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THE  
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A MONTHLY JOURNAL

-OF-

MEDICAL AND SURGICAL SCIENCE,

CRITICISM AND NEWS.

EDITED BY

J. L. DAVISON, B.A., M.D., C.M., M.R.C.S., E.

CHARLES SHEARD, M.D., C.M., M.R.C.S., E.

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## Original Communications.

### PLEUROTOMY FOR EMPYEMA, METHODS OF DRAINAGE, WITH REPORTS OF CASES.\*

BY DR. N. A. POWELL, TORONTO.

From the age of the father of medicine down to a period within the recollection of most of those present, purulent pleurisies have been the despair of the physician, and have ranked among the gravest conditions in which the surgeon has been called upon to be frail Nature's helper. An early and positive diagnosis being impossible in the absence of a knowledge of aspiration, the pus in a small proportion of cases was reabsorbed, giving rise to hectic fever or septicemia. In a much larger proportion of cases perforation took place through the chest wall, or more commonly through the lung. Following spontaneous perforation the result at first was often favorable, but owing to imperfect evacuation, cures were rare, and if obtained, they were accompanied by great chest deformity. That Nature could not be trusted to effect a cure, was early recognized. The inutility of medical treatment was still more evident. Surgical aid was invoked, but disaster following pleurotomy was so mixed with the benefit sought to be obtained, that alternately this operation was abandoned and again advocated. Yet, as Douglass Powell puts it, "the prognosis without surgical help is practically hopeless."

The earliest pleurotomy of which I have knowledge as having been performed on this continent, was done by Dr. Felix Christian Spöre, surgeon to a vessel which called at Reed's Island, near Cape Cod, in 1662. He found a son of the governor of

the island in a very low condition from an empyema, incised it, allowed two pounds of offensive pus to flow away, and then remembering probably the teaching of Hippocrates, he plugged the opening with lint. So immediate was the relief that the patient said he felt better than he had from the twenty purges and thirty clysters previously administered. That same evening and the following days the pus was drawn off, and the cavity cleaned by injections, and in three weeks the patient was well and able to return to business.

From German statistics, in 1876, Ewald calculated the mortality after incision in purulent pleurisy, to be from 50 to 60 per cent. With us, I have an impression that it does not exceed 20 per cent. Possibly the recovery of all my own cases, has led me take an optimistic view of the prognosis in this exceedingly grave disease. Although I know that they are too few in number to draw any safe conclusions from, I present their histories in outline, being desirous of calling attention chiefly to the methods adopted for securing those great essentials after operation: free drainage, an aseptic condition, and the rapid obliteration of the cavity by adhesion of its surfaces.

CASE I. Boy, aged 8 years. Seen in consultation with Dr. W. H. Blackstock. Pleurotomy in 7th left interspace at mid-axillary line. Fluid thick, with large and heavy flocculi; washed out with a 2 per cent. carbolic solution. Drainage by a large Nelaton catheter passed through a hole punched in a strip of Esmarch bandage. The bandage was doubled at the point where the catheter was drawn through, and the doubled parts were secured together by paper fasteners. The hole punched in the bandage was of such a size as to prevent the catheter being easily drawn in or out. For the suggestion of this plan I was indebted to my friend Dr. Ely, of Rochester. To the outer end of the catheter was attached a glass tube, passing through the stopper of an 8 oz. vial, and reaching nearly to the bottom of the bottle. After the operation, the boy wore this bottle in a hip pocket by day, and had it beside him in bed by night. It was kept three parts filled with carbolic solution, and changed as required. To wash out the chest, all that was necessary was to raise the bottle, when fluid syphoned into the pus-cavity, returning into the bottle when it was again lowered. For about a week this case progressed well, and then the boy

\*Read before the Toronto Medical Society.



finding the tube an inconvenience in his play, pulled it out of his chest. A chill and a temperature of 104° followed, but improvement went on again when the tube was re-introduced, and within a month recovery was complete.

CASE II. Man, aged 22. Pleurotomy in 6th interspace, right side, at the anterior axillary line. Drainage as before. Irrigations carried out at home. Tube gradually shortened until the sinus closed nine weeks after operation. Lung expansion complete and chest wall normal.

CASE III. Man, aged 20. Seen after spontaneous perforation had taken place in a 5th interspace in front—the usual point for such perforation in adults. Free drainage and antiseptic irrigations led to recovery with considerable condensation of the lung, and retraction of the ribs of the side affected.

CASE IV. In all essential particulars was similar to Case III.

CASE V. Boy, aged 4 years. Empyema pointing in 2nd interspace—the usual place in children. Thorough drainage after the manner of Cassaignac for a few days. Then the upper opening was allowed to close, and the discharge was received into absorbent antiseptic pads. Gravity injections were used only when flocculi occluded the sinus. Cure complete in about seven weeks.

CASE VI. A boy, aged 17. After a pneumonia involving the lower and middle lobes of the right lung had well advanced toward resolution, a relapse took place. Marked dulness corresponding to the fissure between the two lobes involved, was noted. Two days later the presence of fluid in considerable quantity was recognized, and I was asked by my assistant to see the case. I did so, and we removed by aspiration 70 oz. of pus. Œdema of the chest wall was well marked up to the level of the 3rd rib in front. As the flat line rapidly crept up again, I did pleurotomy and established a syphon drainage, secured as before by rubber belt. About a pint of pus was washed out daily, or ran out into the bottle, which was placed on the floor beside the bed. Chills, fever, and heavy perspiration returning, we removed the tube and sought for the cause of the septicæmia. It was noticed that two entirely different kinds of pus came from the wound, one thin and not offensive flowing from a sac that could be traced straight in toward the root of the lung for quite six inches;

the other thick and very offensive, coming out from the lower and back part of the pleural cavity. Passing a Simpson's sound to the bottom of this latter collection, I cut down upon it, making a 2½ inch opening, and drawing through from one opening to the other a rubber drain. This drain was threaded with horsehair to prevent its occlusion by clots, and its outer ends were coupled together by a bit of glass tube. The single drain was returned to the upper sac, which we now recognized as being an inter-lobar one. Gravity injections were made into each cavity, one or two quarts being used daily for more than three months. If these were omitted for even two days septic symptoms returned, and they had to be resumed. At about the end of the third month a pleuro-bronchial fistula formed. Iodine solution injected into the inter-lobar sac was coughed up, but none returned by the air tubes when injected into the lower pleural sac. Recovery was reached after about six months of constant attendance.

A year later this patient was examined; his general health was good, and but slight difference was noticed in the expansion of the two sides of his chest. Air entered freely all parts of the lung on the affected side, and only the evidences of thickened pleural membrane were present.

Regarding the diagnosis of empyema, the presence of an area of flatness on percussion, and of silence on auscultation where we should get resonance and normal respiratory murmur, calls for an exploratory puncture, which can safely and almost painlessly be made by a hypodermic syringe. Should the area spoken of be found in either sub-axillary space, the presumptive evidence of the presence of fluid is greatly strengthened. Indeed, a dull space here, if its upper boundary be arched toward the axilla, is strongly indicative of effusion and should be tested with the needle.

I do not think sufficient attention is given to the fact that the line which bounds superiorly the flatness, in cases of effusion into the pleural cavity, is a curved line rising highest toward the axilla, and not a water-level line. This point first observed, so far as I know by Damoiseau, in 1843, is an important one. M. Peter, of Paris, Dr. Calvin Ellis, of Boston, and others, have written upon the subject. For about ten years, that is, since the date of Dr. Ellis' paper, December, 1876, I have examined for this, and so far have found it

in all but the very largest effusions. Even these, when reduced by aspiration or absorption, have given the Ellis curve. I show you diagrams illustrating some of the curves thus made out. My own limited observations are quite in accord with those of Dr. Ellis, regarding the persistence of flatness in the sub-axillary region, after resonance had returned in the vertebral groove.

Fluid being found, its physical characteristics, its reaction with ammonia, and its microscopical examination showing the proportion of leucocytes present, will point to the line of treatment that should be followed. A notable purulency being recognized, an expectant treatment, excepting in tubercular cases, is entirely unjustifiable. We must act, and act at once, or take the responsibility for a largely increased mortality. Aspiration may be done once or twice for adults, and perhaps more frequently for children. This failing, the empyema should be treated like any other abscess, and opened antiseptically. If the fluid be thin, with few and small fibrinous clots probably present, syphon drainage by the method detailed in Case I seems to me most advisable. My own success with it may unduly prejudice me in its favor. Other men, among whom I may mention Douglass Powell, have less confidence in it. When consent to the opening of the chest by a surgical dissection, layer by layer, cannot be obtained, a large trocar may be introduced, and through it a drainage tube passed. To collect the pus as discharged, a condom has been used secured to the outer end of the tube, but I like better the plan of draining into a bottle of carbolic solution, or into abundant absorbent dressings, the best of which are of sublimate gauze with bags of German peat externally, all secured by a Martin's bandage around the chest. Oakum, on account of its cheapness, may be used for the outer layers.

I advocate the use of syphon drainage and irrigations on so long as they answer all indications. A free incision done antiseptically must not be delayed, when from any cause the plan spoken of fails. So far, I have not needed the silver tube of Lister to keep the opening pervious; any tendency to premature closure has been met by tupelo tents or uterine dilators.

Finally, permit me to state that in my opinion our success in dealing with pyo-thorax, will be in direct proportion to the use which we make of the

two great factors which enable us to obtain better results, than those of such men as Dupuytren and Sir Astley Cooper. These factors are an early aspirator-diagnosis, and the application of the principles of antiseptic surgery to the operative procedures undertaken in, and to the after treatment of, these cases.

Discussion is invited upon the following, with other points:—

1. Within what limits may we trust to aspiration in empyema? Within what to syphon drainage?
2. When should through drainage be established?
3. Is there any best place at which a drainage tube should be introduced?
4. What advantages are presented by the different methods of after treatment of the opening?
5. Regarding irrigations: what solutions have proved most useful, in what quantities and strength are they to be used, and what dangers attend their employment?
6. The Ellis curve, its frequency of occurrence, its importance and its cause.

## LACERATIONS OF THE CERVIX UTERI.

BY DR. FENWICK, KINGSTON.\*

I have been greatly impressed in studying the subjects of Obstetrics and Gynecology, with the fact that so many contributions have come from this side of the Atlantic. McDowell did the first ovariectomy; Battey the first oöphorectomy; Hodge has immortalized his name in connection with uterine displacements, and his name will always be associated with that pessary which bears his name. The invention of the duck-bill speculum by Sims, which, by a new principle, exposed to view and allowed a more complete examination of the uterus. So great were Sims' contributions to practical gynecology that it has been said, if all he had done were suppressed, we should have retrograded at least a quarter of a century. And, lastly, Emmet has discovered a pathological factor, and invented a means of relief which is one of the many gynecological advances of the past twenty years. Dr. Thomas says, "the diagnosis and treatment of lacerated cervix is a pathological contribution which, even if this eminent

\*Read before the Ont. Med. Association, June, 1887.

author had done nothing else to lay his profession under obligation, would indelibly write his name upon the records of Gynecology. No one contribution to this department which has been made in the period mentioned has exerted a more marked influence upon uterine pathology than this is now doing, and will do in the future. None will have more influence in abolishing useless and hurtful therapeutical resources."

Although laceration of the cervix was described by Dr. Bennett forty years ago, its importance as a pathological factor was only recognized by Emmet in 1862, when he at once set about a means of cure. He first published an account of his operations in 1869, but it was not until 1874 that general attention was drawn to the subject.

The existence of a laceration may sometimes be early recognized by the presence, after confinement, of an elevated temperature, indications of septicæmia, the absence of milk, and a general impression that the patient is not doing well. These symptoms are due to cellulitis which sometimes occurs with a laceration of the cervix, without which it would otherwise have healed, but which causes local obstruction of the circulation, and so arrests involution and the repair of the injury. It would be well, therefore, when such a condition occurs after labor to make an examination, not immediately when the parts are so soft that the tear could not be felt, but six or eight weeks afterwards, and then by appropriate means prevent a life of suffering.

Now, while on the one hand I believe some have laid more stress upon this condition than they should, and have even operated when it was not necessary, Emmet going so far as to say that "at least one-half of the ailments among those who have borne children are to be attributed to lacerations of the cervix"; on the other hand there is little doubt that this condition is often overlooked by the general practitioner, or it is mistaken for erosion of the os (so-called ulceration), or cancer, and either improperly treated or neglected. A middle course is the safest one, and the truth probably lies in the following propositions:—1. A certain degree of laceration of the cervix is the rule in all first labors.

2. A certain number of these are entirely recovered from, or else they exist without producing any symptoms.

3. A certain proportion form important factors of disease.

It is this last class of cases that alone require Emmet's operation, and in which relief of the symptoms may be expected. The tendency then of laceration of the cervix is to heal unless either septic poisoning takes place, or the tear extends beyond the crown of the cervix into the connective tissue, the accompanying cellulitis obstructs the circulation, interferes with involution, and thus prevents repair of the injury. It is most commonly met with on the left side, probably because the vertex usually occupies the right oblique diameter; and the next in frequency is the bilateral.

When a laceration of the cervix exists, there is a tendency, especially on standing, for the uterine tissue to roll out, while the obstructed circulation, the irritation of the vagina, and the resulting subinvolution increases the laceration; and as the vaginal outlet is usually patulous—owing perhaps to the use of forceps, or traction, or the accompaniment of a ruptured perineum—there is usually prolapse and retroversion. The reticulated mucous membrane, containing numerous Nabothian glands, undergoes cystic hyperplasia and granular degeneration, resulting in a condition closely resembling erosion (so-called ulceration,) or even cancer.

Then we have inability to walk or stand comfortably, backache, pains in the abdomen, irritability of the bladder, profuse menstruation, leucorrhœa, headache, insomnia and other nervous derangements, and lastly sterility; or if pregnancy should occur, it usually results in abortion. If, then, these symptoms which are so pronounced, can be relieved by trachelorrhaphy, surely a great advance has been made by this discovery, for there is little doubt that if neglected, this condition is sometimes a cause of cancer. In my own experience, which has been considerable, every case which I have operated upon has been completely relieved, and in two of them pregnancy followed, one of these having been delivered without a recurrence of the laceration or a return of the former symptoms. The method which I have employed during the past year, is to mark out the intended incision with a scalpel, then remove the angle or cicatricial plug (as it has been called) with Skene's Hawkbill scissors, then trim the edges with knife and long-handled scissors, and stitch up with chromic cat-

gut. This has the power of resisting the tissues for two weeks, and can be removed with the finger nail on making an examination after that time, up to which period there is no need of disturbing the patient, nor any danger of re-opening the wound, as there is with either silk or silver wire.

### BENIGN GROWTHS IN LARYNX.\*

BY DR. TOBIN, F.R.C.S., HALIFAX, N.S.

Now that the care of a royal personage, the Crown Prince of Germany, is attracting so much attention, and the selection of his medical adviser (Dr. Morell Mackenzie), has cast such a lustre on British surgery, I have thought that the details of a similar case might be interesting to those amongst you who take an interest in Laryngology.

A. C., aet. 50, a healthy looking farmer, from Antigonish county, was brought to me in consultation by Dr. Fraser, of this city, on the 22nd April, 1884. Has suffered from hoarseness, with occasional almost complete loss of voice, for some months. Attributes throat trouble to over-exercise of voice in shouting, etc., at election time.

The voice is now reduced to a mere whisper; respiration slightly impeded; no difficulty in swallowing; complains of a hacking cough, with slight frothy expectoration, at times streaked with blood; is worse in damp, cold weather. On examination with the laryngoscope, the pharynx was found slightly congested. He was a capital subject for examination and operation, by the way, as the pharynx was roomy and not over sensitive. The larynx was uniformly hyperæmic; the cords were congested and a small growth about the size of a split-pea, with a broad base, occupied the extreme edge of the right one; a smaller growth was seen in the angle of the cords, below the cushion of the epiglottis. It was decided to deaden the sensibility of the parts by the use of bromide of potassium internally, and to apply solid nitrate of silver and other astringent pigments locally. He was given ice to suck, previous to each operation, and the growths were cauterized twice daily for a week, in which time the parts had become so irritable, that the treatment had to be discontinued. He was sent home for a month, and, whilst in the country,

wrote to say that after the irritation had subsided, his voice had improved somewhat.

