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CONTENTS.

ORIGINAL COMMUNICATIONS.

Vaccination with Calf Lymph, by
W. E. Bessey, M.D. 289

PROGRESS OF MEDICAL SCIENCE

An Opinion as to Quinine in Pneumonia, 296.—Benzoate of Soda in Whooping Cough, 296.—Treatment of Leucorrhœa in Children, 296.—For Fresh Cold in the Head, 296.—Management of the third Stage of Labor, 296.—Treatment of Diabetes

Mellitus, 297.—Syphilis in Married Life, 298.—Stigmata of Maize, 300.—Rest after Delivery, 301.—Management of Abortions, 303.—Amenorrhœa, 303.—Treatment of Pneumonic Fever by the employment of the Wet Sheet, 303.—Treatment of Chronic Prostatic Enlargement, 304.—Therapeutical Employment of Iodoform, 306.—Morphine in Puerperal Eclampsia, 306.—Ergot in Neuralgia, 306.

—Improvement of Sayre's Treatment for Spinal Curvature, 306.—Sulphur for Pimples on the Face, 306.—Maternal Impressions, 307.—Epistaxis cured by a Blister, 307.—Cod Liver Oil in Epilepsy, 307.—Beef Suppositories, 307.—Treatment of Amenorrhœa 307

EDITORIAL.

To our Subscribers, 308.—Saccharated Pepsin..... 308

Original Communications.

VACCINATION WITH CALF LYMPH.

By W. E. BESSEY, M.D., Public Vaccinator to Board of Health, Montreal.

Read before the Canada Medical Association at Halifax, N.S., August 4th, 1881.

MR. PRESIDENT, GENTLEMEN,—The subject of vaccination with *lymph direct from the animal* is one which at present is occupying so much of the attention of the Profession every where that no apology is necessary for its introduction on an occasion like the present.

A discussion of the topic of *animal vaccination*, if fully entered into, would involve a rehearsal of the entire history of vaccination with a consideration of the many unfortunate results which have occasionally been observed to follow ordinary arm to arm vaccination—this, time will not permit. The troublesome consequences which have from time to time been observed to follow the use of *impure lymph* are the disagreeable facts which the Profession have always had to contend against, and this, coupled with the frequency with which attacks of genuine (*variola*) small-pox, sometimes

fatal, have followed spurious vaccination, has led in some quarters to a most determined opposition to the practice of vaccination.

The unfortunate results which have followed vaccination *my*, in all fairness, be said to be inexcusable, inasmuch as with due attention, and a proper knowledge of the subject, such casualties might always be prevented.

Such accidents are usually traceable to *long humanized virus* taken from, scrofulous or otherwise tainted or unhealthy subjects, or it may be from sources quite unknown to the practitioner using it, and directly responsible for the results.

That vaccine is very sensibly, but gradually, deteriorated by long human transmission has been well established by Bosquet and others. In the illustrations accompanying this paper I have endeavored to give an illustration of a *perfect vaccination*. The resulting cicatrix from vaccination with bovine lymph, early removes of the humanized and long humanized almost inert. We have learned from the mistakes of the past that *two things* are absolutely necessary to guarantee perfect safety in the daily practice of vaccination; and to ensure that degree of prophylaxis or immunity from a future attack of small-pox which the patient has a right to expect.

First, *absolute purity*.

In this, as in other cases, we find that the inexorable law of propagation holds sway, and "we reap that we have sown."

If our lymph has contained *pus* mingled with vaccine germs, we will have a crop of septic poisoning, taking the form, it may be, in a favorable subject of edematous inflammation or erysipelas, followed by abscesses.

If it has contained the taint of syphilis, then following the decline of the vaccine vesicle will appear a hardened base with elevated edges; or in its stead perhaps a phagedenic ulcer, which it will require all the skill of the surgeon to treat.

If an *ichorous* liquid has been included in the discharge of lymph flowing from a vaccine vesicle, which may be the case in an unhealthy subject in an advanced stage of the disease, then such lymph will prove most virulent in its action, when used upon another subject, and following the vaccine vesicle (which will go through its stage of development and appear all right) there will be an acrimonious discharge and a slow healing ulcer, with possibly several new sores occurring where it has touched.

