H. Mason, of 736 Gerrard Street East, has sold his practice to Dr. Hiram B. Thomson (Trinity 1889), and intends to go abroad for a year.

J. B. Leather, F.R.C.S., Eng., of London, Eng., has been appointed Professor of Chemical Pathology in the Faculty of Medicine of the University of Toronto.

Dr. Geoffrey Boyd, of 167 Bloor St. East, Toronto, sailed early in May for England. He expects to do some post-graduate work in England and on the continent.

Dr. Arthur W. Mayburry, 569 Spadina Ave., sails by the *S. S. Laurentic*, June 19th. He will visit several of the leading throat and ear clinics in Great Britain and on the continent.

Prof. William Osler, of Oxford, reached New York, May 29th. He was a very busy man from that time up to June 3rd, when he reached Toronto barely in time to deliver his address before the Ontario Medical Association.

Dr. J. A. Robertson, Medical Health Officer of Stratford, Ont., during his recent trip, spent some time in England and Scotland inspecting different sewage plants. He considers that the sewage disposal system in Bathgate, Scotland, is the best in Great Britain. It is a modification of the sewage tank system arranged to meet local conditions in the town, which has a population of about 10,000.

Obituary.

CHAS. J. McNAMARA, M.B.

Dr. C. J. McNamara died at Superior, Wis., April 28th, aged 44. He graduated from the University of Toronto in 1889.

JAMES McMAHON, M.D.

Dr. James McMahon died suddenly at his home, 294 Simcoe Street, Toronto, April 23rd, aged 79. He studied medicine at "Rolph's School," and became a licentiate of the Medical College of Upper Canada in 1850. He represented North Wentworth in the Provincial Legislature from 1875 to 1894. He was appointed Distributor of Stamps at Osgoode Hall in 1894.

Book Reviews.

PRACTICAL DIETETICS. By Alida Frances Pattee, special lecturer at Belleville, Mt. Sinai and Flower Hospital Training Schools for Nurses. New York City: A. F. Pattee, publisher. New York.

This book has been written for physicians, nurses and mothers. Miss Pattee has aimed at simplicity, brevity and exactness with reference to dietetic treatment in disease. We think she has succeeded. The work is sufficiently scientific and is at the same time eminently practical. We know of nothing better of its sort.

AID TO OBSTETRICS. By Samuel Nall, B.A., M.B., M.R.C.P. Revised by C. J. Nepean Longridge, M.D., F.R.C.S., M.R.C.P. Seventh Edition. Publishers: Bailliere, Tynndall & Cox, London, England.

This is not the sort of a book we can recommend with any enthusiasm, but its great popularity among the students of Great Britain is shown by the fact that previous to this, the seventh edition, 24,000 copies have been sold.

SURGERY: ITS PRINCIPLES AND PRACTICE. Volume IV. By 66 eminent surgeons. Edited by W. W. Keen, LL.D., Hon. F.R.C.S. Eng. and Edinburgh, Emeritus Professor of the Principles of Surgery and of Clinical Surgery; 562 text illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company. Price per volume, cloth, \$7.00 net; half morocco, \$8.00 net. Agents for Canada: J. A. Carveth & Co., Limited, Toronto.

The fourth volume of this series contains that same amount of excellent care that the preceding volumes have shown. The editor, than whom there is no more thorough and careful operator, nor one with more experience, has certainly surrounded himself with the most eminent men in the profession to write on the many subjects.

The volume contains exhaustive chapters on "Hernia," by W. B. Coley, and "Surgery of the Rectum and Anus," by

Robert Abbey. The chapter on the "Kidney Surgery," by Joseph Ransohoff, is one of special excellence. The surgery of the bladder and prostate are most elaborately and exhaustively treated by the authors Bransford Lewis, Arthur T. Cabot, and Hugh H. Young, each of them an unquestionable authority. We would like, however, to see eliminated from the chapter on surgery of the prostate, controversial matters in reference to Mr. Freyer, on the suprapubic operation. A system such as this is has no space for such details. The writer of this review knows positively that Mr. Freyer disclaims any distinction as to the origin of this operation, but claims, and we have no doubt has a right to claim, that he perfected the technique and brought to a special prominence this operation. This may seem a small matter to some, but it is not; it is most important. Mr. Freyer objects to the operation being called Freyer's operation, although common usage has given it that distinction.

Dr. J. B. Murphy, of Chicago, in his clear, erudite style, has a most excellent chapter on the "Surgery of the Appendix Vermiformis." He has compressed the subject into 70 pages and still treats the matter in a most concise manner.