On the 11th June of same year, he returned to town; the voice was still hoarse and brassy; the polypi were somewhat smaller; he was again put upon brom. pot. mixture (as a matter of form), and ordered to attend twice daily; at each sitting, after the larynx had become used to the passage of an instrument, the growths were seized and crushed and small portions were torn away with the forceps. Very little pain or irritation followed these operations; when the basis of the growths alone remained, these were touched with solid nitrate of silver, applied with the laryngeal porte caustique of Fauvel. All operations were conducted in a strong light, with the help of the laryngeal mirror, and generally without assistance. He left town finally on the 23rd June, the larynx a good deal congested from the frequent manipulations. I heard from him a month later, expressing himself as much pleased with the result, his voice having increased in volume and his breathing much easier. No microscopic examination of the morsels extracted was made, but the fact of the man being alive and well to-day (4 years after operation), excludes all idea of malignancy.

These benign polypi of the larynx have been defined as "tumours having nothing in common with tubercle, syphilis or cancer" (Fauvel). They are generally senile, rose-colored, varying in size from a pin's head to a chestnut, and are of different consistency. The papillomata are the commonest, but myxomata, fibromata, epitheliomata and sarcomata occur. They vary in position, but most commonly occupy the ventricles of Morgani, or the upper surfaces of the vocal cords. They are due principally to local irritation, producing chronic hyperæmia of the parts. They can only be diagnosed with certainty with the laryngoscope. They are accompanied by slow suffocative symptoms; pain and dysphagia are rare. The diagnosis lies between the benign growths and syphilitic, cancerous and tubercular deposits. The progress of the disease is slow, varying with the nature of the growth. The fibromata are the slowest, and least liable to recurrence after removal. The sarcomata the quickest and the most fatal. The tendency is to death by suffocation. Treatment is extra and intra-laryngeal. The intra-laryngeal

\* A paper read before the Annual Meeting of the Nova Scotia Medical Society, at Truro, July, 1887.

method is more approved of by French and English specialists. If suffocation threaten, a preliminary tracheotomy is advisable. Operative procedures consist in tearing, crushing, excision and cauterization. Patient needs preparation — to deaden the sensibility of the parts—for which purpose cocaine serves admirably, and the larynx must be gradually accustomed to the passage of instruments. The growth is usually torn away in morsels, inflammation and absorption following. Cauterization is most useful when the growth is of recent formation, and after crushing operations. The direct application of solid caustic to the part with a *porte caustique*, is recommended. Crushing and tearing operations suffice for most cases, are attended with the least danger; there is no loss of blood and no liability to accidents—as when cutting instruments are used. Relapses are least frequent after these operations.

The foregoing remarks have been condensed from the written views of Fauvel, Lenox-Browne and Morell Mackenzie.

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### Selected Articles.

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#### THREE HUNDRED CONSECUTIVE CASES OF HÆMORRHOIDS CURED BY EXCISION.

BY DR. WALTER WHITEHEAD.

During the first five years of my professional career, I employed the ligature in the few cases of severe hæmorrhoids that came under my treatment. I operated according to the most approved method of that time, cutting through the skin and mucous membrane, and applying the ligature to the artificially produced pedicle. The number of cases operated upon did not, perhaps, exceed a dozen; nevertheless, they were sufficient to convince me that the ligature by no means produced a radical cure. One of my patients returned almost as bad as ever, and the reports I heard of another were anything but satisfactory. Although I have rarely made use of the ligature since, I have, during the last fifteen years, frequently operated a second time on patients whose piles had been previously ligatured. In some of these recurrent cases the operation had been performed by men of eminence in this department of surgery, leaving piles so extensive that it has been difficult to believe that they had ever been subjected to a previous operation. Amongst these, one was a case operated upon by Salmon, thirty-six years ago.

After abandoning the ligature, I adopted the clamp and cautery, which to the novice appear to have such fascinating advantages. For eight years I treated all my cases in this manner, and I devoted a considerable amount of attention during this time to the construction of an instrument, which I eventually finished to my satisfaction, and called a *Speculum Clamp*. This instrument I now produce; and merely mention it to show that for the time I had a strong prejudice in favor of this method of treatment. My experience of the clamp and cautery, which certainly exceeded fifty cases, resulted eventually in the conviction that it was decidedly inferior to the ligature. The immediate risks I found to be greater, and the failures by recurrence more numerous. Certainly it was more frequently followed by secondary hæmorrhage, and I am acquainted with cases where the bleeding, which is reported to have taken place, must have been little less alarming after the use of the clamp and cautery than that which occurred in those days when hæmorrhoids were unceremoniously excised, and no precautions whatever taken to arrest hæmorrhage. These cases were operated upon by surgeons of recognized repute in this special method of treating piles. I consider that a plan of treatment which fails to compass that special end for which it was designed, and in addition has other obvious disadvantages, besides the further objection of being somewhat difficult to understand and complex in execution, loses its position in surgery, and must give place to other operations which involve less risk, give better results, and do not require any special surgical training.

Being convinced of the disadvantages and the imperfections of the ligature, and the clamp and cautery, I abandoned both in 1876, and I have never used either of them since.

During the last nine years, with the exception of a few cases treated by thermopuncture, and others by the injection of chemical agents, I have almost exclusively removed hæmorrhoids by excision; and unless I had very ample and sound grounds for advocating the advantages of this plan of treatment, I should have deferred saying anything until such time as much greater experience would have justified the course I am now taking. It has, however, so far exceeded all my expectations, that I have no hesitation in expressing my conviction that it surpasses in every respect every other operation designed for the same purpose. I have now operated upon more than three hundred patients without a death, a single instance of secondary hæmorrhage, or one case where any complication, such as ulceration, abscess, stricture, or incontinence of fæces, have occurred. I may go further, and state that I have never had one moment's anxiety about any of the cases, and to the best of my knowledge every patient has been completely and permanently cured.

I am now, with all due diffidence and respect, going to make what may appear a very bold statement. I do not consider that any surgeon has a through conception of hæmorrhoids until he has performed the operation of excision. He may have dissected the cadaver any number of times with the special object of studying the structure of hæmorrhoids, but it is only on the living subject that dissection will reveal their true nature. It is these vivisections that have confirmed my belief in the inefficiency of the ligature and the clamp, and they have revealed also the cause of failure. In surgical literature we read of hæmorrhoids as distinct individual tumors, but the vivisections I have referred to demonstrate that the entire plexus of veins surrounding the immediate interior of the gut is invariably at fault. Without doubt the hæmorrhoidal condition is marked by special protuberance at certain points in the circumference of the gut; and these I find have a pretty uniform position, owing no doubt to the regular disposition of the fibrous septa.

But the essential fact remains that, though possibly concealed by these masses, there are minute venous radicles behind and between the main tumors. They are now as small as their larger neighbors once were, but let the latter be removed by clamp or ligature, and the apparently insignificant venules will dilate and take their place, the very removal, perhaps, affording room for growth, and whilst taking off external pressure leaving the tension within increased. It is on the removal of these rudimentary piles, that the permanence of the cure and the future welfare of the patient depend; and I contend that the operation of excision alone satisfactorily accomplishes this object.

The principles of the operation are exceedingly simple, and its performance requires no special apprenticeship. I have received numerous letters from provincial practitioners, who had only read the original description I gave in the *British Medical Journal* for February, 1882, expressing their entire satisfaction with the operation. As I have since slightly modified the operation, I will first briefly describe it, and afterwards discuss in more detail some of the stages which, perhaps, require further explanation and some vindication at my hands, as the operation is opposed to some of the most cherished practices of modern surgery.

1. The patient, previously prepared for the operation and under the complete influence of an anæsthetic, is placed on a high narrow table in the lithotomy position, and maintained in this position either by a couple of assistants or by Clover's crutch.

2. The sphincters are thoroughly paralyzed by digital stretching, so that they have no "grip" and permit the hæmorrhoids and any prolapse there may be to descend without the slightest impediment.

3. By the use of scissors and dissecting forceps, the mucous membrane is divided at its junction with the skin round the entire circumference of the bowel, every irregularity of the skin being carefully followed.

4. The external and the commencement of the internal sphincter are then exposed by a rapid dissection, and the mucous membrane and attached hæmorrhoids, thus separated from the submucous bed on which they rested, are pulled bodily down, any undivided points of resistance being snipped across, and the hæmorrhoids brought below the margin of the skin.

5. The mucous membrane above the hæmorrhoids is now divided transversely in successive stages, and the free margin of the severed membrane above is attached, as soon as divided, to the free margin of the skin below, by a suitable number of sutures. The complete ring of pile-bearing mucous membrane is thus removed.

Bleeding vessels throughout the operation are twisted on division. This brief description comprises the several stages of the operation.

1. In the first place it will be observed that beyond the chloroformist the operation requires no skilled assistance. A single nurse is quite sufficient, and I have on more than one occasion dispensed with assistance altogether.

Contrary to general recommendation, I prefer the lithotomy position, with the legs well flexed on the thighs, and the thighs on the body. This raises the whole pelvis, and gives the surgeon a commanding view of the field of operations. I sit in front of my patient, with my work on a level with my shoulders.

2. I have a strong objection to the use of instruments in the dilatation of the sphincters. Not only are they apt to produce sloughing, which would jeopardize the success of the final step in the operation, but the danger of rupture and possible future incontinence is also greater, for the resistance can only be very imperfectly estimated, and the pressure cannot be regulated with delicacy, and is moreover unequally applied; I therefore invariably employ digital stretching. With the finger the pressure can and ought to be distributed all round the circumference of the bowel, so that the muscles are uniformly stretched and not torn. If the sphincters be firm I generally introduce my two first fingers or thumbs, and knead the muscles all round, but if the parts are more relaxed, I at once collect the fingers in the form of a cone, and gradually pass in as much of the hand as is necessary. If ordinary prudence is exercised, the sphincters will invariably be restored to the full exercise of their natural function within three weeks.

3. It is better to commence the separation of the mucous membrane from the skin at the lowest point and deal with the two sides in succession,

before completing the circle above, so that any oozing that may occur shall be below the work as it proceeds. The incisions must be made through the mucous membrane and not through the skin. It is very important that no skin should be sacrificed, however redundant it may appear to be, as the little tags of superfluous skin soon contract, and eventually cause no further inconvenience. If this precaution be taken there is no fear of stricture, which, as Treves has shown, is much less common even after elimination of a complete segment of gangrenous bowel than was once imagined.

The attachment of the mucous membrane and piles to the sphincters is so slight that I either employ the closed scissors as a raspatory or use my fingers in their separation. The firmest adhesions are always found at the highest and lowest points where the fibres of the external sphincters converge. With a very little patience the whole of the hæmorrhoidal plexus can be isolated and the membrane drawn down, leaving the external sphincter almost bare and cleanly dissected. Up to this stage of the operation there is practically no hæmorrhage, for, as is well known, the arteries which supply the rectum run immediately beneath the mucous lining, and not in the loose tissue separating it from the sphincters. They are, however, necessarily cut in the next step, which consists in the transverse division of the mucous membrane just above the piles. To prevent hæmorrhage it is advisable to cut through the bowel by degrees and to twist each bleeding vessel as it is divided. After securing the vessels, before making any further incision in the bowel, I attach the free edge of the piece of mucous membrane first divided to the corresponding portion of skin at the verge of the anus. This procedure is repeated until the entire circumference of the bowel is secured to the skin. By this means I almost invariably secure healing by first intention.

The arteries met with are exceedingly small, easily seized, and only require a few twists of the forcipressure forceps to prevent both immediate and secondary hæmorrhage. Ligatures may slip off, be torn off by the first action of the bowels, or ulcerate through before the vessel is occluded, but torsion never fails.

I have often operated on severe cases and not found it necessary to twist a single vessel, and very frequently only one or two. The rectum and four inches of the bowel can be excised as I have excised it, without securing a single vessel, and I have proved that 300 operations for the radical removal of piles can be effected without a single instance of secondary hæmorrhage; consequently I consider that special instruments and extraordinary precautions may be finally dismissed, and the excision of hæmorrhoids once more be admitted within the pale of general surgery.

I do not make use of any sponges during the

operation, as I very much prefer little squares of lint wrung out in hot spirit and water.

Before closing the wound I insufflate iodoform between the raw surfaces, as I find it checks any tendency to sanguineous oozing, and facilitates primary union. For the purpose of suturing the mucous membrane to the skin, I always employ carbolized silk, and I never take out the stitches, as I find they come away of themselves without creating the needless alarm to the patient which their removal generally occasions. Indeed, after the operation, there is no real necessity ever to look at or touch the parts again.

Whilst the patient is still on the table, I introduce into the rectum a suppository containing two grains of extract of belladonna, give the external parts a final dust with iodoform, and place over all a strip of oiled lint, which is retained in position by a T-bandage.

For the first few days, with highly neurotic patients, I keep a bag of ice in close proximity to the rectum, and I generally recommend a dose of castor-oil to be taken on an empty stomach on the morning of the fourth day. The patient sits up on the fourth day, and is in a condition to resume work within a fortnight.

I rarely find that the patient suffers much pain after the operation, though this depends chiefly on the nervous susceptibility of the individual. Some aching in the back may be complained of, as in other pelvic operations, but this is generally relieved by change of posture. If the change of posture does not answer, a hot water-bag or hot salt applied to the back will generally give immediate relief.

Retention of urine occasionally follows, and sometimes I have found it desirable to use a catheter; but, as a rule, I direct the patient to pass water on his hands and knees, and after a little patience he succeeds. I have never but once known the use of the catheter absolutely and urgently required, and that was in a case in charge of another medical man, who confessed that he had prematurely attempted to pass an instrument and failed, and admitted that the retention was more due to his clumsiness than to the real necessities of the patient. I am of opinion that this complication is met with less frequently after excision than after any of the other operations which aim at the same result.

Such, gentlemen, is the operation I wish to advocate for the removal of hæmorrhoids by excision, or I might rather say, for the removal of the hæmorrhoidal area by excision; and I claim:

1. That it is the most natural method, and in perfect harmony with the most approved principles of surgery.

In illustration of the inconsistencies that have from time to time been introduced to support special departures from the ordinary practice of

general surgery on this subject, I will quote the arguments which have recently appeared from the pen of a distinguished surgeon. In the *Brit. Med. Jour.* for 1882, he states, with reference to the ancient plan of excision of the mamma: "The breast was laid hold of with great pincers, and having been cut clean off, the surface was rubbed over with a red-hot poker. Against a proceeding so shocking to the age, modern taste revolted." And yet this distinguished surgeon writes, in 1884: "There have been three great strides in the surgery of the rectum, and one of them is the treatment of hæmorrhoids by the clamp and cautery." Now, I ask, what does the clamp-and-cautery treatment imply if it does not mean that the tumor is laid hold of by pincers, and having been cut off, the surface is rubbed with a red-hot poker. The rectum has its rights, I consider, as well as the breast, and I therefore claim for it the privileges of modern surgery. Curiously, the same author, in 1886, takes exception to the scientific construction of the clamp now almost universally employed.

2. Excision, in addition to its simplicity, requires no instrument which is not found in every practitioner's pocket case.

3. It is a radical cure. It removes the peculiar pile-area, and I believe recurrence to be impossible.

4. Though no operation is absolutely devoid of risk, I consider that excision in this respect is at least on a par with the safest method yet recommended for the removal of piles.

5. The pain after excision is slight in amount, of short duration, and, I believe, less severe than follows any of the other operations.

6. The loss of blood at the time of operation is so small as hardly to merit notice; though perhaps in this respect it must give precedence to the ligature and clamp; but, so far as secondary hæmorrhage is concerned, the risks are unquestionably less.

In conclusion, allow me to recapitulate briefly what my contention is. I contend that the internal hæmorrhoids, which are generally regarded as localized distinct tumors, amenable to individual treatment, are, as a matter of fact, component parts of a diseased condition of the entire plexus of veins associated with the superior hæmorrhoidal, each radicle being similarly, if not equally, affected by an initial cause, constitutional or mechanical.

I am of opinion that, when surgical treatment becomes imperative, the extent of the mischief can only be appreciated and effectively dealt with by a free exposure of the diseased vessels, and that no procedure fulfils this purpose short of a deliberate dissection of the lower rectal area.