Again, some forms of imperfect vaccine pustules are described by old writers on Vaccination under the head of Spurious Vaccination. Willan describes *three*, and Burns (of Glasgow, 1820) *one*; and as security against small-pox is not conferred by spurious vaccine vesicle, it becomes necessary to study carefully not only the characteristics of the genuine disease as produced with *pure bovine virus* or its *early removes*, but also those appearances which characterize spurious vesicles.

To meet these dangers we have been obliged to go back to as perfect an imitation as possible of the original conditions noted by Jenner in his observations and experiments.

These were based upon the observation every where corroborated—that milkers upon whose hands the disease vaccinia had been casually produced by contact with the disease as it appears spontaneously upon the cow's udders were thoroughly protected, or enjoyed a perfect immunity from subject attacks of small-pox when exposed thereto. Neither could they be made to contract the disease by inoculation.

It will be self-evident that the above conditions are more nearly fulfilled in any given child's case when vaccinated with lymph direct from the

heifer, than when lymph of long human transmission has been used.

The question arises, does the virus obtained by this inoculation of heifers with the virus of original cow-pox induce a development of *vaccinia* in greater perfection and of more protective efficacy, in consequence, than that derived from the use of virus which has passed through a long series of human transmissions?

I maintain that it does, and this is one of its principal advantages. For, whatever may be our opinion of the degree and permanence of protection afforded by long-humanized vaccination, it can hardly be doubted that the nearer the intentionally induced disease approaches in its phenomena to that accidentally contracted by grooms and milkers, which has been proved beyond cavil to be perfectly and permanently protective, then the safer must we be in the assumption for artificially induced attacks of the *vaccinia disease* direct from the animal, of a like thorough and permanent protection.

It may also be asserted that the lymph from the heifer when applied to the child exhibits perfectly all the phenomena of the disease described as having resulted from the use of the earliest removes in Jenner's time, and though admitting that the virus of carefully selected human subjects one or even ten removes from the animal may be equally protective, and less liable to failure in the use, yet the risks from possible evils, such as syphilitic, erysipelalous or septicæmic contagion, are such as to make the choice of animal lymph almost an imperative duty of the practitioner of to-day.

It may safely be asserted that the use of virus direct from the animal ensures safety from scrofula, syphilis, cutaneous diseases, pus inoculation and more especially imperfect vaccination from the use of deteriorated lymph.

Vaccine virus, being indigenous to the heifer, does not degenerate by frequent transmission through the animal, but, when removed to a foreign soil—the human subject—it undergoes modification, and if the greatest care is not observed, is liable to undergo very serious degeneration, for it cannot be doubted that a very gradual but imperceptible change does take place from one transmission to another, sometimes more perceptible in one case than another.

This change has always been observed to be in the direction of a shortening of the period of incubation and development, a decrease in the

intensity of the vaccinal phenomena, and a diminution of its effect upon the system.

The vaccinal phenomena seen in different cases may differ materially, because of the different sources from whence the lymph has been obtained, for the reason that no two *stocks* of vaccine have manifested precisely the same characteristics: each is distinct in appearance, development and duration, and all equally protective.

Some of the early lymph used in Jenner's time showed a tendency to undue violent irritation and ulceration, which evinced a tendency to spread and be troublesome, and in some cases was attended with erysipelas; later stocks have not manifested these characters. The Beaugency stock of France was mild in character, and, wherever propagated, its use has given every satisfaction. The Esnean (Belgian) in the hands of Dr. Worlont, has attained great popularity because of its characteristic results. Nothing could have given greater satisfaction than the virus obtained by propagation direct from heifer to heifer of our own Canadian Longue Pointe stock, observed near Montreal on Nov. 6th, 1877. Its use has been very extensive by the Board of Health of Montreal, and has been entirely free from any unpleasant complication, as the following statement of the Vaccination Committee will attest, and which subsequent experience has confirmed.

The undersigned members of the Vaccination Committee of the Board of Health, City of Montreal, having for a length of time had under their personal observation the results of the vaccine lymph supplied to this Board by W. E. Bessey, M.D., have pleasure in bearing testimony to its purity and reliability. Among many thousand children where it has been and is now being used, neither undue irritation nor trouble of any kind has occurred, and as a fact that the lymph was direct from the heifer became known, the prejudice unhappily existing against the practice of vaccination in certain portions of the community has been overcome.