The chapters on Surgery of the Eye, Military Surgery, Naval Surgery, Tropical Surgery and Influence of Race, Sex and Age in Surgical Affections, are all valuable additions to this volume.

We have only to pass our highest commendation on this volume, which is equal to the preceding ones, and feel sure that the remainder will be kept up to the very high standard.

THE OPERATIONS OF AURAL SURGERY, together with those for the relief of the intracranial complications of suppurative otitis media. By C. Ernest West, F.R.C.S., Aural Surgeon to St. Bartholomew's Hospital, and Sydney R. Scott, M.D., F.R.C.S., Assistant Aural Surgeon to St. Bartholomew's Hospital. With illustrations. London: H. K. Lewis, 136 Gower Street. 1909. Price, 7s. 6d. net.

This is a very good little book of some 190 pages, which fills a want in connection with the operations of aural surgery. The author's method is to give the indications for the operation, the details of the preparation for the operation, a description of the operation in stages, and go into details, not often found in text-books, in connection with the after-treatment and complications. This is of great use to the practitioner who has not had

the opportunity of observing many cases during the treatment subsequent to the operation. The book is well, though not profusely illustrated, but of particular excellence are the photographs of the instruments used, which are numbered, and their names given on the adjacent page.

There is an appendix giving a brief account of some forty illustrative cases.

One can heartily recommend this volume to any one seeking for an account of the details of the operations of aural surgery.

CAUSATION OF SEX. By E. Rumley Dawson, L.R.C.P. Lond., M.R.C.S. Eng. Publisher: H. K. Lewis, 136 Gower Street, W.C.

The author tells us that he has written this book not as an outcome of a sudden inspiration and guess, but as the result of prolonged and careful study, and he claims that he has discovered nature's secret as to the causation of sex.

An analytical index of Volumes 1 to 10 of the *Medical Review*, and a digest of the facts important to the practitioner in the medical periodicals of the world from 1898-1907, has been received.

The *Medical Review*, one of the ablest of British medical journals, is published in London, England. This index is not simply a means of reference to the text, but is also a statement of the most important facts therein. In this respect it resembles "Neale's Digest," to which the editors hope it may in some sense be a successor. The references to treatment are given in detail when possible.

"The Medical Era's" Gastro-Intestinal Editions.

During July and August, *The Medical Era*, of St. Louis, Mo., will issue its annual series of numbers devoted to gastro-intestinal diseases. The July number will take up the usual bowel disorders of hot weather, and the August number will be devoted entirely to typhoid fever. These issues always attract considerable attention. The editor will forward copies to physicians applying for same.

Selections.

The Relative Value of the Finger and the Sphygmomanometer in Estimating Blood-Pressure.

For many years the only method by which the physician could estimate blood pressure was by the use of the finger-tip placed upon a superficial vessel. During the last decade, however, a considerable number of forms of apparatus have been placed upon the market by means of which more accurate and definite estimations could be made, and without doubt they are of considerable value in clinical medicine, aiding us in gaining a correct conception of the exact condition of the patient's arterial tension, and so helping us materially in deciding as to the administration of drugs which are known to reduce arterial spasm. We have long thought, however, that the assertion, which has been made by many, that the condition of the arterial wall and surrounding tissues has little or no effect upon the results which are obtained with these instruments is incorrect, and that, in some cases at least, the use of the finger-tip to determine arterial tension is an exceedingly valuable method of estimation.

For this reason we are much interested in an article upon this subject which appears in a recent number of the *British Medical Journal* from the pen of Dr. William Russell, one of the physicians to the Royal Infirmary in Edinburgh. He not only asserts his belief that the sphygmomanometer may give distinctly erroneous results by reason of the condition of the vessels and their surrounding tissues, but he has made a considerable number of experiments upon arteries removed from the body immediately after death, and treated in various ways whereby their compressibility was changed. He asserts that the vessels with thickened walls require much greater pressure to stop the pulse, or to occlude the blood flow, than do vessels with normal walls, and that therefore thick vessels may cause the instrument to give an estimation of a higher pressure than actually exists. Russell even goes so far as to assert that when the circulation is exceedingly feeble and the arteries moderately elastic the sphygmomanometer may give an erroneous reading, since he thinks that under these circumstances the arteries contract to accommodate themselves to the smaller quantity of blood passing through them, which results in a thickening of the wall and diminution of their elasticity. Thus, in the case

of a woman who was moribund from malignant disease scarcely any pulse could be felt with the finger-tip, yet the sphygmomanometer registered a pressure of 95 millimeters. In other words, while the sphygmomanometer is an exceedingly valuable clinical aid it is not to be considered absolutely correct in its results in all cases, and the touch of the physician is of value in determining what treatment should be instituted after the sphygmomanometer has been used.—*Therapeutic Gazette*.