And, finally, I consider that any operation, which has for its object the removal of hæmorrhoids, is not complete which does not provide for the readjustment of the healthy tissues, with the ob-

ject of securing primary union and rapid convalescence.

The dread of hæmorrhage in excision of hæmorrhoids, is a delusion which has been fostered and sustained by potential authorities who have, I consider, for the last thirty years, indulged in unjustifiable departure from the sound principles of general surgery.—*Brit. Med. Jour.*

### GENERALISATIONS REGARDING THE PATHOLOGY OF ABNORMAL GROWTHS IN MAN AND ANIMALS, AND THEIR EXPLANATION ON THE EVOLUTION THEORY.

No branch of comparative pathology has received more careful study than that which deals with the mode of growth and variations in the histological structure of the various tumours, malignant and benign. In these short notes I propose to restrict myself to a cursory survey of the etiology of abnormal growths, not criticising views which are generally held, and not dealing with the actual or immediate cause, but suggesting a general basis which may be regarded as the ultimate cause to which such abnormal manifestations may probably be traced. In order to clearly explain my meaning and to illustrate it more fully, some remarks of my brothers, Dr. Astley and Professor George Gresswell, may, in the first place, be mentioned.

It may be said that all new formations, as instances of which the enchondromata may be taken, are characterised by the preponderance of cellular elements. These are, of course, variously modified. They may fibrillate, and, further, may be at length calcified; but very rarely, if ever, do they develop into the highest form of tissue, the muscular and the nervous (Buhl). This latter fact is only to be expected, since the tissues of most important specialisation must necessarily be those which are produced, so to speak, with greatest difficulty. It is a familiar fact that all the tissues of organisms are to be regarded as having their origin in cells. Similarly, too, new formations in man and animals are also traceable to the proliferation of cells. Necessarily, the cells become more or less modified so as to become almost, if not quite, indistinguishable from their parent cells. New formations of all varieties are, I hold, to be looked upon as reversionary in nature, and are clearly traceable to a remote ancestral condition, when the primary importance of cells as units not greatly modified, distinct and uncombined into aggregates or but imperfectly and incompletely combined, was far greater in the respect of individual power than it can be, where each cell is dependent on the activities of other units, with which it is combined as in the higher forms of life.

As illustrating my theory, let me briefly consider



some points regarding the enchondromata. Enchondroma myxomatodes presents structural features, such as are met with in the notochord of the vertebrate animals. The cells of some enchondromata are stellate, their processes uniting into a network. A like condition of cellular structure is met with in the selachii, which may be regarded as the root forms of the vertebrates. Again, enchondromata are most common in the limbs, and especially in their distal extremities; and, since the original condition of the vertebrate limb is represented in the selachii as a multitude of cartilaginous rods arranged in a definite manner (the rods increasing in number towards the distal extremity of the pro-ptyerygium, the meso-ptyerygium, and the meta-ptyerygium), we are perhaps justified in looking upon these facts as showing to us homologous relationship. Corroboration is seen in the frequency with which cartilaginous bodies develop in connexion with certain joints of the limbs in man and animals. These bodies are either single or multiple, and they are of all sizes up to that of a small apple. Cruveilhier figures a number of rounded cartilaginous bodies in the elbow joint. Mr. Smith removed over 200 loose rounded cartilages from the knee joint of a man at St. Bartholomew's Hospital. He also operated on a woman, aged twenty-eight, who had for six years presented a tumour in the upper third of the right arm, immediately beneath the skin. The tumour was pyriform, tapering towards the axilla. It was three inches and a half long, and two inches in diameter at its thickest part. It was encapsuled, and within the capsule there were found one large mass of cartilage and twelve or more detached lobulated bits of cartilage. There were also similar detached nodules of cartilages in the axilla. The limbs, in fact, of the higher animals may have therefore dormant germs of the ancestral rods of cartilage; indeed, cartilage cells have been found in the synovial tufts of some joints. From such centres some of the above-mentioned cartilages had apparently developed. Supernumerary fingers have been referred to the multifid condition of the rays of the selachian fin. New formations of capillary vessels are generally congenital, and they are much commoner in the skin of the head and neck than elsewhere. These facts might suggest the possibility that they bear homologous relations to the vessels which develop about the epiblastic involutions lining the visceral arches of the lower vertebrata. Dr. D. A. Gresswell recently saw a nævus, the distribution of which seemed to afford some corroboration for such a speculation concerning the homology of nævi. It extended in a snake-like form down the right side of the neck; it was distinctly raised, and it passed with a tapering extremity into the external auditory meatus, down which it extended for a considerable distance.

It will be seen that the view which Dr. D. Astley Gréeswell pointed out, but which we now wish to lay stress upon, is that one of the primary properties of cellular organisms was that of multiplying by processes of fission and gemmation. This characteristic, originally possessed by independent units, is still, in greater or less degree, a feature of those units which, when combined in various ways, make up the tissues and organs of higher forms of life. At times, and under special circumstances, which, in the present state of our knowledge, in many instances can only be roughly traced, this ancestral tendency of the cells to divide and multiply on their own account shows itself once more with something of its old vigour, and then new formations of various kinds result. When the bloodvessels are invaded by pathogenic micro-organisms, may it not be that, as previously pointed out, a kind of warfare, so to speak, goes on between the blood cells and the vegetal germs, and that when the latter gain the victory the man or the animal dies: whereas in cases where the blood-cells possess the power of strong resistance, the sufferer also withstands the deadly effect of the foe? In some instances, then, the fertility of cells in the way of reproduction would be highly servicable to the man or animal, while in others such power of multiplication is manifestly most destructive. Is it not a great question if we should not, in our investigations of disease, search most diligently into all these conditions which would enable us both to control and to facilitate the growth and multiplication of cells?—A. Gresswell in *Lancet*.

#### THE CLIMATE OF COLORADO SPRINGS FOR THE PHTHISICAL.

A gentleman who had tried the favorite resorts of Europe and America, describes the advantages of Colorado Springs as follows in the *New York Tribune* of May 22, 1887:

No climate is absolutely perfect, so I shall first call attention to the only blemish in the climate of Colorado Springs. We have some wind and, at times severe wind, yet the number of days when an invalid is compelled to remain indoors on account of strong wind is not more than the number he is compelled to spend indoors at Davos, in Switzerland, on account of the falling of snow. Furthermore, if an invalid finds the wind objectionable he can readily escape it by changing to Manitou Springs (ten minutes by rail), which is even more sheltered than Davos.

Now as to the advantages of Colorado Springs:

1. Its altitude is six thousand feet above sea level. To the north the land rises gradually, thickly wooded, to the height of 7,500 feet. Six miles to the west runs a spur of the Rocky Mountains culminating in Pike's Peak, 14,200 feet high.

Thus the city is sheltered to the north and west, and is open to the south and east. 2. The sunshine is almost uninterrupted. During the winter there is no rain, no cloudy or foggy weather, and hardly any snow. Snow falls very rarely, and when it falls it disappears quickly and almost miraculously, leaving neither mud nor dampness behind. 3. As the city lies open to the east and the higher mountains to the west are at some distance, the daily duration of winter sunshine is very great—fully forty per cent. greater than at Davos. 4. The character of the soil is porous. This is a very important advantage. If rain or snow falls at Denver, for example, the result is mud, and mud means continued dampness. There is no mud at Colorado Springs. 5. The invalid is not restricted to hotel life. Boarding-houses and furnished houses abound. Housekeeping, owing to the presence of a large number of very superior stores, is made easy. Should the invalid prefer hotel life, he will find the hotels first-class, but he it said that no American hotels are so carefully managed as to comfort nor so particular as to ventilation as are the hotels of the Riviera or of Davos. 6. There is nothing of the hospital character about Colorado Springs. Of its 7,000 inhabitants, many never were sick, and many who once were are now perfectly cured. The invalids are scattered to such an extent, there are so many amusements and points of interest to disperse them, that one never feels the depressing influence of being in a great consumptive hospital. 7. Amusements are very plentiful. There are few cities in the world that offer such a variety of beautiful rides and drives. Invalids are out riding or driving nearly every day in the year. Many people of wealth and culture reside here, society is pleasant and clubs of all kinds abound—social clubs, reading clubs, musical clubs, fox-hunting clubs, etc. An invalid here has neither time nor disposition to mope. 8. One of the objections I found to Davos and the Riviera was that when spring came the patient was chafing to get away. I do not find this at Colorado Springs. Nor is it necessary. The summer climate is just as healthful and just as exceptional as the winter climate. In fact, the reputation of Colorado summers brings thousands of tourists here every summer. The days are warm, not uncomfortably so, and the nights are always cool enough to make a heavy blanket necessary. Some invalids go up into the beautiful near-by mountain parks (8,500 to 10,000 feet high), and live at a farm house or camp out. Some change to Manitou Springs and enjoy witnessing the summer gayety. The majority remains here and are equally benefited. 9. If a patient feels disposed to make a change during the winter, he has a large choice of places which he can visit with safety. He may go to Denver or to any of the towns between Colorado Springs and Pancha

Springs inclusive. This belt of territory is all favored with an exceptional climate. On the other hand, if an invalid finds that the climate does not agree with him, he can travel hence to Southern California quickly and comfortably.—*Med. News.*

#### OPERATIVE TREATMENT OF EMPYEMA OF THE ANTRUM OF HIGHMORE

In the *Archiv. für. Klin. Chirurgie*, is a full report of a paper on a new method of dealing with empyema of the antrum, read by Professor Mikulicz, of Cracow, at the last meeting of the German Surgical Society. The indications to be fulfilled in the treatment of this condition are, it is stated, clear and simple. In every case it should be the surgeon's endeavor to make an artificial opening in the cavity, and to maintain this opening until suppuration has been completely arrested. The methods which establish an opening into the antrum by the mouth have two advantages. The cavity is thus perforated at a convenient and accessible spot. The surgeon can readily apply his instruments, and the after-treatment can be conducted under the control of both his eyes and fingers. Moreover the perforation is well situated for the flow of pus, and corresponds to the most dependent part of the antrum. There are, however, certain disadvantages attending the operation by the mouth. Suppuration in the antrum often persists for a long time, it may be for months or even years, and it is necessary to maintain the opening until the discharge has closed. This is not an easy matter, as there is always a tendency for the opening to contract and close, unless a stiff drainage-tube be worn. Free communication between the antrum and the mouth is attended with inconvenience, and portions of food and other foreign material may pass through the opening into the cavity, decompose there, and set up fresh suppuration. In consequence of these objections to the oral operation, attempts have been made to open up the antrum in another direction. An objection might be made, it is pointed out, to the old operation on physiological grounds. The antrum has not any normal connection with the mouth, but it is to be regarded as a pneumatic appendage of the nasal cavity with which, in a healthy condition, it has free communication. If this communication be shut off in consequence of any pathological process, that operation would seem to be the most rational that serves to re-establish the normal condition. The author is opposed to any method of attempting to reach the antrum through the middle meatus. It would, he states, be found very difficult in such attempt to open up the antrum and afterwards to inject the cavity. Besides, the perforating instrument would be brought into

dangerous proximity to the orbit, which cavity is separated from the nose by only a thin plate of bone. Again, an opening in the middle meatus would be most unfavorably situated for the discharge of a large accumulation of pus. The author advocates an opening made from the inferior meatus. The osseous septum between the portion of the nasal cavity and the antrum is very thick and dense near the hard palate, but soon becomes reduced to the thickness of paper, and may be readily perforated by a stout cutting instrument. For this purpose a short double-edged knife, or rather cutting stylet, set on a curved shank, has been devised. This is introduced along the inferior meatus, until it reaches the inferior turbinated bone, when its point is turned outwards and thrust through the septum into the antrum. The opening having been enlarged by to and fro movements of the instrument, the elongated and curved nozzle of a specially devised elastic bell-syringe is introduced, and the cavity of the antrum is washed out. This operation, which proved successful in two cases reported in this paper, is not likely, it is asserted, to be attended with any difficulty except in cases of abnormal narrowness of the inferior nasal meatus, of extreme hypertrophy of the inferior turbinated bone, or much thickening of the osseous septum between the antrum and the inferior part of the nasal cavity.—*Lond. Med. Rec.*

#### CHIAN TURPENTINE IN THE TREATMENT OF CANCER.

Dr. John Clay, of Birmingham, England, writes as follows concerning the administration of Chian turpentine in cancer:

"Success in the treatment of cancer by this drug depends upon: 1, the mode of its administration; 2, the stage of the disease; 3, the complications by which the growth is attended; 4, the persistence of the treatment. The idiosyncrasy of the patient will also influence more or less the rapidity of action of the drug; in one case the good results will be apparent in two or three weeks, while in another it will be as many months before the external appearances will give evidence of any beneficial action. If there is no perceptible increase in the growth in the course of two or three months, it may be relied upon that the drug is exerting a beneficial action, and other things being equal, the ultimate success of the treatment will depend upon the perseverance in its continuance. Everything depends upon the purity of the drug, for there is an immense amount of adulterated and fabricated stuff in the market. There is *prima facie* evidence of the genuineness of the gum if no violet odor is communicated to the urine, and if no skin rash or cutaneous eruption is manifested after the lapse of a few weeks. The external application

of a chromic acid solution (twenty or thirty grains to the ounce of water) to a cancer in a state of ulceration is sometimes useful. The following is the formula for preparing the mixture, as published by the dispenser to the Queen's Hospital, Birmingham: 'An ethereal tincture is first made by mixing equal parts of Chian turpentine and ether, and shaking frequently in a well-corked bottle until all soluble matter is dissolved. An emulsion is then prepared in the following manner: Place in a large mortar two hundred and forty grains of powdered acacia, and fifty grains of powdered tragacanth, and one ounce of the tincture of Chian turpentine, mix, and add, all at once, a fluid ounce of water, triturate until an emulsion is formed and then dilute gradually up to eight fluid ounces. Two fluidrachms will contain seven and a half grains of the pure drug—the initial dose. All trace of ether must be removed by exposure in an open vessel, preferably in the cold.'

"Those cases are most suitable for treatment in which the disease affects the skin or mucous surfaces, and the earlier the treatment is begun the better is the chance of success. When the lymphatics are extensively involved, or when the disease has invaded the peritoneum, pleura or vagina, the drug can be recommended merely as a palliative. In cancer of the uterus or rectum, if treatment has not been begun very early, disease of the kidney (not necessarily of a malignant character) is apt to arise. If this condition becomes manifest, the action of the drug will require careful watching, and it may be necessary to abandon it altogether. It is advisable, after the medicine has been taken for two months, to omit it for two days in each month, beginning again with it in the same dose that was given at the time of its discontinuance. Opium, in large doses, is antagonistic to Chian turpentine and should only be given when absolutely necessary because of severe pain, and then only in small doses—about seven minims of the tincture incorporated in the mixture.

"The combination of resorcin with Chian turpentine (two drachms to eight ounces of the above mixture) is sometimes beneficial. The mixture is given in doses of one teaspoonful in cold milk three times a day after meals, increased in two weeks to two, and in two weeks more to three teaspoonfuls. Its administration is to be persevered in for a long time. Too speedy results are often expected from the remedy, and hence it may be abandoned too early before it has received a fair trial. If the disease seems to be arrested at the expiration of a few weeks, it is quite sufficient to justify a continuance of the drug.

"After the arrest of the disease the remedy must be continued until some obvious change takes place, and it must be administered continuously in increasing doses, under any circumstances, even if some apparently discouraging conditions arise."

Dr. Clay adds some remarks concerning the administration of the remedy in individual cases, which, however, we are obliged to omit on account of the pressure on our columns.—*Medical Record.*

MEDICAL NOTES.

The *subiodide of bismuth* is now being much used as a local application at the hospitals, instead of iodoform.

There are only two remedies which have the power of causing involution of *uterine fibroids*—electricity and ergot.

The best preparation of *aconitine* is Duquesnel's. It is three times more powerful than any other preparation in the market.

Of internal remedies for *hemorrhage of uterine cancer*, Prof. Parvin states that probably one of the best is the infusion of cotton root.

In *constipation* caused by a deficiency of excretion, secretion and muscular power, a capital addition to a purgative pill is physostigma.

For flushings and other morbid sensations occurring about the *climacteric period*, Prof. Bartholow prescribed a three grain pill of iodoform, ter die.

The best remedy for relief of, but which cannot cure, *paralysis agitans*, is hyoscyamine, gr.  $\frac{1}{10}$  twice a day. Do not produce the active effects of the drug.