(Signed),

W. H. HINGSTON, M.D., *Chairman.*

J. W. MOUNT, M.D.

F. X. Z. TASSE, M.D.

A. B. LAROCQUE, M.D., *Medical
Health Officer.*

A new source of lymph has been recently discovered in the United States, called the *Cohasset*, which is being propagated by Dr. Martin of Boston. Of its characteristics I am unable to speak.

I am desirous of placing on record a protest against a statement made in the *Boston Transcript*, to the effect that Dr. Martin claimed no well-

authenticated case of spontaneous cow-pox has occurred in America? Dr. Martin must have been aware of the well-established existence of an epidemic of cow-pox among the herds in the neighborhood of Montreal in 1877, immediately preceded by an outbreak of horse-pock attested by Dr. McEachern, V.S., Principal Montreal Veterinary College, and the high character and standing of Dr. Hingston, through whose patient the Lennie Longue Pointe stock was discovered, must be a sufficient answer to any objections that might be raised against it. It occurred in this wise: A patient of Dr. Hingston's, whose husband was a farmer at *Longue Pointe*, called upon him to have her child vaccinated, Nov. 5th, 1877, because she believed their cows had small-pox, and she feared the child might take it, and enquired whether cows ever had small-pox? (An epidemic of small-pox had previously been raging in the city). On being apprised of the circumstance by Dr. Hingston, I visited the farm next morning, in company with Dr. Reed, then another public vaccinator, and found a number of animals in different stages of the disease. I procured crusts and lymph, and on Nov. 7th made my first attempts with it on a number (10) of children. One only of these was successful, namely the child O'Mara.

I paid a second visit to this farm, and obtained some lymph from a heifer in the best possible condition, and with this I succeeded in vaccinating other children and some heifers at Logan's farm. Since then the succession has been kept up constantly from animal to animal, and the happy influence, the supply of vaccine from this source has had in eradicating prejudice, and establishing confidence in the minds of the people and profession of the city of Montreal, has more than satisfied me for the very great trouble and expense connected with its propagation, which the necessity of my position as public vaccinator, in the face of the determined opposition of a misguided public, forced upon me. Let this suffice as to the source of our Canadian lymph.

The objects sought to be attained by the practice of vaccination, are, as I understand it: 1st. To secure protection against future attacks of small-pox, and, 2nd. In doing so to avoid what may be termed "accidents," in the form of unpleasant or unfortunate results, which, it must be admitted, have been altogether of too frequent occurrence. The first of these objects has not been secured by vaccination, as it has been too

frequently performed in the past without care or discrimination as to the lymph used, and with perfect indifference as to the result. This lack of prophylactic power is without doubt traceable to the use of degenerated lymph, although some practitioners of my acquaintance point to their own experience and that of the Royal Vaccine Establishment of England as arguments against this view. But the frequent recurrence of post-vaccinal small-pox can be accounted for in no other way than by the assumption of a previous imperfect vaccination, which observation in small-pox hospitals has fully established as true.

One of the reasons why old practitioners preferred a *crust* for vaccination from was because crusts of a typical character never form where the vesicles have been imperfect either in type or development, and hence by a continual survival and reproduction of the fittest they were able to go on for years without much apparent degeneration in the lymph in use.

Perfect *vaccinia* is always attended with profound constitutional fever, and this is much more marked where heifer lymph is used than where exhausted virus of long human transmission has been employed, and is usually coincident with the rise, development and decline of the *areola* which begins middle of 8th and lasts until 12th day.

Stress requires to be laid upon this constitutional fever, which was considered of the greatest import by the earlier vaccinators, who deemed a vaccination unattended with it not to be depended upon as protective against small-pox. This was Jenner's explanation when *post-vaccinal variola* excited so much comment some years after the introduction of vaccination, laying down as a *dictum* that in all such cases the alleged vaccination had been *spurious*, and that the unfaillible test of a perfect vaccination—such as alone was prophylactic against small-pox, consisted in the occurrence of this accompanying febrile action; that without it the patient must not be considered protected, but should be revaccinated.

In my own judgment a better test of a perfect vaccination is the production of characteristic vesicles, passing through all their several stages of development, decline and fall of crust, leaving behind them indelible cicatrices or depressed scars of the peculiar and well-defined type.