Laryngeal Spasm in the Adult. L. Neufeld. *Arch. fur Laryngal.* Vol. XX., part. ii.

The first of three cases reported by the writer referred to himself. Living in the house with him was a child suffering from a severe attack of whooping-cough. During this period Neufeld contracted severe naso-pharyngeal catarrh, followed in four days by sudden laryngeal spasm. It lasted only a few seconds, but was attended by marked cyanosis and feeling of intense suffocation. The attacks continued for six days, when they were relieved by a spray of hot lime water. They did not recur again, although the catarrh lasted for six months.

A similar case is reported of an adult male, in which the attacks were so severe that it became necessary for the patient to remain with a surgical clinic, lest tracheotomy might at any moment be needed to save his life.

Both of these were considered to be unusual cases of whooping-cough.

The third case reported arose as a traumatic neurosis. The man slept in a room with a smoking grate, and as a consequence was attacked with acute laryngitis, accompanied by glottic spasm. The laryngitis soon passed away, but the attacks of suffocation, occurring several times a day, continued for over a year. They were accompanied by loss of consciousness, cyanosis, dilated pupils and slow pulse. Any mental excitement might induce the attack. Pressure upon the larynx would arrest it.

Cecostomy and Coloclysis.

C. A. L. Reed, Cincinnati (*Journal A. M. A.*, May 22), describes a method of treatment he has been using for some time in certain cases of peritonitis and some other conditions, as follows: Recognizing the general peritonitis as always a result of infection, he places the patient in the Trendelenburg posi-

tion and operates in the usual way to find, and if possible, to remove the source of infection. Whatever may be the details of that operation, he brings up the cecum and fixes it in an incision directly over its situs, then opens the loop thus anchored and cuts the opening; he then inserts a soft rubber catheter and fixes it by sutures to the abdominal wall. He then puts a self-retaining effluent tube into the rectum. Through the cecal tube he then treats the colon as the conditions may require. Under this last heading he first mentions the treatment of general peritonitis *in extremis*, that is with a subnormal temperature, uncountable pulse, and extreme distention. The first thing, of course, is to lessen the distention. Then immediately after the operation, or as soon as possible, he begins continuous irrigation of the colon with normal salt solution at 110 F. About three quarts are retained before the effluent current is established through the rectal tube. This internal application of heat directly to the solar plexus and by the absorption of water incidentally by the colon generally secures a reaction with remarkable promptness. As soon as this occurs, the free flow from the irrigator is stopped and the drop by drop clysis is substituted and continued for the next twenty-four hours or more. If the stomach is rebellious the cecal tube is used for feeding. Other uses of this treatment are in acute gastric ulcer when it is desirable to keep the stomach at rest for a while before operating, after gastro-enterostomy, cases of malignant disease of the stomach or of the upper segment of the intestinal tract where operation is not practicable. He has already reported elsewhere on its utility in certain cases of intra-intestinal disease requiring direct medication. The treatment is simple and safe and its restorative action is beyond question. A complete control over the colon facilitates the elimination of toxins. In conclusion he urges that cecostomy be adopted rather than appendicostomy. As compared with the presenting part of the cecum the cecoappendiceal juncture is an inch farther from the abdominal wall and there is the possibility of dangerous tension. The distensive pressure of a tube inserted and kept in the narrow appendix causes it to perish during the first few days after operating and thus an appendicostomy always eventually becomes a cecostomy. It is better, therefore, to make it a cecostomy at once.

Small reddish spots interspersed over the tonsils, uvula and anterior pillars, with no signs of inflammation, are usually herpetic.—*American Journal of Surgery*.

Ready and Effective Sterilization of the Skin Surface, applicable to Emergency Work. By Augustin H. Goelet, M.D., New York.

The usual elaborate and profuse scrubbing and disinfection of the skin surface preparatory for operation are very unnecessary and often unwise, even when the peritoneal cavity is to be invaded. A simple and perfectly effective method is to wash the surface carefully (after shaving) with soap and water, using a piece of folded gauze rather than the usual brush. Then dry the surface and apply tincture of iodine to the whole area by means of a pledget of cotton twisted around an applicator. When this is dry the operation may be proceeded with, or, if preferred, the iodine may be washed off with alcohol. The depression of the umbilicus should be filled with iodine in preparing the abdomen for incision.

For emergency work when for any reason previous washing of the surface is not convenient, the tincture of iodine may be applied to the surface, and even poured into a fresh wound to cleanse it, and the operation begun without further preparation.