A case of *infantile eczema* was recently shown at the Jefferson College Hospital clinic, which had been treated locally with a solution of resorcin, with very beneficial results.

For *spermatorrhœa*, characterized by a lack of vigor in the erections, due to a want of tonicity of the vessels, give digitalis; may be advantageously combined with the bromides.

For *dysmenorrhœa*, Prof. Bartholow advises the inhalation of amyl nitrite for the attacks, and during the intervals the internal administration of the one per cent. solution of nitro-glycerine.

Prof. Da Costa strongly recommends gallic acid in *hæmoptysis*, but advises it to be given in doses of gr. xv-xx every fifteen minutes "until the blood turns black." It is of no use whatever in small doses.

For *mitral stenosis*, Prof. Bartholow advised that caffeine in gr. iij doses be given three or four times daily; to improve the general nutrition, gtt. j-v of dilute nitro-glycerine, to determine the dose by the effect.

For *diarrhœa* coming as a desire to stool after eating, with thin and watery discharges, Prof. Bartholow ordered the following: Two drops of

Fowler's solution and six drops of the deodorized tincture of opium three or four times daily. Put on exclusive milk diet for a short time.

Prof. Bartholow thinks for beginning *pneumonia* up to stage of exudation, nothing is better than a combination of tinct. aconiti and tinct. opii. gtt. v of the former, and gtt. viij of the latter, as an initial dose, followed by, respectively, gtt. ij-ijj of each every hour, or according to the effect produced.

For *diarrhœa* of three months' duration, characterized by a desire to evacuate the bowels immediately after eating, Prof. Bartholow advises the following plan of treatment: Put patient on a milk diet as far as possible, also—

R Creasoti . . . . . ℥ij  
 Bismuthi subcarb. . . . . gr. x-xv  
 Glycerini . . . . . fʒss. M.

Sig.—Ter die, before meals.

*Col. and Clin. Record.*

THE TREATMENT OF ECZEMA.

The diagnosis of eczema is comparatively easy. If we except acne, it is the commonest of all the cutaneous diseases. It includes about one-third of all cases of skin diseases that come under treatment. It seems to be more frequent in this country than abroad, Hebra making it about 16 per cent. of all the cases treated at Vienna. Eczema is remarkably protean in its manifestations, showing itself under the most varied forms; at one time it appears as an erythema, and at another time takes the vesicular form. Also remember it is the only weeping skin disease—not in the sense that an excoriated surface weeps, but as part of the pathological process of this disease, by an excessive exudation of liquor sanguinis, which cannot be consumed in supplying loss, which remains over and infiltrates the cutaneous structure. The squamous or dry form is mistaken for psoriasis, a squamous syphilide, etc. Seborrhœa also is often mistaken for eczema. It is true the two diseases often present the same or similar appearances as they occur on the scalp. They do often exist together, or one is the sequel of the other. Eczema of the scalp is, as a rule, seated on a circumscribed spot, while in seborrhœa the scales cover the whole scalp. In cases of doubt, care should be taken to obtain the history, etc., and then a correct diagnosis can easily be made.

In considering the treatment, only an outline can be given. To enter upon the subject more fully would be to furnish subjects for an indefinite number of meetings. Eczema is a perfectly curable disease, provided the cause is sought for and remedied. In the acute form care should be taken not to over-treat. The great tendency is to ad-

minister arsenic, and apply a stimulating ointment, and then trust to nature for the cure. If nature had been let alone, or, better, aided by using some bland protective ointment, and a brisk cathartic internally, she would have brought about the cure much sooner than she would when stimulated almost to the point of irritation. We often find eczema accompanying digestive troubles. In these cases the diet should be plain and nutritious, and some tonic be used. I prefer tincturæ nucis vomicæ, combined with some of the simple tonics, such as gentian or cinchona. Although in direct opposition to the teachings of the books, I have seen arsenic do a great deal of good in the eczema of dyspepsia. I think the best plan is to give small doses and very gradually increase—say, two minims of the liquor potassii arsenitis, increased to five, and then return to the original dose. Arsenic is a drug which has caused a great amount of discussion. While it is the dermatologist's sheet-anchor, it may be misused. It was pretty clearly brought out by the recent discussion, by both dermatologists and general practitioners, that arsenic was, in the majority of cases, a very successful and safe drug to employ, provided the physician took care to watch the effect, etc. The habit of prescribing arsenic in all cutaneous diseases can not be too strongly denounced, and I think the majority of text-books and lecturers are to blame for not teaching the student and doctor how to make distinctions between those cutaneous diseases which are benefited by arsenic and those which are not. In children which appear healthy, but are fat and flabby in texture, fed, as a rule, on food containing quantities of starch, and who are allowed to "drink all the tea and coffee they want," and other unwholesome food, I have seen eczema which had resisted all other treatment heal up almost by magic under a corrected diet, a brisk mercurial cathartic, and a bland protective ointment applied to the affected parts. The cure is explained by looking at the etiology of eczema in this class of patients—namely, a congested skin produced by a circulation, or a torpid state of the bowels, which we relieve by curing the constipation and restoring tone to the circulation. After this introductory treatment, I give directions regarding food, and often give tonics—such as cod-liver oil and some form of iron, preferably the syrup ferri iodidi. In young children, and persons having tender skin, care should be taken not to use an ointment too stimulating. I have a case in mind now where an ointment of the red oxide of mercury was used for a simple eczema, which caused a severe pustular eruption. When the ointment was changed for a simple protecting application, the eczema soon improved, and the child became well. I have seen several cases of eczema resulting from that much-advertised "skin success," which I believe is composed of the red oxide of

mercury, some preparation of tar, and vaseline. For the removal of crusts in cases of eczema of the scalp, some oil should be used, either olive, or raw linseed-oil being the best. In scrofulous subjects you may use cod-liver oil with the hope of good results from the absorption. If there are pediculi along with the eczema, crude petroleum is useful for destroying the parasites.

A good application for local eczema in children is to apply the ointment in the form of a plaster. Unna, of Hamburg, uses an application called "Salbenmull," consisting of sheets of thin cotton material incorporated with various kinds of ointments; he also uses one somewhat similar, various medicaments being spread on gutta-percha tissue instead of cotton sheeting; the advantage of this over the former is, that the gutta-percha plaster will adhere to the part without the use of a bandage. The most obstinate cases to treat are those of old, dry, rheumatoid eczemas, found, as a rule, on the limbs of old people. My plan in these cases is to give plenty of salines, unless the heart is weak; if such is the case, caution should be observed, for by giving too much alkali we may produce a state of superalkalinism which may assist to a fatal result. A very good plan to observe in giving salines to old people is to combine them with digitalis. I also give tonics, such as iron, quinine, etc., and if there are symptoms of rheumatism, it is well to give, in addition, iodide of potassium and colchicum. Externally, I first remove the crusts or scales, which may be done with green soap, the liquor picis alkalini of Bulkley, or hot poultices; my preference is for the poultice. The heat and moisture seem agreeable to the hot, tense skin, and the patient will express himself well pleased with the treatment. After all the crusts are removed, and we have a clean shining surface, apply an ointment, stimulating or not, as the case would suggest. An ointment which I have found well adapted, when stimulation was required, is composed of the following:

R.	Hydrarg. chlorid. mit. . . . .	gr. xxv.
	Olei cadini . . . . .	ʒj.
	Unguent. zinci ox. . . . .	ʒj.
M. Ft.	unguent.	

Oleate of mercury may be substituted for the calomel, about a drachm of the five-per-cent. to the ounce. One of the most distressing symptoms is the intense itching, which may be relieved by the addition of iodoform to this ointment, or, if the disagreeable odor of iodoform is objected to, iodol, a new preparation from iodine, may be substituted with equally good results. I have seen the compound tincture of benzoin, prepared and applied as recommended by Professor Sherwell, of the Long Island College Hospital, allay the itching when all other applications had failed. Dr. Sherwell's directions are to evaporate the tincture to

three-fourths its bulk, and paint this over the eczematous spot. I am not in favor of the heroic plan of treatment, such as blistering with cantharides, carboic acid, or iodine. I think just as good results can be obtained by employing milder stimulants, and if the desired effect is slower, you will be amply repaid by not causing your patient unnecessary pain and discomfort. When eczema is complicated with varicose veins, a rubber bandage applied closely to the part has a decided curative effect, due, no doubt, to the support given to the enlarged veins, restoring, or rather correcting, the circulation in that particular part. There are two or three questions regarding which the physician must first of all satisfy himself. One is: What is the internal cause, if any? Another question: Is the disease acute or chronic? and third: What stage is it in? When these questions have been answered, the proper method of procedure will at once become apparent. The German plan of treating the external manifestations of the disease alone has many things in its favor and some against it. It is very well in cases of doubt to direct attention to the visible lesion, and await developments for light on the internal trouble. The other extreme, which the French school teaches, of attributing the disease to the so-called diathetic cause, is open to as many objections. But the unfavorable features in either system have been very successfully remedied in the English, or more particularly the American, method of taking the safe middle ground of combination, and uniting both the internal and external plans, and so bringing about results which I think will be found to be far more brilliant than if only the method of either of the European schools is strictly adhered to. I trust that, with the ever-increasing facilities in the American medical schools for the successful study of skin diseases, the day is not far distant when the general practitioner will be able to diagnose and treat these troubles just as skilfully as the specialist; and eczema in its protean forms will become one of the least, as it is now the greatest, of all the cutaneous diseases.—Dr. Winfield, in *N. Y. Med. Jour.*

#### MANAGEMENT OF THE SICK ROOM.

It is so generally the custom of medical men to leave the management of the sick room to the friends of a patient or to nurses, that it seems to be almost forgotten that this is, in a remarkable degree, a professional duty. "Treatment" does not consist wholly, or, indeed, chiefly, in the administration of drugs. The surroundings of the sick are not less important as agents of cure than the medicines given to them. Indeed, we will go so far as to say that in the best and most physiological methods of therapy, drugs are only admis-

sible as *aids* to the arrest of disease and the recovery of health, which Nature will accomplish if only the case be so conditional as to remove obstacles out of her way, and facilitate the processes whereby she is working. The scientific therapist regards the placing of his patient in circumstances favorable to convalescence as the first and most urgent step to take, and it is therefore impossible for him to look upon the management of the sick room as of trival or even subordinate importance. We have no thought of attempting to determine the particular conditions required for the recovery of the sick. Obviously these can only be indicated by the needs of each patient. We believe one and all *systems* of management must be open to the fatal objection, that they do not deal directly with the lesser needs of the individual; and these lesser needs are in practice the most important. The point on which we are especially anxious to insist is, that the practitioner ought to make the management of the sick room his most solicitous care. To relegate this part of his duty as a minister of health to a nurse, however skilled, or friends, however intelligent and solicitous for the welfare of the patient, is to surrender to others a power which may be either wasted or applied obstructively, with the best of intentions; and simply because, being dissociated from the exhibition of drugs, the management of the sick is no longer felt to be what it really is—namely, an integral and elementary part of treatment.

To manage the sick room wisely and efficiently, the practitioner must be so thoroughly versed in all the details of nursing as to be able himself to do, if necessity arises, all that he expects of others. The best illustration of what we precisely mean, may be found from the position of a captain commanding a ship in a storm. He not only possesses a general notion of what ought to be done, but he is practically acquainted with every rope, spar and sail in the vessel, and he could, if it were physically possible, perform the whole duty himself. He can supervise, because he has himself passed through every grade of seamanship, possesses the knowledge of *how* things are to be done, as well as what to do in the circumstances. Now, we greatly fear that anything approaching this practical familiarity with the details of the duty devolving upon a medical practitioner as a minister of health, is rare, and daily becoming increasingly difficult to find among the most advanced and theoretically competent workers in our profession. Division of labor is no doubt a necessity of progress, but we cannot regard without uneasiness the erection of nursing into a specialty, separate from, and in a large measure independent of, treatment. The profession is not, we think, aware of the magnitude of the sacrifice it is making, in allowing this province of the art of healing to pass

out of its grasp. The development of nursing as a craft, has grown out of the neglect with which that function has been too long treated by those who ought to be its principal promoters and directors. The condition of matters exposed by Charles Dickens in connection with his personification of the old-fashioned nurse as "Sairey Gamp," did permanent service; and the nurses of to-day are confessedly as superior to their predecessors of forty years ago, as the medical men of the present time are better provided with instruments of precision, and more skilled in the knowledge of both health and disease than those of the last or a previous generation. Nevertheless, we cannot but feel that against this grain to the interests of good management in the sick room must be reckoned the very grave fact that the most erudite and expert of our cloth to-day are incomparably, and almost of necessity, less able to direct and control the conditions of the sick than the practitioners of a time when the average attainments of the scientific physician or surgeon was immeasurably less considerable than those of the least advanced and accomplished of our contemporary doctors. There is no marvel in this fact, because nowadays the details, and much more than the details, of the art of nursing are left to a class of persons who, whatever their devotion or intelligence may be, are certainly not qualified to take the position of medical practitioners.

It is not with any degree of disrespect to the class of skilled nurses that we protest against the growing evil of surrendering a large and most potent part of the art of healing to those who are not in a position to master it. No lasting success can possibly attend the separation of nursing from medicine. The doctor who does not himself direct the nursing of his patient in all its details cannot be held to have control of even half the appliances of cure, and, for anything he can tell, the manner in which his patient is treated during the intervals between his visits may be such as though admirable in themselves, must prove antagonistic to his own method and policy. We are not now thinking of the disastrous effects of bad or even careless nursing, but of the very best that can be procured. Nursing ought to play a leading *role* in treatment, and therefore it should be one of the first considerations of the practitioner. His should be the guiding hand in everything that concerns the sick, and to this end his authority and influence should be paramount. A great point is gained when it can be said of a practitioner that when he appears on the scene he takes not only general but specific control of the whole management of the case, and personally directs every detail. In no other way can perfect unity of aim and policy be secured. It may be argued that the busy practitioner has no time to spare for thus entering into matters; or that he descends from a high profes-

sional position when, for example, instead of contenting himself with simply ordering a poultice, he takes pains to ensure that it shall be properly made. How strangely erroneous such notions as these really are will appear when we reflect that the most successful practitioners have been, and still are, those who possess, and do not scruple to supply, the most minute acquaintance with the art of nursing—a knowledge for the most part either acquired by painful experience in their own families or obtained by years of observation and practice in the wards of hospitals where homely rather than ornate systems of nursing were in operation. It must be frankly confessed that we do not see how the students of to-day are to learn the art of nursing in such a way as to render them really able and useful practitioners in private families, seeing that the management of the sick chamber is an art and mystery studied and practised by a separate class of non-medical persons, who cannot share the practitioner's responsibility. —*Lancet*.

#### THERAPEUTIC EFFECTS OF SEA AIR.

The practice of a more or less prolonged stay at the seaside in the summer is one of very ancient date, if we regard only the wealthy and leisured classes, but its general adoption is a more modern habit. The Roman noble sought refuge from the summer heat of Rome at Baie and Paestum, but he was not followed thither by the trader or farmer, and still less by the artisan and mechanic. In modern times, however, almost all classes, except the very poorest, participate, more or less, in the custom of seeking to exchange for a time the heavy and vitiated atmosphere of large cities for the refreshing breath of ocean. It is worth while to inquire the *rationale* of this custom, the benefits to be expected from it, and the classes of individuals to whom it is especially applicable. We have, first of all, to take into account the simple element of change. Monotony of occupation and diet is, in the long run, injurious to the organism; and change of air operates beneficially by inducing change of habit and of food, and by turning the current of life into fresh channels. It is not desirable that such a change should be from one extreme to another, such as from a very damp and relaxing atmosphere to a dry and stimulating one, or from a confined and sedentary life to one of boisterous activity. By such extreme changes the system is apt to be overtaxed, and, instead of renewal of health, too often the result is disturbance of sleep and digestion, and the induction of nervous exhaustion.