The resulting *vaccine scar* is a matter of great importance, and offers to the observing practitioner an excellent guide with respect to the perfection of

a vaccination owing to the direct relation between the two. A great variety of vaccine scars are to be met with, while there is but *one* typical of a perfect vaccination.

Decanteleau, a French writer, in a monograph upon "the cicatrices of vaccine," gives illustrations of sixty, fifteen of which are typical of varieties always to be seen.*

* I have endeavored to obtain a good chromo-lithographic illustration of some of these, with perfect resulting vaccine vesicles, after use of bovine lymph taken from cases in practice.

These variations from the normal type may be accounted for in the following manner:

They may result: 1st. From the use of lymph enfeebled by a long series of human transmissions. 2nd. Some imperfect condition of the vaccine—however pure—preventing its proper development, or an insusceptibility on the part of the patient; or 3rd. Violence applied to the vesicle by which it is lacerated, as from scratches, adherent clothing, etc.

90 per cent. of the variations are due to the first cause, a small number to the second, and fewer still to the third. Since in all but the very feeble good vaccine will produce a perfect vesicle followed by a typical scar, even rupture of the vesicle, while modifying, fails to prevent the formation of a characteristic cicatrix.

The phenomena resulting from vaccination with virus direct from the animal differ materially from those presented by long-humanized lymph, and from what may be termed *spurious* vaccinations.

Jenner described the fully developed disease and areola as having the appearance of "a pearl upon a rose leaf," and the crust resulting as of a shape exactly the same as that of the vesicle, circular in form, with a very decided umbilication in the centre. The color of the crust a rich dark brown, sometimes a dark mahogany or amber color.

The *Longue Pointe virus* gives usually a group of small vesicles, circular, umbilicated and contiguous, but not confluent. After several human removes it becomes confluent, and as many of these vesicles may be produced as the operator desires by extending his crucial scratches. It develops slowly—sometimes very tardily—until the 6th day, when a small vesicle begins to form, which by 7th day is quite distinct, and by the 8th is fully developed and contains a quantity of clear water lymph, which if extracted will reproduce itself with a slight quickening or shortening of time in the several stages of the phenomena.

On the afternoon of the 8th day the areola has begun to form, which is very decided on the ninth. The vesicle now has the look of a bead of pearl imbedded in a ground work of a rose color, extending from half an inch to one or two inches and tumid. But we should never have redness deepening to purple, or extensive swelling—that is indicative of edematous inflammation, the result of pus poisoning or local septicæmia from pus crusts or impure lymph.

The fever should be very marked from the 9th to the 12th day, by which time the lymph has become dry and opaque. From that date to the 18th the scab or crust is in process of formation, and about the 21st day may be removed or falls off soon after, leaving an excavated depression or pit, having a *smooth central point* and *radiating hands* extending to the circumference. If the lymph has been humanized a number of *foreolations* or pin pointed depressions will appear among the radiating bands. The whole should be terminated by the 30th day, but, if violence has been used, and an irritated sore or vaccinal ulcer has been created, time will be required for the healing.

And here I would like to enter my protest against all kinds of interference with vaccinal sores, beyond cleansing with warm water and the application of a little salad oil, by means of a feather, to the surrounding cuticle, if irritable. Bandages, adherent garments, ointments, powder, and all other tamperings of the ignorant and the pretentious are to be deprecated and condemned. In these phenomena there is seldom seen a single vesicle, generally a group of them. They progress in development very regularly and gradually, seldom or never create any undue irritation or ulceration, and are attended with a well-marked and decided constitutional fever.

I have frequently applied Boyce's test or re-vaccination as a test of the constitutional effects resulting from the use of the lymph in cases where a good result had been obtained, and always with a negative result. I also inoculated six different children with virus obtained from small-pox cases, but without producing anything more than local disturbance and a slight fever. The action of this stock of lymph has always been of a benign and satisfactory character, and it has proved to us in Montreal a providential blessing by removing prejudice and opposition to vaccination.