For effective sterilization of the genitals preparatory to operation, the same method may be employed if used after the patient has been anesthetized. The pudendum is shaved and washed with soap and water, using a piece of gauze. The vagina is washed out in the same manner, using a pledget of gauze or cotton around the finger or in the grasp of a sponge-holder forceps. Tincture of iodine is then applied to the vulva and whole surface of the vagina, including the cervix and its canal. It is then removed from the sensitive surface at the vulva orifice when dry by means of alcohol, or sterile vaseline or cold cream is applied.

When the operation upon the genitals is to be done without general anesthesia, the surface may be irrigated freely (after washing) with a solution of iodine in water, using a teaspoonful of the tincture to a quart or a pint of water. If smarting is complained of, sterile vaseline or cold cream is applied. The tincture of iodine may be applied undiluted to the vaginal surface within the vulva without causing discomfort, provided the vagina is kept distended until it is dry, and the iodine is not permitted to come into contact with the sensitive surface at the entrance.

This method of sterilizing the skin is particularly adapted for work on the negro race.

Iodine is the most reliable and the most harmless of anti-

septics. I have used it exclusively for the past eight years in all of my surgical work and under all conditions when an antiseptic was required, and I have never had any reason to regret it. During that time I have not used bichloride of mercury in any form. I have used a one per cent. solution of iodine for sponging the field during the operation, and for flushing the wound preparatory to closing it, and my results have been notably better than before I began using it. I never use anything else for sterilizing the hands.

In alcoholic solution iodine penetrates every crevice, and its destructive influence upon all forms of bacteria is instantaneous in the strength of the tincture. A one per cent. watery solution will destroy bacteria in thirty seconds or less.

Jaundice Without Bile Pigments in the Urine.—Dr. Hayem in *The Hospital*, April 3, 1909.

A peculiar form of jaundice, characterized by yellow coloration of the integuments without any obvious elimination of bile pigments in the urine, notwithstanding the presence in the blood of pigment that gives Gmelin's reaction, was first described by the author in 1897. If it were not that the blood gives the nitric-acid test for bile pigments it might be thought that the yellow color of these patients is due to something different to bile pigments—in short, that there is only apparent and not real jaundice. Be this as it may, the fact remains that patients come under observation from time to time, apparently mildly jaundiced in the ordinary way, and yet without demonstrable bile pigments in the urine.

The general characters of all the author's cases have been very similar. It has been a question of subicterus rather than of deep jaundice. The coloration of the integuments is usually a little different to the ordinary yellow, recalling rather that which has sometimes been termed xanthochromasia. In at least one case, however, the skin color was indistinguishable from that of mild jaundice, and there was no particular restriction of the color as regards its distribution. The urine not only does not give the ordinary tests for bile pigments, but it may actually be precisely the color of healthy urine. In one of the author's cases there was a little urobilin, but this is found in other conditions besides jaundice.

The yellow coloration develops slowly and insidiously. Once established it persists though it may appear to wax and wane.

It is a chronic persistent "jaundice," mild in degree, sometimes more marked, sometimes less, yet always without bile pigments in the urine. Sometimes the liver is just palpable, smooth even, not hard and not painful or tender to pressure. There is usually nothing to indicate gall-bladder trouble. The spleen is not enlarged. The feces retain their normal color.

Men seem to be affected more commonly than women. Whether alcoholism has anything to do with it is difficult to say. Most of the patients are dyspeptic, and they often present symptoms of actual gastritis. They are also apt to be of nervous temperament, with predominance of neurasthenic phenomena such as inaptitude at work, ready fatigue, tendencies to gloominess, irritability, and loss of weight. In view of the dyspeptic symptoms, it seems not unlikely that the icteric tint is due to secondary infection of the biliary passages from duodenitis, which so often accompanies gastritis, and the pancreatic ducts may possibly be affected in the same way.

The Employment of the Salicylates in Rheumatism.

As with quinine in malarial infection, so with the salicylates in rheumatism; failure in treatment will often ensue if the technique of their administration is faulty. There can be no doubt that in many instances the dose of the salicylates given in cases of acute articular rheumatism is entirely inadequate. Not infrequently adults receive not more than forty or fifty grains of salicylate of sodium in twenty-four hours for many days without material improvement and with the result that the stomach is considerably impaired in its function, when the use of a comparatively few doses much larger than these would have resulted in prompt recovery. Our English brethren understand this phase of the use of the salicylates better than we do, perhaps because they meet with the disease more frequently. It is our own custom to give from 100 to 150 grains of salicylate of strontium in each twenty-four hours for the first four or five days, administering simultaneously an equal or greater quantity of bicarbonate of sodium. With these the patient receives copious draughts of pure water to flush the kidneys and to dilute the medicine in the stomach. These doses seldom cause difficulty with the digestion, and should the cerebral symptoms become annoying they can be in large part controlled by the use of the bromides, care being taken, of course, that the bowels are kept freely moving without the patient being purged to such an extent as to weaken him.—*The Therapeutic Gazette.*

Diuretin in Stenocardia.—Dr. von Noorden, *Med. Klinik*, 1908.