But the resort to the seaside means much more than mere change of air. It involves the exchange

of a more or less vitiated atmosphere for one of almost perfect purity, and the substitution of tonic and bracing conditions for those that are usually relaxing and depressant. Sea air is free from all sources of organic contamination; it possesses much ozone, and traces of bromine and iodine. Hence, it is highly tonic and alterative, if we may still use a somewhat objectionable term, for which we are yet without any satisfactory substitute. The air at the seaside is also in almost constant motion; and this factor has its influence in increasing the tonic and bracing effect. In favorable cases, sea air produces a marked augmentation of appetite, increased desire for sleep, and a proportionate improvement of nutrition. These three factors are usually closely associated, and the effect of sea air may be accurately gauged by its influence upon appetite and sleep. The increased drowsiness at the seaside is often, for a time, accompanied by a feeling of agreeable languor, which usually gives place to one of renewed energy. The purity of the air, the presence of ozone, and the stimulation of appetite, afford the requisite conditions for improved sanguification; while the fresh air life and habits of healthful activity tend to the improvement of muscular and nervous tone.

Thus, in a very large proportion of cases sea air is beneficial. It suits especially those who are organically sound, and merely exhausted by excessive work or prolonged confinement in impure air. It affords the desired fillip to the energies of those who require a little recuperation for the performance of fresh labors. In most cases it is admirably adapted to the needs of children, who delight in the fresh atmosphere, the easy, careless life, and the facilities for out-of-door amusement. We may lay down, in general terms, that sea air suits the majority of people who are in average health, and tends to promote the increased well-being of those who are already well. Its application to cases of disease is more difficult and disputable. That sea air is, in many cases, an admirable restorative and a powerful means of changing morbid action, and hastening convalescence, is undoubted; but as little can it be denied that it is often improperly recommended and fruitful in mischief. The chief therapeutic effect of sea air is its stimulating property; and in considering its application to disease, the first point to be determined is whether the patient is in a condition to bear stimulation. Many diseases require soothing rather than stimulating; and, in such cases, sea air is contraindicated. Thus, in all cases of nervous excitement, hysteria, and allied conditions, the desideratum is to quiet nervous action rather than stimulate an activity which is already abnormal. Here sea air is likely to do nothing but harm, and should be avoided.

Again, in convalescence from acute disease, it is always a nice point to determine when the patient

has rallied sufficiently to be able to react to the stimulation of sea air. In retarded recovery from typhoid fever, pneumonia, and other acute specific maladies, few things are more worthy of the nicest consideration of the practitioner. On his accurate diagnosis of this point will turn his decision, whether his patient should continue the rest and quiet of his home, or try to hasten recovery by recourse to the seaside. Two points seem of special importance in the determination of this question—viz., temperature and the condition of the nervous system. If the temperature be normal, and the nervous system fairly quiet, sea air may reasonably be expected to operate beneficially. If pyrexia and nervous irritation be still present, it is very apt to promote a recrudescence of disease.

There are some constitutional conditions which bear stimulation well, and these may be expected to benefit decidedly by resort to the seaside. Of such cases, struma affords the best instance in point. Ricketty children may also be confidently ordered to the seaside, as statistics show that rickets is relatively rare at marine localities. In hereditary predisposition to phthisis, sea air seems almost uniformly beneficial. Many people suffer from disordered hepatic action at the seaside, and some cutaneous affections, especially eczema, are aggravated by sea air. These facts point their own moral. In all cases where sea air seems too stimulating, its exciting action may be reduced by choosing a residence that does not face the sea, by taking inland walks, and by abstinence from bathing.—*Brit. Med. Jour.*

ZIEMSEN ON COLD WATER TREATMENT OF TYPHOID.—The *Journal of the American Medical Association* for May 14th contains a full abstract of a lecture on Antipyresis and Antipyretic Methods by Professor Ziemssen, director of the Medical Clinic of Munich, especially in regard to typhoid. The lecture is very interesting and earnest. It claims a high value for the treatment by baths, and expresses a hope that after the favorable results of active antipyresis, physicians will not lapse again into the therapeutic indifference of the Vienna School. Of all antipyretic measures Ziemssen considers hydrotherapy the chief: first, because it combines in itself all the attributes of a remedial measure; and, secondly, because its action on the fevered organism may be varied to any degree. The benefit of such treatment is not confined to typhoid, but is also to be noticed in other febrile diseases, such as pneumonia, erysipelas, and acute phthisis. The cold and lukewarm baths act, he thinks, by cooling the blood at the periphery, the vital fluid being returned to the internal organs with an indescribably pleasant as well as beneficial effect. Sleep is favored. There is an improvement in digesting, so that the patient can be fed better. On the circulation the effect is to con-



tract the peripheral vessels, the heart works more slowly, the vessels show an improved tension, microtism is decreased, and the elasticity elevation returns. The respiratory apparatus is excited by the peripheral irritation to deeper and slower movements, cough is more effective, and in this way bronchial obstructions and consequent atelectasis and catarrhal pneumonia are better avoided than by the impracticable advice to turn a fever patient on his side. Ziemssen gives two or three statistics to show the effects of the cold and the lukewarm bath treatment respectively. He takes his illustration of the strictly cold bath from Vogl, physician to the Garrison Hospital at Munich. He gives (with a rectal temperature of 102.2° F.) a cold bath at 63.5°, lasting a quarter of an hour, about every three hours, winter and summer, in unheated rooms, with windows open day and night. This is bold treatment, and for soldiers (for the most part with young and picked lives) does well. There were only 52 deaths in 610 cases, or 5.4 per cent. Murchison gives the mortality of typhoid in the London Fever Hospital, after deducting cases which died within forty-eight hours of admission, at 15.82 per cent. Ziemssen compares Vogl's practice with strict cold water treatment with Naunyn's in a civil hospital, who, with an axillary temperature of 103.1°, taken every three hours, gives usually eight baths in twenty-four hours, generally between noon and midnight, at a *not lower* temperature than 72.5°. He divides baths into *cold* (72.5° to 81.5° F.; duration, five to ten minutes), *lukewarm* (from 81.5° to 90.5°, ten to fifteen minutes) and *warm* (90.5° to 95°). The warm are given in the later stages in very active delirious patients with great restlessness and muscular weakness. By this treatment Naunyn lost 10 of 145 cases, or 6.9 per cent., "certainly a favourable percentage." Ziemssen himself says that for twenty years he has recommended, for private practice, the gradually-cooled bath. The patient is placed in a warm bath of 90.5° or 86°. The water is continually poured over him with hands or sponge. While this is being done, cold water is very slowly poured in at the foot of the bath tub, and the water reaches gradually a temperature of 77° or 72.5°, until the patient's teeth chatter, or he declares he can stand it no longer. He is then taken out and placed in a blanket previously warmed, and wrapped in it without being dried. In this he remains in the greatest comfort for fifteen minutes, is then rubbed dry, and allowed to sleep. Ziemssen, like a wise physician, recommends the study of the peculiarities of individual cases. While lauding the bath treatment, he speaks respectfully of antipyretic drugs.—*Lancet*.

PERIPHERAL NEURITIS.—In discussing this subject in the *Brit. Med. Journal*, 1887, p. 6, Ross

says that the symmetrical manner in which the disease usually attacks the body shows that at least in the majority of cases it is produced by some poison in the blood. Thus salts of lead, arsenic, and probably of copper and other metals are capable of giving rise to it. In a second group of cases the disease is caused by alcoholic excess, the fumes of bisulphide and oxide of carbon, and probably by the abuse of chloral and chloroform. It has also been observed in advanced diabetes. A third variety arises from animal poison. Diphtheritic paralysis is the best known instance of this. It is also to be observed in syphilis, small-pox, scarlet fever, measles, typhoid, typhus, intermittent fever, dengue, tuberculosis, leprosy and beri-beri. It is probable that it may be caused by rheumatism, and that the wasting of the extensors seen in chronic rheumatoid arthritis is due to a neuritis of the neighbouring nerves. There is also an *idiopathic* *multiplex* neuritis.

The symptoms consist in more or less widely distributed atrophic paralysis. Ross has never been able to assure himself that active spasm preceded the paralysis in any case. The condition of the cutaneous reflexes varies. With a very few exceptions, the patellar reflex has been wanting in all recently reported cases of alcoholic, diphtheritic, and other forms of neuritis of the lower extremities. The knee-jerk is sometimes absent in lead poisoning, even when the muscles of the lower extremities are not appreciably involved. Yet the failure of the patellar reflex is a valuable but not an absolute sign of neuritis. The electrical test affords conclusive evidence in the majority of cases. The faradic excitability of the affected nerves and muscles is lessened or abolished, and the reaction of degeneration is detected with the galvanic current. The paralysis affects especially the extensors, as is well seen in the "wrist-drop" of lead palsy. That following alcohol, bisulphide of carbon, the animal poisons, and even arsenic, usually attacks the extensors of the lower extremities first. Paralysis of the extensors of the forearm soon follows in alcoholic neuritis, then the thighs and upper arm, then the flexors of the leg and forearm, and finally even the muscles of the trunk may become involved. In diphtheritic paralysis the soft palate is the first to be affected; then the muscles of the eye, and after some time the lower extremities. The arms are seldom involved. The paralysis of the extensors in neuritis produces a temporary or permanent flexion of the limb, simulating a spasm of the flexors. The sensory disturbances accompanying the paralysis resemble considerably those of locomotor ataxia. The disease may most easily be confounded with chronic poliomyelitis, Landry's paralysis, and locomotor ataxia. From the first it is distinguished by the presence of well-marked sensory phenomena, and by the order in which the muscles are attacked.

From the second it differs in exhibiting the reaction of degeneration with marked sensory disturbances and wasting of the muscles. From the third it differs in many respects, but the character of the gait is sufficient to distinguish it. We observe, namely, in neuritis a peculiar elevation of the knee in walking, with a drooping of the toes, and an unusual exposure of the sole of the foot to one standing behind the patient. Such a case is unable to elevate the toes if sitting on a chair with the soles flat on the floor.

As regards the pathological anatomy of the disease, the author shows that opinions are now generally agreed that the lesion is seated in the nerves themselves and not in the cord.—*Ann. Jour. Med. Sciences.*

**THE TREATMENT OF TUBERCULOSIS OF THE JOINTS BY ACID CALCIUM PHOSPHATE.**—At a recent meeting of the Society of Physicians of Vienna, Kolischer, of Vienna, exhibited four cases of tubercular joints, three of which had recovered, while the fourth was in process of recovery, under a method of treatment which he had recently introduced, which aimed at the destruction of tubercle bacilli and the induction of calcification in tuberculous matter, in imitation of the process often observed in healed lung cavities. It is supposed to act by producing a mild grade of inflammation and cicatrization which destroys tuberculous matter. The method consists in the injection into the diseased joints of a solution of acid calcium phosphate, whose strength and dosage are not reported.

In one class of cases a prompt inflammatory reaction followed the injection, lasting from four to seven days, and was succeeded by a period of calcification which continued from two to four weeks, ending in absorption; the final result was a restoration of the contour of the joint. In the other class of cases—those in which cheesy degeneration was rapidly progressing—injections into the joints were followed in about a week by the breaking down of tubercle and the rupture and discharge of the abscess; and healing by granulation resulted promptly. Cicatrization of tuberculous ulcers and separation of necrosed bone were readily caused by the solution. Tuberculous fistulæ and cavities were tamponed by gauze saturated with the solution.

The cures exhibited were two cases of acute tuberculosis of the elbow-joint in children: the results were normal contour, good motion, absence of all general symptoms. Also a case of knee-joint tuberculosis, under treatment six weeks, whose gait and symptoms were greatly improved. The fourth case was a man, whose carpal joint had been acutely tuberculous; result normal contour, the joint capsule filled with calcified material; slight movements of the fingers possible.

Albert, Maydl, and others of the surgical staff of the Vienna Krankenhaus, fully endorsed the favorable statements of Kolischer.

While these cases are too few to pass a final judgment upon, they are highly suggestive. The results of this method, so far as contour and mobility are concerned, are greatly superior to ankylosis, or excision. The danger to life is apparently less than even under antiseptic resections; the time consumed by the treatment is no longer than by excision. It remains to be proved, however, whether the nidus of the tubercular infection is as thoroughly destroyed by this method as by excision, and the use of iodoform.—*Med. News.*

**PRECOCIOUS CHILDREN.**—The precocious child is constantly saying things so epigrammatic and brilliant as to call out the wonder of admiring parents and relations; and oftentimes these strange unnatural utterances are made the subject of remark in the presence of the child, and some newspapers often devote a column to this bright and abnormal child-talk. Nothing could be more harmful than such encouragement of a condition that is out of all harmony with healthful mental and physical growth. As a rule, the precocious child is of a strumous or scrofulous diathesis, with a fair, brilliant complexion, blue eyes, and golden hair, beautiful to look upon according to popular standards. He is delicately sensitive to mental impressions, and alive to the conversation of persons much older than he. He generally goes on his unique career, outstripping his brothers and sisters, as well as his schoolmates, in the committing of tasks at school, as well as in the reading of books far beyond their comprehension.

This generally goes on until the age of puberty, when he begins to falter. The hectic flush is seen upon the fair cheek, the eyes become more brilliant, and the finer and the spiritual elements come out with almost supernatural intensity. By and by a slight cough arrests the attention; and, before the fond parent is aware, phthisis tuberculosis has laid the foundation for premature death. Now, what shall be done to save such children, and make them develop into healthy men and women? First, we would say, *Let them severely alone.* By this we mean, do not encourage the precocious development by pushing the child ahead, and showing the foolish weakness of exhibiting the child to visitors, or displaying him at the performances of Sunday-school concert or public-school exhibitions. We always pity the poor victims of such scenes, who come before audiences, and recite standard poems or sing *cavatinas*, to astonished crowds in heated rooms, amid the glare of gas-lights, and dressed in tawdy finery, irrespective of the climate or weather. When we look upon their pale faces and attenuated legs, we wish we had the power to send them home and put them

to bed. Second, be simple with such children; keep them young, and encourage them to talk child-talk, to read child-books, and to play with other children. Do not let them remain in the house in company with the older folk, when the bright sun is shining, and the other children are romping upon the green with all the glorious freedom of childhood.

Of paramount importance is the physical training of the precocious child. From the very nature of the case, all undue excitement must be avoided. The full quota of sleep must be insisted upon. No late hours should be allowed, full of the amusements that are such a strain upon the nervous system. The diet should be of the simplest character, consisting of food containing all the elements of nutrition, like milk, bread, and soups. Confections, condiments, and fancy dishes should never be set before children. Give fresh air in abundance, and insure the child to go out of doors in all kinds of weather.—*Popular Science News.*

**THE LOCAL TREATMENT OF DIPHTHERIA.**—Dr. J. Henry Fruitnight, of New York, sends us an interesting communication on this subject, which the crowded condition of our columns compels us to present in abstract. As the disease presents both local and constitutional symptoms, we ought, he argues, to treat it both locally and constitutionally. Many of the remedies employed exert a local effect as they pass over the parts while being swallowed, and, in order to increase this effect, he advised patients, who are able to do so, to retain the dose for a time in the buccal cavity. "In the recent discussion of this subject, no mention was made of one remedy formerly used for its constitutional effect, but which I have employed for its local action. I refer to the hyposulphite of soda, the use of which was suggested to me by Dr. Brickelmaire, of this city, in an informal conversation some time ago. Since then I have treated eight cases of diphtheria with this remedy, giving hourly doses of ʒj. of a solution of the strength of ʒj. to ʒij. of water. In two of these cases the pseudo-membranous deposit was very thick and tenacious. In all there was a gradual lessening and disappearance of the membrane from hour to hour. The patients retained the solution in the mouth several minutes before swallowing it. No other local remedies were employed, though the general condition of the patients received proper attention. In one case, which is now under treatment, the deposit is very great and extends downward to a considerable distance. In this case gentle local applications are made by means of a brush. I have not yet had an opportunity to use the remedy when the disease has invaded the larynx, but intend to employ it in the spray-atomizer in the first case of this kind which presents itself. I shall also use the same method

when the patient is too young to hold the solution in the mouth before swallowing it. The hyposulphite of soda has also, very probably, a constitutional action, but it is to its use as a topical agent that I now specially wish to direct attention. I disclaim, however, the notion that it will cure in every case, for we all know that some cases will inevitably succumb to the disease despite any and all forms of treatment. As to the manner of making local the applications, the gentler and more intelligently local applications are made the more favorable are the results likely to be; therefore the spray-atomizer is to be preferred in all cases of the buccal and laryngeal forms of the disease. A suitable syringe, carefully used, is to be recommended for the nares and posterior pharynx. As regards the various remedies recommended for use in the spray-atomizer, I have had a greater percentage of recoveries with trypsin than with anything else.—*Med. Record.*