A very frequent species of spurious vaccine is evidenced by a *pustular* rather than a *vesicular*

eruption. It increases rapidly, instead of gradually, thus a raised centre is situated on a hard inflamed base, surrounded with diffused redness. It contains a fluid at no time clear, but turbid and opaque. It soon bursts and discharges an abundant irritating matter, forming, when it does, flakes of a dirty white crust. If a scab be formed or the vesicle has had the general aspect of a vaccine vesicle, and has progressed regularly, it will be found on the ninth day to contain purulent matter, and will probably dry up and fall off by the 12th day, leaving a soft sloughy sore to granulate. This affords *no* protection to the subject. Another type of spurious vaccination shows itself in the form of a perfect vaccine vesicle in its course of development; it matures early, is white or pearl colored, with a slight tinge of yellow, perhaps I ought to say at once that it is straw-colored—the vesicles seem too full, and the point of umbilication is elevated, as if ready to burst, which it frequently does, discharging an acrid purulent fluid, which is very infectious, and new pustules are created where it touches, a disagreeable sort of secondary vaccination or Boyce's test. It leaves a ragged-looking spreading ulcer, hard to heal. This is sometimes covered with a friable scab, which falls every two or three days, to be renewed again, and so on for weeks or months together.

A piece of clothing becoming adhered to one of these sluggish, soft, or, as I call them, *scrofulous*, *vaccine sores* is certain to cause trouble, as with its removal the surface of the sore is opened anew, aggravating its condition, and bringing upon the head of the unlucky practitioner the anathemas of the patient or friend.

This condition of things may occur with the best virus in a scrofulous subject, no matter how pure, carefully preserved or skilfully used. But it more especially and more frequently follows where long humanized virus has been used, and the greater the number of removes from the original source, the greater the tendency to this unpleasant complication.

Dr. Willan described three typical spurious vaccinal results:

1st. A single pearl-colored vesicle, less than the genuine. The top flattened, but the margins not rounded nor prominent. It is set on a hard base, slightly elevated, with an areola of a dark rose color.

2nd. This is cellular, like the genuine vesicle, but smaller, and with a sharp angulated edge, areola pale red and very extensive.

3rd. A vesicle without an areola.

None of these afford any security against small-pox.

Three causes were suggested to account for the failures: 1st. From matter having been taken from a spurious vesicle, or from a genuine vesicle at too late a period. 2nd. From a patient being seized soon after vaccination with some contagious fever, as measles, scarlatina, &c. 3rd. From the patient having been affected at the time of inoculation with some chronic skin disease, as tinea, lepra, &c. These eruptions always disappear after vaccination. And.

4th. It has been supposed that in arm-to-arm vaccination puncturing the vesicle in order to take lymph from it, by disturbing the process of development, may destroy its prophylactic influence.

It must, therefore, be manifest that some test should be adopted whereby we can ascertain whether the system be protected.

Two have been proposed: *First Boyce's test* or a re-vaccination on the tenth or twelfth day after first. If the system be protected no regular vesicle can be produced, only a vaccinal sore will result.

Second, variolation, or inoculation with small-pox virus. If the system is protected this may produce a small pustule, wholly unattended with constitutional fever; sometimes a slight febrile action may be excited, attended with an efflorescence of the skin, which rapidly disappears, but without any pustule. If performed nine days after vaccination it will not be a fair test, its action then being nil.

Another objection to the use of humanized lymph of any remove is its liability to convey syphilis. This is no myth, but a reality against which we must guard.

In large cities and more densely populated rural towns, it is impossible to be certain that any given child is free from the taint of syphilis, in view of the frequency with which young men become syphilized, and at a later period become fathers of families. No treatment can eradicate the taint from the system, and therefore no such person can propagate a perfectly healthy offspring.

In large cities and more densely populated rural towns it is impossible to be certain that any given child is free from any taint of syphilis, seeing the frequency with which young men (who later become fathers of families) become syphilized, and, after undergoing a course of treatment, more or less

effective, marry, reproduce themselves, and inevitably impart to the offspring whatever blood taints were lurking in the parent constitution.

This, by means of vaccine lymph, may be spread to large numbers, if proper precaution be not taken to avoid it, and no amount of care can guard against such a danger where humanized lymph is made use of for public or extensive vaccination.

My friend, Dr. Robillard of Montreal, relates an experience of his with some tubes of lymphs obtained from a druggist in Liverpool purporting to be from the Royal Vaccine Institution, England, by which two or more children were syphilized and required subsequent constitutional treatment to restore them to health again.