The author remarks on the excellent action of diuretin in stenocardia. Diuretin is to be taken three times a day in doses of 0.5 to 0.6 gm.; larger doses are unnecessary, and are, perhaps, even less effective. Diuretin and its allied combinations possess a definite vasodilator influence on certain vascular areas. This can be easily demonstrated in the case of the kidney. The small vessels of the heart are probably affected in the same way. This results in a diminished resistance and improved circulation, which account for the good effects in stenocardia. Improvement sets in after two or three days, and the difference is so marked that these must be ascribed to the action of diuretin in stenocardia. Diuretin should be persevered with for at least two or three weeks, but if a longer administration seems necessary, there is nothing to stand in the way. The small amounts are well borne by the stomach. The author has never witnessed any bad effects from long-continued administration of diuretin.

Endocarditis in Infancy. Lempp (*Monatsschrift für Kinderheilkunde*).

Upon the basis of seven clinical observations with six autopsy protocols, the author describes the symptomatology of infantile endocarditis, a condition which is rarely recognized in the lifetime of the patient. With special reference to the etiology, these cases concern so-called idiopathic endocarditis, in contradistinction to the usually rheumatic endocarditis of older children. The avenues of entrance of the infection are the skin (eczema, intertrigo) and the mucous membranes of the mouth, pharynx, nose, etc. The most common pathogenic agent is the staphylococcus, more rarely the streptococcus. Other important etiological factors are represented by bronchitis, pneumonia, influenza, tuberculosis, sepsis and pyemia. The inflammatory process is localized at the valves of the left heart in the majority of the cases.

As regards the symptomatology, the local phenomena at the heart are very inconsiderable. Murmurs could not be demonstrated in any instance; a distinct increase of the heart dullness was present in only two of the cases. A far greater importance is attached to the much more constant and often very early signs of circulatory weakness (lividity of the complexion; coolness and cyanosis of the face and the extremities; striking variations in the color; distended veins of the head and neck;

accelerated and irregular pulse). Even more characteristic are the practically constant attacks of cyanosis, consisting in sudden deep cyanosis of one or two minutes' duration, followed by extreme pallor and general relaxation. The most noteworthy feature is the acceleration of breathing, sometimes present to an extreme degree, without objective findings in the heart and lungs. The fever is atypical, markedly intermittent in character, and often entirely absent. Swelling of the liver and spleen can almost invariably be demonstrated. The prognosis is gloomy, for treatment is practically powerless. Stimulants may be given, such as caffeine, benzoic acid or camphor, also collargol.—*Medical Review of Reviews.*

The Diagnosis and Treatment of So-called Cerebral Hernias.

Schapiro (*Russian Archiv. f. Chir.*).

The patient was a boy eight years of age, who presented a congenital tumor, very small at birth, now of the size of an orange, on the bridge of the nose, between the angles of the lids. The swelling measured 4 cm. in width and 3 cm. in height. The skin above it was normal and somewhat moveable. The tumor did not fluctuate, and could be moved a little to one side. There were no symptoms on the part of the brain as the result of compression. The physical and mental condition of the child was otherwise normal. The treatment consisted in operation, the tumor being exposed by a longitudinal incision as far as the smooth margin of the bony defect, which was completely filled by the peduncle of the growth. This peduncle was divided without ligature at the level of the bone, and the hemorrhage was controlled with the thermo-cautery. The approximately circular defect in the bone, about $2\frac{1}{2}$ cm. in diameter, was covered with a periosteum and bone plate, the periosteum turned to the inside, of $1\frac{1}{2}$ mm. in thickness. The wound healed by first intention. Microscopically, the solid tumor was found to consist principally of fibroid tissue, in which were scattered embryonic muscle tissue, lymphoid cells and large nuclei without protoplasm.