**THE EXAGGERATED DANGERS OF COCAINE.**—Dr. J. R. Rankin, of Muncy, Pa., writes that he has never seen any alarming effects follow the use of cocaine in his practice, although he has employed it quite extensively. In every case, however, he first assured himself, by careful examination, that there was no heart-disease present, and if there was, he withheld the drug. He first used the remedy in asthma, in August, 1885, inserting from five to ten drops of a ten-per cent. solution into the nostrils, the dose varying according to the severity of the asthmatic paroxysms. The patient was completely relieved by the daily use of the remedy, and suffered from no unpleasant symptoms of any kind. He has had a like experience with another case of a similar nature. These patients used, on an average, from three to four grains daily. He has also employed cocaine, in the form of spray, in laryngitis and catarrhal fever, with most satisfactory results. In a case of gastritis, occurring repeatedly in the same individual, this remedy has been employed with benefit, in doses ranging from one to six grains. The symptoms following the exhibition of these large doses were, reduction of the pulse from 92 to 68, of the respiration from 22 to 15, slight difficulty in speaking, cooling of the skin, copious perspiration, and mental exhilaration. When a dose of six grains was given, there was slight confusion of ideas for a few minutes. Dr. Rankin adds that he has used cocaine subcutaneously in a few cases, but likewise without the production of any symptoms of an alarming nature. He does not think that we should be deterred from using so valuable a remedy because it is poisonous in large doses, or because some have acquired the cocaine habit. Such arguments would apply with equal force against the use of opium, belladonna, and a number of most valuable remedial agents.—*Med. Record.*

**POISONING BY PENNYROYAL.**—Dr. J. Girling writes the *Brit. Med. Jour.*: The variety of poisoning by pennyroyal or oleum pulegii is emphasized by the fact that standard works on toxicology, like Guy and Taylor, contain no account of the toxic symptoms produced by this drug, nor any indications as to appropriate treatment. Moreover, I find on enquiry that recurrence to pennyroyal is very common when menstruation has ceased suddenly, and that it can be procured with the utmost facility. These considerations have led me to describe the symptoms and the treatment employed in the following case. About an hour after the drug had been taken I found the patient (a woman aged 40) in an extremely collapsed condition. The face was pale, cold and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular, and fluttering, the pulse at the wrist being scarcely perceptible. The first cardiac sound was almost inaudible, while there was distinct reduplication of the pulmonary second sound. There was jactitation and feeble retching, with much salivation, but no vomiting and no purging; temperature 97° F. The breath smelt very like peppermint. The treatment adopted was as follows: First, I gave her three-quarters of a tumblerful of water, followed immediately by a hypodermic injection containing one-fifth of a grain of apomorphine. This latter quickly produced the desired effect, the vomited matters having a strong peppermint-like odor. After the vomiting the patient seemed about to die, and having no ether with me I administered brandy hypodermically. The result of this was excellent; the heart-sounds at once began to improve in tone, and the pulse in force, and in twenty-four hours the patient was practically well. Thus the symptoms taken together seem to point to severe cardiac depression approaching to paralysis, and appear to indicate that pennyroyal should be classed among the narcotic heart poisons. It transpired afterwards that the woman had taken 3j of the essence of pennyroyal (which she had obtained from a chemist), and which is composed of 3j olei pulegii to 3vii of spirit.

**ANTISEPTIC TAMPONNEMENT OF THE VAGINA IN THE TREATMENT OF PELVIC INFLAMMATIONS.**—(Dr. James H. Etheridge, Gynecological Society of Chicago.) What I have to present refers to tamponnement of the vagina and supporting the uterus in cases of pelvic trouble, notably of inflammation and enlargement of the uterus, and as the work has grown upon me, other complications in the way of pelvic trouble have also been treated

with a result that has rather surprised me. For it I claim nothing original. The material that I use is a preparation of wool that is called "antiseptic wool." This wool is finely carded, free from all oil and foreign substances. A piece is cut off, of such a length as will fit nicely into the vagina, and then with the patient in the genu-pectoral position, with the perineum retracted, this is stuffed into the vagina and left there. The upper end of this tampon can be soaked in an antiseptic solution, as boroglyceride or listerine, and with a piece of string attached to the lower end of it, the patient can remove it and douche the vagina, in readiness for the next tampon, and in this way tampon after tampon can be introduced and the uterus held up to the highest possible level, and advantage taken of the natural drainage from the uterus of the superabundant amount of blood. The inflammations of the uterus we are usually called upon to treat are not active, but chronic, and if we hold the uterus up so that it can drain itself properly through the veins, the nutritive changes which take place will be facilitated to the greatest extent. A small Sims' speculum can be applied without trouble to the patient, and this wool can be pushed into the vagina, so that when the patient gets up she has a soft elastic cushion for the uterus to rest upon. In this way the greatest comfort is at once experienced. . . . These tampons are removed after four or five days without the slightest odor upon them.

When the uterus is enlarged it beomes heavy, sinks, and presses the veins which carry the blood out of the uterus, and we have strangulation. By raising the uterus up, the blood flows freely, and the nutritive changes tend always to health. One outgrowth of the use of this tampon may be that many cases of laceration of the cervix now operated upon may escape operation. I have been surprised to see how very nicely patients get along, even though they have extensive lacerations, under this treatment.—*American Journal of Obstetrics.*

**THE TREATMENT OF INTERNAL HEMORRHOIDS BY INJECTION.**—(Dr. Q. A. Shuford, of Tyler, Tex., in the *Medical Record*): "In the treatment of internal hemorrhoids by submucous injection, it is necessary, in the first place, to have an instrument that can be introduced with the least amount of pain, and so constructed as to expose as much of the mucous membrane as possible. When a tumor is discovered the speculum should be manipulated so as to bring the center of the tumor into plain view, and the needle should puncture the pile at this spot, as it is here less sensitive than elsewhere. This requires a long needle, which should have a guard near the point, so as to prevent it from entering too deeply. For small tumors I inject from three to five drops, and for larger ones from five to eight drops of the following mixture: Rub

well together one drachm of salicylic acid and one and one-half drachms of glycerine, and add two drachms of carbolic acid; then rub together one drachm of borax and one and one-third drachms of glycerine, and mix the two thoroughly, allowing the mixture to stand until clear. The chemical changes and *modus operandi* of this combination I do not know; but I do know that internal hemorrhoids treated in this way become atrophied, shrink up, and peel off without pain, inflammation, or suppuration. I have never had any trouble nor heard any complaints from patients so treated. The two essential points in the treatment of internal hemorrhoids are: First, an instrument that will bring the parts to be treated into view, and that without pain; and, second, a remedy that will completely destroy the pile, while leaving the mucous membrane in a healthy condition. An interval of from eight to ten days should be allowed to elapse between the injections, so as to give the mucous membrane time to become toughened. The injections cause almost no pain, and do not prevent the patient from pursuing his ordinary avocations." Dr. Shuford reports several cases treated after this method, and adds that he has treated nearly one hundred, of varying degrees of severity, and in none has he seen any inflammation or suppuration following the injections.

**BORACIC ACID IN THE TREATMENT OF LEUCORRHEA.**—From the excellent results which are yielded by boracic acid packing in chronic suppurating otitis, Dr. N. F. Schwartz (*St. Louis Courier of Medicine*, June, 1887) was led to employ it in a case of leucorrhœa, which had resisted the most persevering use of the ordinary remedies. The experiment was successful within a fortnight, and the patient has remained well for several months since. Dr. Schwartz states that he has been equally successful in a number of other cases. His manner of using it is as follows: Having first irrigated the vagina with water at as high a temperature as can well be borne by patient, a cylindrical speculum is introduced, and the vaginal walls very carefully dried, first with a soft sponge and then with absorbent cotton. This done, boracic acid in crystals is poured into the mouth of the speculum, and pushed up against the uterus and vault of the vagina, with a clean cork caught in a uterine sponge-carrier, sufficient acid being used to surround and bury the intravaginal portion of cervix, filling the upper part of vagina. A tampon of absorbent cotton is then firmly pressed against the packing, and held *in situ* until the folds of the vaginal walls close over it as the speculum is withdrawn.

This should be allowed to remain three or four days, or even longer, as after this time there still remain some undissolved particles of the acid, nor will the tampon seem at all offensive. The ostium

vaginae, if examined in twenty-four hours, instead of being besmeared with the leucorrhœal secretion or discharge, presents a clean appearance, and bathed in a watery fluid, which begins to appear several hours after the packing has been placed, and in his cases this was the only discharge noticed afterwards.

However, a second or even a third repetition may be necessary, but in none of his cases, numbering nearly a score, has he found more than a second packing called for, and in many one sufficed; and in no instance has its use occasioned pain, nor even inconvenience.—*Ther. Gaz.*

**HOW TO PRESCRIBE SANTONIN.**—Dr. Norderling, of Rockford, Ill., gives a very clear account of how santonin should be prescribed to obtain its full physiological effect. In order to accomplish its therapeutic object, it is necessary, first, that santonin be in a form in which its vermicial action can be exerted; and secondly, that it reach the habitat of the parasite. Santonin is insoluble in water and dilute acids, but dissolves in the saliva, and the gastric, intestinal and pancreatic juices. Solution in the gastric juice takes place so rapidly that the maximum dose is completely absorbed in the stomach, and taken into the circulation before reaching the intestine. Consequently, in order to obtain its vermicial effect, it must be administered in such a form that it will not be acted upon by the gastric juice. It has been proved by experiment that santonin, when given in an oily solution, is not at all absorbed in the stomach, the entire quantity passing into the intestine; and Küchenmeister has shown that whilst ascarides are not affected by santonin crystals floating in water, they are killed when brought in contact with an oily solution of the drug. In such a solution, any form of oil may be used, and the best effect is obtained by three grains of santonin dissolved in two ounces of oil, to be taken in four doses. It is good practice to add one drop of wormseed oil to each dose, all volatile oils being poisonous to the lower organisms. If movement of the bowels is desired, castor-oil will be suitable, although not in too large a dose, because with strong peristalsis the santonin does not remain long enough in the intestine to produce the desired effect. About two drachms of the oil to each dose will be sufficient.—*N. Y. Med. Rec.*

**GASTRIC ULCER.**—Ulcer of the stomach is probably a much more frequent disorder than is generally recognized. On the other hand it probably is often believed to exist when not present. Our own experience has led us to think that the positive diagnosis as to its existence or non-existence is in some cases impossible. It may be simulated by chronic gastric catarrh or by neurosis of the stomach. Pain after eating, with vomiting, and

epigastric tenderness are very common in hysterical women, especially in girls shortly after puberty. The absence of blood from the vomit is not of as much importance from a diagnostic point of view as appears at first sight. Hysterical vomiting is not rarely accompanied by slight or even pronounced hæmatemesis, and we have seen fatal ulcer of the stomach without hemorrhage, and, indeed, without a history of vomiting. Gastric ulcer is of course not infrequent in young hysterical girls, but that the gastric symptoms are often not due to any stomachic ulceration is proven by their occasional sudden disappearance.

Our own experience is, that in many of these neurotic cases a quarter of a grain of nitrate of silver with a grain of hyoscyamus, accompanied by soft diet, is efficacious. If however, it fails to do good in the course of a very few weeks, its use should be abandoned, and the treatment be that of hysteria, with a use of diluted nitro-muriatic acid at meals.

In a recent article in the *Medical Press*, Dr. W. H. Pearse calls attention to the fact that many of these cases do best when the eccentricities of diet are given full swing. If the patient prefers smoked and salt fish, salt meats, pickles, onions, or even Dutch cheese, he allows the article to be taken with asserted good results. A favorite article with him seems to be one which is not much used by the Anglo-Saxon race in America, namely, "potatoes with vinegar." Whether by this is meant the potato salad beloved by our German brethren or not, we do not know.—*Ther. Gaz.*

**CORROSIVE SUBLIMATE IN INTRA-UTERINE IRRIGATION.**—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina: (1) Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid; (2) When this occurs, mercury is quickly detected in the feces; (3) If the return of the injected liquid be in any way prevented, absorption occurs rapidly; (4) The 1 in 1000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fetus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should be followed by a copious injection of distilled water. (5) The 1 in 4000 solution should be injected only in cases of expulsion of a macerated fetus or in endometritis consecutive to the expulsion of the fetus in premature delivery; (6) This solution may be of service in puerperal endometritis, accompanied by a fetid vaginal discharge; in these cases irrigation should be followed by an injection of pure water; (7) Irrigation should be performed only by a medical man; (8) Irrigation with corrosive sublimate should seldom be employed in women

suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from disease of the kidneys.—*Brit. Med. Jour.*

**TRACKING SCARLET FEVER.**—A very close piece of inductive reasoning was presented lately to the Royal Society by Professor Klein. In his endeavors to ascertain the cause of an outbreak of scarlet fever, he showed, first, that certain minute plants—micrococci—were always associated with the disease, then he isolated these germs, cultivated them in the way familiar to those who study these organisms, and then inoculated previously healthy animals with the germs, with the result that the disease was induced. Following up other clues, the cause of the outbreak in question—that at Hendon—was traced to a particular dairy farm, then to a particular cow, and, still further, to one particular teat. It was shown that milk from the other teats was free from germs, while that derived from the teat in question contained germs capable of producing the disease in other animals. The infecting germs came from the ulcerated teat, so that the milk itself, even from this teat, would be free from germs if means could be taken to avoid contact with the sore spot. Hence we have here the cause of scarlet fever tracked home, and the means of prevention are clearly indicated. The anti-vivisectionists may disapprove of these experiments, but no one who has had experience of the horrors of malignant scarlet fever, or who has any sympathy with suffering animals, will doubt that the permanent benefits conferred on man and on animals enormously outweigh the relatively slight amount of harm done to the few animals experimented on.—*Col. & Clin. Record.*

**SWEET MILK DIET ENTIRELY PROHIBITED IN CHOLERA INFANTUM.**—Milk, in any form, in acute diseases, when the temperature is 102° or more, is more or less injurious. But I wish, in this communication, to direct the attention of the profession to prohibiting sweet milk or breast milk in cholera infantum and diarrheas of children, and dysentery in adults. I am aware that this assertion is contrary to the common custom and usage of the profession, but I have observed, for several years past, that in high temperature sweet milk invariably increases the intensity of the disease. In cholera infantum, in a large majority of cases, the temperature is always high; the child of, say six or nine months old, is constantly nursing the breast, the milk curdling and disorganizing in the stomach, vomiting up large chunks of curdled milk, and, if not thrown up, it forms a foreign body in the stomach and bowels, keeping up irritation and inflammation, and making it detrimental to all medication. It is true, that in cases of chol-

era infantum breast or sweet milk may be used and the patient get well, but we have observed that those cases will improve faster without it.

The general cause of cholera infantum is solar heat, while the local cause varies, which, in all cases, produces congestion and inflammation of mucous surfaces, and the secretions have an acid reaction, sweet milk being alkaline, hence an incompatibility. Since I have discarded milk in cholera infantum, I cure a larger per cent. Use oatmeal, rice and gruel; cold water in limited quantities. Warm drinks quench thirst better than cold drinks.

By withholding milk from the child in this terrible disease, remedies have a better influence, and save a larger per cent. in curing cases.—*Med. Brief.*

THE TREATMENT OF CATARRHAL JAUNDICE.—Dr. Gluzinski, writing in a Polish journal, states that in cases of catarrhal jaundice he has found excellent results follow the treatment recommended by Krull, viz., the repeated injection into the bowel of large quantities of cold water. This increases the peristaltic action of the intestines, and removes any mechanical obstacle to the flow of bile. Again, as has been shown by Röhrig and Mosler, who injected large quantities of cold water into dogs, the bile is thus rendered both more liquid and more abundant, so that it more easily overcomes any obstruction. At first, water at 59° F. is injected into the bowel until the patient complains of a feeling of distention in the abdomen. He is then made to retain it as long as possible. Most patients manage to retain two litres for from a quarter to half an hour. The next day the enema is repeated, but with water about 4° higher. The temperature is again raised on each succeeding day, but when 72° has been reached no further increase is made. The reason of the increase is that the repeated introduction of cold water is apt to irritate the mucous membrane of the bowel. Altogether four or five enemata are sufficient to produce the desired effect. The increase of the biliary secretion may be judged of by the color of the feces. Of course, the diet is attended to in order to prevent a recurrence of the affection.—*Lancet.*

A DAKOTA DOCTOR.—The board of health of Dakota publishes the results of an examination of an applicant for a licence to practise medicine. He had been practising medicine for years in a populous district of South Dakota. Here are some questions and answers:

Question. What medical journal do you take, doctor? Answer. Well, they have all run out.