The second patient, a girl of 12 years of age, otherwise perfectly healthy, presented in the middle of the forehead, 3 cm. above the root of the nose, a tumor 2 cm. in width, $1\frac{1}{2}$ -2 cm. in height, which was covered with thin, bluish skin. It did not pulsate when the patient was at rest, but crying resulted in pulsation and increased tension. Compression did not give rise to manifestations on the part of the brain. A bony margin

could be distinctly felt in the circumference. The operation showed the tumor to be an angioma, the vessels of which communicated with the diploe of the frontal bone, and which had crowded the bone in such a way as to give rise to a fossa about $1\frac{1}{2}$ mm. in depth, which was covered with bone plates, as in the first instance.—*Medical Review of Reviews.*

The Cancer Problem.

That cancer is very prevalent and the cause of a large percentage of deaths in America is beyond question. Under this term (cancer) all kinds of malignant tumors are included—improperly it is true—but that phase of the question is merely academic. It has only been within recent years that the so-called cancer problem has presented itself to the scientific world in its truly serious aspects. That malignant tumors are rivals of tuberculosis and pneumonia as a cause of death and that they are on the increase is apparently true. Yet the fact that the scientific investigation of these diseases has been systematically undertaken only comparatively recently, may possibly have led us to somewhat erroneous conclusions. New York was the first state in this country to establish an institution for experimental cancer research; other states have followed in the work, and these with the activity of European investigators have certainly given promise of some positive results. As yet we have only reached the threshold of knowledge. Statistics presented by Dr. H. R. Gaylord, of the New York Cancer Laboratory, at Buffalo, asserts that the increase in the disease in the State of New York is little short of appalling. The average death rate per 100,000 population for 1906, 1907, 1908, taken collectively, is 76, showing an increase in thirteen years, from 1896, to 1909, of 28.8 per cent. The average death rate per 100,000 for 1896, 1907, and 1908, for tuberculosis, is 169, showing a decrease in the last thirteen years of 9.1 per cent. We well understand why tuberculosis is decreasing. It is the result of our knowledge of the infectious character of the disease and of the new, well-organized warfare which is being opposed to it. Our knowledge of the nature of the cancer as a disease is in its infancy but it is rapidly advancing and the outlook to-day offers a very bright hope that in the future we shall understand and combat the disease by methods based on the present experimental research.—*Editorial, Charlotte Medical Journal.*

Physiologic Therapeutics.

By the term physiologic therapeutics nowadays one understands it to mean that part of the treatment of disease which is conducted without the aid of drugs or surgery. The importance of this class of remedies has never been properly insisted upon in medical colleges and the success of many "irregular" practitioners has been due not a little to the neglect of this branch of therapeutics by the medical profession.

Yet in many instances, perhaps in a majority of cases, the physiologic remedies prescribed by the physician are of much greater importance than the drugs. For instance, when a patient with an uncompensated heart lesion is advised to stay in bed and take digitalis, it is usually true that the rest is far more potent for recovery than the drug. When a child with chorea is taken from school and given arsenic, the rest is again of much more importance than the drug. The baths are of much greater importance in the average case of typhoid fever than the medicines. These instances may be easily multiplied.

There are many other procedures, however, neglected by many of the profession, almost equally efficacious and but little more difficult of application. Properly prescribed diets, for example, are really few. A diet for a particular case should be definite and should be insisted upon. Carbonic acid gas baths, the Nauheim treatment, are of undoubted value in many cases of valvular and myocardial insufficiency. They can be given in any glazed bath tub.

Electricity is a highly useful therapeutic auxiliary. The fact that many enthusiasts use it when other measures would be better is no reason why its real usefulness should be neglected. Scientific hydro-therapy as practiced by Winternitz and Baruch is another sadly neglected branch of therapeutics as is massage. The use of breathing exercises and definite calisthenics for narrow chested patients should be prescribed by the physician.

We have heard a great deal of late concerning mental therapeutics. As a matter of fact there probably never was a really successful family physician who was not consciously or unconsciously an expert in the use of suggestive therapeutics. Yet we are now learning that much more could be done with this force than most of us have attempted.

The conclusion one must reach is that much more attention should be paid to these forms of therapeutics in medical schools. Students should have definite instruction and practice in prescribing these treatments.—*Detroit Medical Journal*.

Miscellaneous.

Bibliographic Treatise on the Antitoxic Properties of Renal Serum and its Application to the Cure of Uremia.

It was in 1898 that, for the first time in France, Professor Tiessier, of Lyons, conceived the idea of combating the autotoxic effects of uremia by the subcutaneous injection of blood serum extracted by aseptic bleeding of the renal vein of a goat.

Such a practice, inspired as it was by the teachings of Brown-Sequard, with respect to the internal glandular secretions and by the fine experimental researches made by Vitzou, of Bucharest, was perfectly rational. Furthermore, the first clinical applications made by Tabure, of Bucharest, with the aid of the defibrinated blood taken from the renal vein of a dog, as also the trials made by the Hotel-Dieu, in Lyons, with the blood of a goat, were in the highest degree encouraging.

These curious facts, well studied, repeated and popularized by important theses, especially by those of De Lignerolles (Lyons, 1898), and of Lawis (1905, Lyons), were, however, but slightly disseminated at that time. The difficulty of obtaining serum well prepared, the lack of technical knowledge as to its use, and the limited number of observations made on its effects—all these retarded their diffusion to any great extent, and it is only as the result of new researches made by Prof. Tiessier at the Medical Clinic in the Hotel-Dieu, at Lyons, that the renal serum therapy entered on a course of practical application and became a recognized system of practice productive of beneficial results.

These are the last facts that were communicated to the Academy of Medicine at its session of Oct. 7, 1908.

Having been aided in its clinical and experimental researches by Dr. Lucien Thevenot, and being in possession of a serum most carefully prepared by the Bacteriological Institute of Lyons and of the South-East, under the direction of Professors Arloing and J. Courmont, M. Tiessier has been enabled to test this method of treatment under conditions specially favorable for technical observation, and not only to study minutely the biological properties of the renal serum, its antitoxic value and its physiological activity, but also to apply it in a number of cases of uremic intoxication sufficiently numerous to enable him to watch its practical effects and to judge of the right condition in which it is to be applied.

The study of this method is far from being complete; ex-

perimental researches and clinical studies are still being pursued regularly, for the influence of sero-therapy in the treatment so called, of chronic nephritis is not yet well established; it is even quite probable that the effects of sero-therapy (which by their nature are quite ephemeral (would have but a limited restraint upon the evolution of Bright's disease when it is already pronounced. There are also cases of renal degeneration (amyloid degeneration, for example) in which there is no favorable result to be hoped for.

On the other hand, it has already been established that sero-therapy has a *rapidly efficacious action* on the course of infectious nephritis, and that it can stop, in a manner sometimes surprising, acute attacks of uremia through renal insufficiency, acute or subacute.

Furthermore, in the course of chronic nephritis (interstitial or gouty nephritis principally), when an unforeseen accident (a passing renal congestion or intercurrent infection) has suddenly suppressed the functional activity of the parts of the parenchyma still sound, and thus put the patient in immediate danger of uremia, sero-therapy has rendered valuable service.

Upon this point there can no longer be any doubt; the observations, already numerous, that have been gathered upon it in France and abroad (see recent reports of Van Bogaert, of Antwerp, in *Le Scalpel*, Liege, Dec., 1908) are conclusive proofs, are followed by a return of the diuresis, the cessation of attacks of auto-intoxication, the disappearance of nervous troubles, and the progressive attenuation, even to the point of disappearance of the albuminuria.

Without insisting on the essential mechanism of the effects thus produced, it seems rational to admit, alongside of the certain antitoxic action of renal serum, a stimulating action on the liver, capable of provoking energetically the defensive action of this organ, with respect to the poisons returned in its organism. This reaction of the liver seems to be proved by a frequently enormous elimination of urine, which follows the first serous injections, and this azotising being furthermore independent of every other modification of urinary elimination of other substances dissolved, is a consideration that has led the investigators to believe that distinct service may be rendered by his treatment, both for the cure of nephritis, and for combating and preventing severe attacks of eclampsia.

This very interesting question is at present under study, and in view of the absolute harmlessness of the seric injections and the absence of all risk in making them, all attempts thus far are absolutely legitimate.

Summer-time is Sprain-time.

Some wit has said that "Summer-time is Sprain-time." Golf, tennis, baseball and the other outdoor sports inaugurate a season of sprains and wrenches, and ankles, knees, wrists, elbows, shoulders, and backs pay the penalty of a missed drive, an overhand smash or a slide to base. The resultant conditions, the stretching or tearing of ligaments, contusion of the synovial membrane and damage to vessels and nerves, are best remedied by the use of Antiphlogistine, which markedly aids in the reconstruction of the injured part.

By removing the products of inflammation, through the absorption of the liquid exudate from the swollen tissues, and by permitting free circulation of blood through the seat of the injury. Antiphlogistine acts as Nature's first assistant. The affected cells are stimulated and toned up thorough endosmosis, and the process of repair is greatly hastened.

Antiphlogistine should always be applied directly to the affected area as hot as can be comfortably borne, and covered with absorbent cotton and a bandage.

Post-Grippal Complications.