Q. Don't you intend to take any of them again? A. Well, I can get along without them.

Q. What books have you in your library? A. "Gunn's Family Physician and Common Sense Home Doctor."

Q. What is an element? A. Oh! anything.

Q. Is that bed an element? A. Yes.

Q. Name the three great cavities of the body.

A. The head, the belly, and the diaphragm.

Q. Mention the contents of the cranium.

A. The brain and three skins.

Q. Name contents of abdominal cavity.

A. Kidneys and the prostate gland.

Q. Does the prostate gland ever become enlarged? A. Yes.

Q. Have you treated any cases of enlarged prostate? A. Lots of them.

Q. With what success? A. Tip-top! Never lost a case.

Q. Do you ever treat any female for enlarged prostate? A. Oh, yes; numbers of them.—*N. Y. Med. Record.*

IS THE DANGER OF POST-PARTUM HEMORRHAGE INCREASED BY THE USE OF ANÆSTHETICS DURING PARTURITION?—Dr. Fordyce Barker says that his experience with anæsthetics in labor had been limited, since 1850, almost exclusively to chloroform, which he regards as preferable to ether—because the odor is less disagreeable; because it is less irritating to the respiratory tract; because it is more quickly effective, and in less quantity. It should be used intermittently, only at the time indicated. Dr. Barker employs chloroform to relieve pain in most cases of normal labor, and says that heart disease is not a contra-indication to its use when any anæsthetic is called for. He believes that with proper care no woman should die of post-partum hemorrhage due solely to uterine inertia. Chloroform hastens much oftener than it retards labor. It could not be shown to exert any injurious influence on mother or child. The only case on record of death after chloroform in labor, in care of a competent practitioner, was one in which the anæsthetic had been preceded by convulsions, and it was not proven that chloroform was the cause of death. Dr. Barker says he has never had post-partum hemorrhage occur in any of his cases except one, and in that chloroform had not been used.—*Boston Med. and Surg. Jour.*

Dr. Samuel E. Woody, Prof. of Chemistry and Public Hygiene, and Lecturer on Diseases of Children, Kentucky School of Medicine, at Louisville, on April 8th, said:—Papine was used in a case of acute dysentery of unusual severity, requiring unusually large doses of opium. The effects of Papine were so purely hypnotic and anodyne that a pound was ordered, and no other form of opium was used during the entire illness. Papine is a Pharmaceutical Triumph.

CHILD-BIRTH AFTER OVARICTOMY.—Dr. Macaulay writes to the *Lancet*, that he has attended a woman in her seventh confinement, since the removal of an ovarian tumor by Sir Spencer Wells, in 1875.

# THE CANADA LANCET.

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## EXERCISE.

We apprehend that insufficient attention is generally paid to the great value of judicious exercise as a remedy, by the large majority of physicians. Many individuals whose occupations do not involve manual labor, exist in a semi-pathological state, as their permanent natural condition. Their health standard is low, bordering on the confines of disease, with poor physical development; proper harmony between the functions of the various organs does not obtain, all because of the continued violation of natural laws, especially that of necessary physical exertion. These unfortunate people are continually breaking down. Existing on the verge of disease, they are subject to the least deleterious influence at all times, and less amenable to remedies when attacked by disease. Their systems are ever in a condition to receive any passing contagious germ, and to propagate and indefinitely multiply these germs, to the great injury of the community.

To this numerous class, out-door exercise and the gymnasium are invaluable. Want of healthy exertion, pure air, and wholesome surroundings are the chief causes of their abnormal condition, and only these can restore, or cause approximation to the normal health standard. Pure air and wholesome surroundings cannot always be obtained, but requisite exercise is at the command of all. For those who are unable to exert themselves, massage supplies the want; for all others, walking,

riding, out-door games, the gymnasium, and if necessary, manual labor, will prove more effectual in restoring the proper development and balance, than anything at our command.

We have only to compare the standard of health enjoyed by our laboring classes under favorable conditions, with that experienced by those whose occupations do not involve physical exertion, to recognize the value of properly directed and judicious exercise, in maintaining not only a high standard of health, but in restoring the invalid and convalescent to that standard. How important then, that all should be advised by their physicians to keep up a properly directed system of physical exertion, that they should be instructed to rely more confidently on this as a remedy than on stimulants, tonics, or any so-called reconstructive pharmaceutical preparations. We do not wish to imply that the latter are not useful, or that exercise is the sole remedy, but we do claim that it is of great value and importance in suitable cases, and that it does not usually obtain that recognition and appreciation which its merit demands. We fear we are all too much inclined to prescribe artificial remedies, and neglect the natural.

In considering the effects of physical exertion, let us not forget that, not only the muscles are acted upon, but every organ and function of the body is affected, and in a manner conducive to their natural growth and health. It is unnecessary to enumerate the well-known and thoroughly established results on the circulatory system, the lungs, nerves, skin, brain, viscera, etc., of exercise both in health and disease, as we are not aware of any question or doubts on these points. Exercise, then, adapted to the condition of the patient, intelligently directed, must exert a potent influence in restoring to their natural physiological conditions the depressed organs, and bringing each and all nearer to the normal health standard.

That so many poorly developed and unhealthy people exist among us, is an evidence that too little attention has been devoted to this means of improving the development and health of the community. We should seek to overcome the evil results of our artificial life, which obtains chiefly in cities and towns, by enforcing all possible natural conditions. We are, to some extent at least, the guardians of the health of the community, and should more effectually direct the attention of the



public to this very important means, not only of restoring health, and happiness, but of retaining health and vigor, by acting as a powerful prophylactic against the encroachments of the universal pathological germ, by placing the system in the best possible condition to resist the access of disease, of lessening its virulence, and promoting rapid recovery when under its influence.

### CHOLAGOGUES.

One of the most frequent complaints the physician hears in ordinary routine practice, if we leave out the ubiquitous pain in the back, is that the patient is or thinks he is, bilious. The old fashioned blue pill and black draught are perhaps quite as much in favor to-day as they were a hundred years ago. Calomel also is a sheet anchor among cholagogues, and a very reliable one it is. But, while calomel is useful and reliable, Rutherford's experiments with that drug, go to show that it has no stimulant action on the liver whatever. He found that it stimulates the intestinal glands and so perhaps it acts by sweeping or flooding the bile out of the intestines. It is well known that bile which is poured into the intestines is carried back again to the liver, and excreted over and over again, and thus a cycle is established between the intestine and the liver, which Lussana named the "entero-hepatic circulation." Now, stimulation of the liver, need not, as will be readily understood from a consideration of the above named entero-hepatic circulation, relieve the system of its excess of bile, for while some of it is always lost in the feces, the major portion will be carried back to the liver and simply excreted over again. But, by combining hepatic with intestinal stimulants, we really accomplish this end. Calomel does not stimulate the liver, but corrosive sublimate does. Now, it is clinically certain, that calomel is a very effective cholagogue. How then does it act? The answer is not easy, but the suggestion made by Lauder Brunton is a good one, viz., that a portion of the subchloride may be chemically acted upon in the intestine, so as to form the bichloride, and this exerts its specific action upon the liver. Thus, while administering calomel, we get practically the cholagogue effect of both hepatic and intestinal stimulants. Rutherford showed that a purgative which does not stimulate the liver, actually dimin-

ishes the flow of bile. This may be accounted for by the sweeping away in the evacuation of all the bile in the intestine at the time when it began to act energetically, and a consequent diminution of the bile poured into the intestine by the amount which would otherwise have been absorbed and re-excreted. Taking that view, all hydragogue cathartics possess a certain cholagogue action, whether they stimulate the liver or not, relieving the system of just as much bile as, by their mechanical action, they sweep out of the intestine. But again, these hydragogues may lessen the secretion of bile by lessening blood, pressure in the liver.

As an adjunct to cholagogues, ipecac is excellent; especially is this the case when from a catarrhal condition of the gall duct, much tenacious mucus tends to obstruct the free flow of the bile. At the same time it is believed to increase the flow by a positive stimulation of the secretory function of the liver. Among other adjuncts may be mentioned brisk exercise for even a few moments, such as climbing, exercise on the bar, etc., emetics, which by producing vomiting, cause pressure on the liver which does good, as also forced inspiration by causing the diaphragm to compress the liver.

Ringer recommends very highly as a cholagogue, small doses of grey powder, say, one-third or one-sixth of a grain repeated every six hours. He has found excellent results from such treatment.

### UNPROFESSIONAL ADVERTISING.

We are thankful to say that we have not had occasion to refer to the above topic for some months, but such a number of instances have been brought under our notice lately, that, wearisome as it may be to our readers, we must make some reference to it. We have this month received communications from different parts of the Province, backed up by articles in local papers, asking that the matter be referred to. Fortunately, at the last meeting of the Ontario Medical Council, a Committee of Discipline was appointed, to take cognizance of such practices on the part of regularly qualified men. This committee consists of the following gentlemen: Drs. Logan, Bray, Day, Russell and Wright, and to them all complaints regarding unprofessional conduct may now, as we understand the matter, be referred. It is a pity

that men, belonging to one of the noblest of professions, will prostitute it, by even *permitting* such notices to appear in local papers. It may occur *once*, through the energy of the ubiquitous reporter but *once* should end it. So when we find notices running through different numbers of the same paper, the most charitable of us can only conclude that the underhand advertising is done with the full sanction, if not connivance, of the surgeon whose skill in the use of the knife is held up before an admiring and awe-stricken public. We say surgeon, for it is almost entirely in the domain of surgery that these men make their mark. There is not enough of the "penny dreadful" in medicine to hold the attention of the readers of these notices. Ovariectomy seems to be having a run just now, perhaps because it is so fashionable.

No one can contemplate such advertising without condemning it. Let us hope that our Committee of Discipline may, in their wisdom, find some effectual means of combating this evil, and that a healthier professional spirit may soon be found in the land.

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### TIGHT LACING.

Did any one ever hear a lady admit that she ordinarily wears her corsets very tight? or that her boots are constantly worn a size or more too small? We think not, and this in the face of the fact that her face is—while she is speaking to you—blue, from want of sufficient air, or she is obliged to hobble when attempting locomotion. It has been so from the beginning, and we fear will continue to the end. Medical men and others who are given to "preaching" on this subject, will now have a good text for their discourses. A maiden of fifty-two summers is reported, in the *British Medical Journal*, as having lately died suddenly from the effects of tight lacing. This opinion as to the cause of death was freely expressed by the surgeon in attendance, Mr. Varne, of the North-West London Hospital. If those women who go about with waists like wasps, irrespective of the size of the hips, shoulders or bust, could but see themselves as we of the male sex see them, there would be, we believe, a sudden cutting of countless corset strings, and the free introduction of air into the lower lobes of hundreds of thousands of lungs, which now do not perform their function, or at

best perform it very imperfectly during sixteen or eighteen hours of the twenty-four.

The victim referred to above was old enough to have known better, but there is no limit to the foolishness which women of all ages, who are devotees of fashion, will practise. We have given all the particulars we can in this case, and hope they may be useful in pointing advice to the fair sex, from those who would see them enjoy the most robust health possible to beings with a uterus and two ovaries arranged on the plan they are in the human female, which as we heard pertinently remarked the other day by a medical man, seems a rather poor plan. The great difficulty will be to get the sufferers to admit that they do "lace tight."

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### THE INTERNATIONAL MEDICAL CONGRESS.

In hope that this number of the LANCET may reach our readers in time, we wish to draw attention to railway fares to Washington, for the Medical Congress. Dr. J. E. White, of this city, has completed arrangements with Van Every, whereby intending visitors may leave Toronto, by steamer *Empress of India*, at 2 p.m., Saturday, September 3rd. The ticket carries holder to Washington, via New York and Philadelphia, good for fifteen days, for \$14, inclusive of Pullmans both ways. This arrangement will give intending visitors a week in Washington for the Congress, and another week wherever they choose, leaving New York, say, for home on Saturday the 17th. The party of medical men who will leave Toronto, will number between forty and fifty. Hotel arrangements have been made with the Riggs' House, where the local committees have their offices. Members of the Canada Medical Association may connect with the excursion at the Bridge, on Saturday (3rd) afternoon, and receive the benefit of the reduced rate. Parties coming to Toronto will pay full fare to this point, and will receive a certificate from their local ticket agent, upon the presentation of which, tickets will be issued for the return at one-third fare.

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IVY POISONING.—This troublesome affection has so many vaunted remedies, and yet is so often intractable to treatment, that the following (*Popular Science News*) may be of interest, showing as it

does a practical mode of obtaining the most satisfactory results from a remedy which is often very beneficial.

"I have always been so extremely susceptible to the poison of poison ivy and oak as to give me great annoyance, unless it is immediately checked on its first appearance. This, common washing-soda accomplishes for me, if properly applied. I make the application by saturating a slice of loaf-bread with water, then cover one surface with soda, and apply to the eruption, the soda next the flesh. When the bread is dried by the animal heat, I drop water on the outer side, so as to keep it thoroughly moistened, and dissolve the soda crystals in contact with the skin. This, you will perceive, is merely a bread poultice; the bread being a vehicle through whose moisture the soda reaches the humor. I find that the washing or bathing with soda water, even continuously, will not suffice with me. My skin requires the heat and moisture of the bread in order for the soda to act on and neutralize the poison. I rarely have need to retain this soda poultice for more than thirty minutes on any affected part. No pain ensues. Formerly I suffered often for weeks, as the poison would spread all over my body. Now, thirty minutes measure the duration of its exhibition."

When cases go on to suppuration, calcium sulphide in quarter grain pills every 6 hours is indicated, and will, we believe, be found extremely useful.

**ANTIPYRIN AND THALLIN IN THE TREATMENT OF TYPHOID.**—Dr. Francis Minot, of Boston, has formulated the following (*Jour. Am. Med. Assoc.*) as the result of the study of twenty-four cases of enteric fever, treated by antipyrin and thallin, at the Massachusetts General Hospital:

1. Both antipyrin and thallin have a remarkable power of reducing the temperature in typhoid fever. 2. In no case was the use of these refrigerants apparently followed by any unfavorable effect upon the course of the disease. 3. The general condition of the patient was more comfortable after taking antipyrin and thallin, which were often followed by sleep. 4. The refrigerant medication by antipyrin and thallin appears to have no specific or decided effect upon the course or issue of typhoid fever. It often contributes much to the patient's

comfort, and perhaps indirectly promotes his safety. 5. The effect of antipyrin and thallin in promptly lowering the temperature, shows that the danger in typhoid fever does not consist in high temperature alone, and that the latter is rather an index of the violence of the abnormal condition which we call fever, though, perhaps, adding somewhat to the danger. 6. By the internal use of antipyrin and thallin, all the effects which are claimed for the treatment of typhoid fever by the cold bath, are readily obtained without the trouble and inconvenience of the latter method, and without exposing the patient to the dangers of exhaustion and shock, consequent on the fatigue of removal from bed. 7. These remedies may be given without danger to the youngest patients in suitable doses, and indeed, their beneficial effects are more decided, and the unfavorable consequences less observable than with adults.

**MALARIAL FEVER.**—Dr. Jones, of New Orleans, in *Gaillard's Medical Journal*, gives abundant theory regarding the phenomena of malarial fever, in part as follows:

The phenomena of malarial fever are due in part to the destruction of the colored blood-corpuscles, in part to the derangement of the normal chemical changes of the blood and organs, and in part to the toxic action of the chemical compound developed by and resulting from the action of the micro-organisms. The active febrile phenomena of malarial fever are, in their ultimate results and products, *antiseptic*; they tend to inhibit the development of, and even do destroy the morbid ferment of malarial fever.