If there is one particular feature which characterizes the genuine influenzal attack, it is the decided and sometimes intense prostration that remains after the subsidence of the acute symptoms of the disease. This general vital "set-back" is oftentimes entirely out of proportion to the severity of the original grippal attack, and the most robust patients are sometimes the most severely prostrated. In addition to the general devitalization, La Grippe is extremely likely to be accompanied with or followed by such troublesome complications as otitis, neuritis, sinus inflammation, gastro-intestinal derangements, resistant and obstinate bronchial catarrhs and, more dangerous than all, a peculiar, more or less characteristic, asthenic form of lobular pneumonia. The skill of the physician and the vital resistance of the patient are often taxed to the utmost in a combined effort to induce final recovery. Anemia, to some degree, is almost always brought about by the combined devitalizing power of the disease and its complications, and convalescence is likely to be tardy and tedious. An easily borne, readily assimilable hematinic does much to hasten recovery and Pepto-Mangan (Gude) is an especially eligible method of introducing the much needed ferric and manganic elements, without producing or increasing digestive difficulty. In no condition does this well tried hematic remedy evidence its undoubted reconstructive power more certainly than in the treatment of post-grippal convalescence.

Functional Neurotic Disorders.

The various vital functions of the organism are so intimately associated and correlated that it is impossible to definitely attribute any chronic nervous illness to disease or derangement of *but one* of the great bodily systems, *i.e.*, circulatory, respiratory, digestive, lymphatic or nervous. The many neurotic conditions which the physician is so frequently called upon to treat cannot be successfully attacked by *confining treatment to the nervous system exclusively*, any more than can the cutaneous affections—acne, eczema, or urticaria, be permanently relieved by lotions, washes and unguents alone. Neurasthenia, Nervous "Break-down," Nervous Prostration, "Brain-fag," and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Among the various pathologic conditions which oppose the relief of neural disorders, anemia, whether primary or secondary, is always worthy of therapeutic attention. Unless the blood supply is relatively normal in both quantity and integrity, its oxygen-carrying capacity is "below par," and, consequently, metabolic exchange and interchange is embarrassed and the necessary improvement in bodily nutrition is difficult of accomplishment. Pepto-Mangan (Gude) stimulates and encourages oxygenation and nutrition, by furnishing the more or less impoverished blood with an immediately appropriable form of its vital metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systemic "building up" process which must precede the desired recovery from neurotic disorders.

Catheterization.

Cystitis has been found so often to follow not only a foul catheter, but careless catheterism, that it is important to employ the most careful asepsis in the preparation of the patient, instruments and the operator's hands. And if the patient should essay to catheterize himself the above precautions should be enjoined upon him. After catheterization it is well to instill a few drops of a 1-1,000 solution of silver nitrate to the trigonum and throughout the urethra, and to administer by mouth sammetto in teaspoonful doses, in a half wine-glass of warm water every two hours.

Feeding in Gastro-Intestinal Disturbances of Infants.

In gastro-intestinal disturbances of infants it is usual for the profession to employ barley water, milk whey or rice water, and this often meets with excellent results, but leaves the child, as a rule, emaciated and debilitated, due to the fact that it has not supplied adequate nutrition. When the vomiting is incessant, it is much wiser not to attempt to give milk or any of the prepared milk foods, but let the child take from five to ten drops of Bovinine in sterile water every half hour to every hour.

In the dyspeptic diarrheas of infants, practically the whole treatment is a matter of artificial feeding, and there is no subject in medicine on which it is more difficult to lay down satisfactory rules.

The administration of modified milk has revolutionized the artificial feeding of infants, and clinical experimentation has proved that the addition of Bovinine to each feeding makes it an ideal food.

In the dyspeptic diarrheas it is best, as a rule, to withhold the milk entirely and to feed the child for a time at least on barley water, or rice water, to which add the Bovinine in proper proportion, suited to the child's age. The child will usually take this freely, and it is both stimulating and nourishing. It is usually remarkable with what rapidity a child which has been fed on artificial food and milk, will pick up and improve on this Bovinine and barley water or rice water diet. There is no form of nourishment so readily assimilated and apt to cause so little disturbance as Bovinine.

The child should be fed every two hours, and in the intervals sterile water may be given freely. It cannot be expected that, with the digestion seriously impaired, as much food can be given as in a healthy condition, and in many instances we see the diarrhea aggravated by persistent feeding with the milk or milk foods. When the child's stomach is quieted and the diarrhea checked, there may be a gradual return to the modified milk and Bovinine.

Awful Results of the Directoire Gown.

Jenks—Did you hear about Mr. Wood and old man Stone?

Jones—No.

Jenks—They met a lady wearing one of those Directoires, and first Wood turned to Stone and then Stone turned to Wood and both turned to rubber.—*The Doctor.*