Many of the most destructive and fatal effects of malarial ferment occur in cases in which the paroxysms succeed each other in an almost imperceptible manner. The recurrence of paroxysm in malarial fever is due to the partial destruction of the micro-organisms during the active and pronounced chemical changes of the fever. When not wholly destroyed during the febrile stage, the micro-organisms are produced, again and again, at definite intervals, induce disturbances of the system, alterations of the blood and oscillations in the temperature. •

Such agents as quinine, arsenic, and the preparations of mercury act as poisons to the micro-organisms of malarial fever, excite an antiseptic

effect upon the blood, bind the oxygen more closely to the hemoglobin and proteids, and directly promote elimination, through the alimentary canal, the skin, and the kidneys, of the noxious products of the morbid ferment, and of the increased and altered chemical actions.

TO AVOID RUPTURE OF THE PERINEUM DURING LABOR.—In regard to this important and much vexed question, Dr. Berry Hart (*Ed. Med. Jour.*), says:—"All the attendant can do, apart from the familiar means of relaxing perineal spasm by chloroform and hot applications, is to prevent the sinciput being forced down in advance of or faster than the occiput. He restrains the fetal head from passing too rapidly. He thus has always to get the occiput to lead, and to get it fully born first if possible. So far as I can judge, the best way of doing this is as follows: With the patient lying, of course, on her left side, the attendant places the thumb of his right hand, guarded by a napkin soaked in hot sublimate, in front of the anus and presses it gently there. The pressure is not in the direction of a line joining his thumb and the pubic arch, but nearly in that of the axis of the pelvic outlet. By this, descent of the sinciput is hindered, and that of the occiput favored. When the latter is beginning to pass under the pubic arch, the fingers of the same hand are placed between it and the apex of the arch, so that when the occiput has cleared the arch, the fingers are passed towards the nape of the neck, and the head thus grasped in the hand, the thumb lying over the sagittal suture. This gives one complete command over the head, which is now engaging in the diameters between the nape of the neck and forehead and face, and allow the whole passage with as little tear as possible."

TREATMENT OF HEAT STROKE IN THE BRITISH ARMY.—The following is the treatment (*Br. Med. Jour.*), described by Surgeon C. Douglass Hunter, as that which he has successfully practised among the English troops in the tropics:—"Treatment must be immediate and thorough. The patient should be stripped and laid in the coolest place possible—in the shade outside is best—and cold water dashed on the head and spine; this should be maintained; a large enema administered, and the lower bowel well emptied. If the patient regains

consciousness, he may then be placed on his bed (if the temperature remains high) in a wet pack, and ice kept to his head. Five grains of calomel may then be administered, and diaphoretics given frequently. To promote free action of the skin and maintain the action of the bowels, is very needful. If a relapse threatens, douching should be at once resorted to. If there are no signs of rallying, use sinapisms to the heart, frequent douching, ice to head and spine, friction of the limbs; if the pulse is failing, brandy at frequent intervals in small doses and brandy enemata. If respiration is failing, artificial respiration should be employed and well kept up. On no account give up every attempt until life is quite extinct. On no account bleed the patient. The after-treatment is to maintain free action of the skin and bowels—tonic and change of air to a temperate climate.

"The essence of treatment is to reduce the bodily temperature as speedily as possible, and the surest way to do this is by the application of cold water and ice; this should be maintained, and the least relapse dealt vigorously with in the same way. Immediate action of the bowels by enemata is very necessary, and an emetic is beneficial in suitable cases."

A MOVABLE SHEET FOR THE SICK.—The following, by Dr. Roche (*Pop. Scienc. News*), is of practical value:—I have found the following a valuable arrangement for the sick needing change of position, or, as is often the case, a weak nurse to perform the labor, or in cases of surgery, where the safe and easy movement of the patient is necessary:

Fasten smoothly to the mattress, with strong safety-pins, a rubber blanket or piece of enamelled cloth, rubber or enamel side up. Upon this, place a similar rubber or enamelled cloth, if possible somewhat wider, so as *always* to keep the under one covered. Cover with a sheet, and make up the bed as usual. Between the rubber or enamelled surfaces sprinkle soapstone powder, kept by all shoe-dealers, or glove-powder; or, if nothing better can be had, the common graphite, known as stove-polish, will do. Now, by grasping the edge of the under sheet and upper enamelled cloth at the same time, it will be found easy to *roll over* or move the heaviest person with slight effort, and

little pain or straining, either to nurse or patient. If the device prove too slippery when not wanted, a few strong pins fastening it to the bedding beneath, will prove sufficient to prevent it.

**TOILET PREPARATIONS.**—The following, taken from a report submitted to the Hygienic Council of Paris, by Drs. Dubrisay and Chatin, may be interesting as showing the deleterious influence of various articles of the toilet, such as hair dyes, cosmetiques, etc. Though they are usually advertised as "vegetable, and perfectly harmless," an analysis shows they are all more or less noxious. We copy a part of the report from the *Med. and Surg. Reporter*:

"Progressive dyes" are ammoniacal solutions of nitrate of silver. The "instantaneous dyes" are a solution of litharge in lime water. "Eau des Fées" is a solution of sulphate of lead in hyposulphite of soda. "Eau Figaro" consists of three solutions: (1) of nitrate of silver and sulphate of copper; (2) sulphide of sodium; (3) cyanide of potassium (to remove the silver stains). "Eau des Fleurs" is composed of rose-water, 95.5; flowers of sulphur, 2.7; acetate of lead, 2.8. Passing to cosmetiques, they say "Lait antiplelique" is composed of corrosive sublimate, 1.7; oxide of lead, 4.22; sulphuric acid and camphor. "Lait de Manille" is a mixture of borax, copper, tincture of benzoin, and essence of bitter almonds; "Lait de Ninon," of bismuth and zinc; "Eau Magique," oxide of lead and hyposulphate of zinc; "Eau de Fleur-de-lys," protochloride of mercury; "Eau royal de Windsor," glycerine and oxide of lead; "Eau de Castille," hyposulphite of soda and acetate of lead. The "Poudre Pilivore de Laforet" contains mercury (?) 60 grs.; sulphide of arsenic, 30 grs.; litharge, 30 grs., and starch, 30 grs. "Epiteine" is simply sulphite of calcium, and "Antibolbos" hypophosphite of soda. Pomades against baldness all contain cantharides and croton oil.

**NO SUCH DISEASE AS PRURIGO.**—Dr. Tom Robinson gives (*Jour. Cutaneous and Venereal Diseases*) his ideas on this so-called disease, as follows:

1. There is not such a disease as *prurigo*. 2. That all cases of itching skins have a recognized and discoverable cause. 3. That all the group of symptoms, which are known as *prurigo*, are the

result of scratching, and are simply symptoms. 4. All scratched skins which have advanced to an elephantoid state, and which have set up enlargement of lymphatic glands, are beyond the reach of remedies or hope. 5. That the pruriginous skin of children has its origin in developing hair follicles, which progresses from birth to puberty, when it stops. 6. That excessive itching does not occur in those situations where the hair grows luxuriantly. 7. That what is known as winter prurigo is due to imprisoned hairs. 8. That an irritable state of the chin is always associated with an irritable state of the mucous and synovial membranes.

**USE OF CASCARA SAGRADA.**—Dr. Russell, writing to the *Coll. & Clin. Record*, gives the result of the action of the above drug in fifty cases, which were under his observation for a considerable time. The fluid extract was always used, with an initial dose of  $\mathfrak{m}$  xx, t. d. He found it useful in forty-three cases out of the fifty, in all of which favorable cases the dose was gradually diminished, while in no case was it found necessary to increase the effective dose to produce an evacuation of the bowels. The writer notices that it is much more useful in chronic than in acute cases, and especially in older patients.

**NEW TEST FOR MORPHINE.**—We take the following from the *Med. Press and Circular*.—Add a few drops of concentrated sulphuric acid to a solution containing as little as 1-200th grain of morphine, together with a few drops of a solution of sulphate of sodium, heat in a porcelain capsule, and as soon as a white vapour of sulphuric acid forms, cool rapidly, when the mixture will become of a blue color, resembling syrup of violets. If the heating process be continued the liquid turns brown, and when allowed to cool, it turns of a bright red color on the addition of a few drops of water. A little more water turns the color to a pale green. If now an equal volume of chloroform be added and shaken, the chloroform becomes of a fine blue color.

**OSMIC ACID IN SCIATICA.**—Considerable success (*London Med. Rev.*) has followed the injection of osmic acid in the course of the affected nerve, not a few absolute cures having been reported as well

as many ameliorations. A one per cent. aqueous solution is used, of which about sixteen minims are injected, at first daily and then less frequently.

THE INTERNATIONAL MEDICAL CONGRESS will convene in Washington, on Monday, September 5th. Members intending to attend the Congress are requested to send their names in advance to the Hoffman House, New York, so that the committee can secure for them reduced hotel and railroad rates.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The fifteenth annual meeting of this scientific body of men will be held in Memphis, November 8, 9, 10 and 11, 1887. The Executive Committee have selected the following topics for consideration: "The Pollution of Water Supplies," "The Disposal of Refuse Matter of Cities," "The Disposal of Refuse Matter of Villages, Summer Resorts, and Tenements," and "Animal Diseases Dangerous to Man."

TO STOP THE PAIN IN BURNS.—A writer to the *Rep. de Pharm.*, says he has succeeded in almost instantly arresting the pain in burns, by allowing seltzer water to flow slowly over the affected parts. He thinks the carbonic acid, and the cooling, combine to arrest the pain.

URTICARIA.—De Mussy gives (*L'Union Méd.*) the following formula for the above:

R—Pulv. jaborandi,  
Ext. guaiacæ, . . . . . gr. jss.  
Lithiæ benzoat, . . . . . gr. iiij.  
M. ft. pil.

BRITISH DIPLOMAS.—Dr. William Brown Thistle, of Stratford, Ont., has lately taken the L.R.C.P. London. Drs. R. C. Kirkpatrick, of Montreal, S. G. Parker, Toronto, J. D. Flagg, J. D. Balfour, D. G. Russell, H. C. Cunningham, T. A. Amos, have taken the triple qualification of L.R.C.P. and S. Ed. and L.F.P. & S., of Glasgow.

INFANTILE DIARRHEA.—It is said (*La France Médicale*) that Huyem has found that the green colored stools of infants with entero-colitis, is due to the presence of a microbe which secretes the green coloring material. The treatment recommended is, a dessertspoonful of a 2% solution of lactic acid after each nursing.

FOR SUMMER DIARRHEA:—

R Tinct. opii deodorat. . . . . gtt. vj.  
Tinct. catechu . . . . . f ʒ jss.  
Syr. rubi villosi  
Syr. rhei aromat. . . . . āā f ʒ ii ss.  
Aq. camphoræ . . . . . f ʒ j.

M. S.—A teaspoonful every hour or two, for a child under one year.—*A. S. Gerhard.*

FOR SCIATICA, Dr. Metcalf (*Jour. Am. Med. Assoc.*) says the following is very useful:

R Tinct. aconit. rad.  
Tinct. colch. sem.  
Tinct. belladon. . . . . āā ʒ j. M.  
S.—Gtt. vi every 6 hours.

CHRONIC RHEUMATISM.—The following is a useful formula:—

R Liq. pot. arsenit. . . . . ʒ ss.  
Potas. acetat. . . . . ʒ ij.  
Vin. colchici rad. . . . . ʒ ij.  
Ext. cimicifugæ fl. . . . . ʒ iiij.  
Ext. phytolacæ fl. . . . . ʒ iss.  
Aq. menth. pip. . . . . ʒ iiij. M.  
S.—ʒ j every 4 hours.

HEBRA'S OINTMENT FOR FRECKLES:—

R Hydrarg. precipitat. albi . . . gr. 75.  
Bismuthi subnit. . . . . gr. 75.  
Ung. glycerin. . . . . ʒ ʒ.  
M. ft. ung.

S.—Apply every two or three days.—*Les Nouveaux Remèdes.*

AGARICIN IN NIGHT SWEATS OF PHTHISIS.—The following is a convenient formula (*Quarterly Bulletin*) for the above:

R Agaricini (Merck) . . . . . gr. x.  
Atrop. sulph. . . . . gr. j.  
Ae. sulph. aromat. . . . . ℥ 1200.

Dissolve and filter.

S.—℥ x in syrup or simple elixir.

TO DISGUISE THE ODOR OF IODOFORM.—Dr. Graydon (*Med. News*) says the following will be found a satisfactory means of disguising the odor of the above useful, but disagreeable drug:

R.—Balsam, canadensis,  
Iodoformi, . . . . . āā ʒj.  
Vaseline, . . . . . ʒvi.—S.

FOR EAR-ACHE.—The *Med. Specialist* gives the following for ear-ache:—

R—Morph. mur., . . . . . gr. v.  
 Atropiæ sulph., . . . . . gr. j.  
 Ol. oliv., . . . . . ʒ j.  
 Glycerin. (neutral), . . . . ʒ jss.—M.

SIG.—3 to 5 drops into ear, every hour, till pain ceases. Plug with cotton-wool after each application.

DR. CARL. FRIEDLANDER, the celebrated pathologist, died of phthisis, May 13th. His name will be remembered as the discoverer of the pneumococcus, the supposed specific bacillus of pneumonia, the nature of which disease has, since his discovery, received much attention from investigators in all parts of the world.

FORMULA for the administration of iodoform and creasote in phthisis. In *Nouveaux Remèdes*, Huchord gives the following as a convenient formula for the above drugs:—

R—Creasote,  
 Iodoform,  
 Benzoin pulv., . . . . . āā gr. ʒ.  
 Balsam tolu, . . . . . ℥ ʒ.

For one sugar-coated pill.

SIG.—2 to 4 pills daily.

SOOTHING MIXTURE FOR CONSUMPTION.—Dr. J. B. Johnson, in *Med. and Surg. Rep.*, speaks highly of the following:—

R—Syrup liquorice root, . . . . ʒ j.  
 Aromatic syrup rhubarb, . . . ʒ ss.  
 Fluid extract opium, . . . . ʒ j.  
 Liquor ammon. acetat., . . . ʒ v.—M.

SIG.—Shake well. Dose.—A tablespoonful every two or three hours.

### Books and Pamphlets.

A PRACTICAL TREATISE ON RENAL DISEASES AND URINARY ANALYSIS. By William Henry Porter, M.D., Prof. of Clinical Medicine and Pathology in the New York Post-Graduate Medical School and Hospital; Curator to the Presbyterian Hospital. One vol. 360 pages, 100 illustrations. New York: Wm. Wood & Co.

The author of this work, unlike many of the tribe of modern book-makers, has written because he had something, a good deal indeed, of his own,

worth reading, to submit to the profession. The 1st part is devoted to the "Diseases of the Kidneys," and the 2nd, which is of equal extent, treats of "Urinary Analysis," by chemicals and microscopic research. The reader's interest will not slacken in the perusal. Dr. Porter is evidently not only at home in his subject, but he is also able to draw the reader there, and to entertain him pleasingly and profitably. The illustrations, numbering 100, are much better executed than those presented in many of the medical works at present issued by American publishers; they really do illustrate the text, instead of rendering it more obscure, as some of the perpetrations now met with, certainly cannot fail to do. Wm. Wood & Co. deserve high commendation for the respectable aspect of this book.

THE CURABILITY OF INSANITY, and the Individualized Treatment of the Insane, by John S. Butler, M.D., Hartford, late Physician and Superintendent of the Connecticut Retreat for the Insane, etc., etc., 1887. New York: G. P. Putnam's Sons. Toronto: Williamson & Co. Pp. 59.

An interesting little book. The writer makes many strong points in the individualized treatment of insanity, which he holds is as much called for as in the treatment of acute forms of other physical disease. The book is full of illustration, and will repay a perusal to those interested in the treatment of insanity.

FACTS AND FICTIONS OF MENTAL HEALING. By Charles M. Barrows, author of "Bread Pills," etc., 1887. Boston: Carter & Karrick. Toronto: Hart & Co. Pp. 248.

This is the first volume we have seen devoted to the instruction of the uninitiated into the mysteries of what is ordinarily called mind cure. It reads in part like the tales of a magician, and in part like the ordinary jargon of spiritualistic quackery of the nineteenth century. The author seriously quotes from letters, showing how scarlet fever was instantly cured, by the prayers of the father of the affected child; how a *dyspepsia* of many years' standing, was suddenly cured by humbugging the patient, and gives many other even more improbable cures by the mental method. If we had space we should like to give a few of the instructions from "leading authorities," in mental healing for the cure of disease, but "*le jeu ne vaut pas la chandelle.*"