Mr. Hutchison publishes illustrated plates of *Vaccinal Syphilis* occurring in eleven out of fourteen *Vaccines*, vaccinated from a child carefully selected at one of the stations of the English National Vaccine Institute. Ten had chancre on both arms, one on a single arm, and three escaped.

I was once called upon to treat a case of syphilitic lepra on a child which a senior practitioner had vaccinated a year previous, since which time the child had never been well. I treated it constitutionally and the symptoms entirely disappeared.

The *Lombardy Gazette*, Feb. 2, '78, narrates 26 cases. The *Rivatta* calamity will also be fresh in the minds of professional readers.

We are all liable to convey some blood contamination or septic poison of more or less import by the use of humanized lymph, no matter how carefully it may have been selected, and an action of damages for malpractice would be liable to follow, much to our detriment at the same time, by using a sample of vaccine from which perfect protection cannot be secured and from which many serious accidents are liable to follow.

It seems to one alive to the advantages of vaccination with bovine lymph, almost criminal culpability to use humanized lymph for the purpose of vaccination when animal lymph—from which no bad result can follow and perfect protection may be guaranteed—can be obtained.

The advantages to be derived from the use of *heifer-transmitted lymph* may be briefly enumerated as follows:

1st. Animal vaccine guarantees against the possibility of transmitting any diseased contamination. Cutaneous disease, syphilitic or septic contamination are quite unknown as a sequence.

2nd. It enables a constant supply of pure lymph

to be kept up, on which to draw in an emergency. To this end it is desirable that the Dominion or Local Government should subsidize or otherwise maintain an *Animal Vaccine* establishment, so that every facility may be afforded for its propagation.

3rd. It gives the greatest possible guarantee of protection by enabling the practitioner to carry out true Jennerian vaccination, which has been amply proven by the recorded experiments of Woodville and others to be permanently protective.

4th. It enables vaccination to be carried on without reference to those already vaccinated or the necessity of our tapping a vesicle to obtain humanised lymph, thereby rendering it less protective, and it prevents a *vaccine famine*.

It has been objected to vaccination with animal lymph that

1st. It is too violent.

This I have found to be reversed in the case of Longue Pointe virus, the action of which has always been mild and pleasant. I have found always that the *less pure* the lymph has been that was used in any given case, the greater the local disturbance, and not long since I was asked to see two cases in which abscesses had followed the use of humanized lymph giving a great deal of trouble.

2nd. It has been asserted that animal vaccine might communicate diseases from the animal.

This objection cannot hold where only healthy animals of the choicest quality are used, and in a condition fit for the butcher.

3rd. That it is difficult to *take* unless used when quite fresh.

This is the only objection worth considering, which may be met and overcome by trying to understand and appreciate the fact that *bovine albumen* is much less soluble than the human, and therefore special care is necessary to liquify the lymph on the ivory point by dipping in *cold water* previous to using, and rubbing firmly over the scratches to remove the lymph effectually. This quite overcomes the difficulty.

4th. That it does not keep long active.

If collected on ivory points or slips, and properly put up for preservation, it keeps active as well and as long as any other lymph.

4th. That it is difficult to propagate.

This objection disappears in the hands of a competent and painstaking physician. There is no special difficulty in vaccinating animals that cannot be readily overcome with proper appliances and suitable premises

In the propagation of *animal virus* in the most efficient state for human vaccination, it should be collected at a *certain* and *brief period* during the early stage of the *vesicle*, while that taken at a much later stage is found quite efficient for the vaccination of other animals.

Animals should be selected of the best possible quality, and should be vaccinated directly from each other.

It cannot be denied either that for the successful vaccination of animals and collection of virus in the best condition for use, a high degree of intelligence, patience, experience and skill are required. It will not do to assign the task to an ordinary stable man.

6th. It has been objected that *animal virus* is expensive.

This objection will always continue owing to the trouble and expense which are inseparable with its propagation, but if the Government could be induced to give a money grant sufficient to establish and maintain a National Vaccine Institute, the expensiveness of it might be no longer an objection.

The common practice of vaccination has been very carelessly conducted as a rule, and the public have had no guarantee of safety from impure virus, for the following among other reasons.

1st. Because of the absence of any Government provision for the maintenance of a proper Vaccine Institute where a constant supply of *pure virus* could be produced for gratuitous or partly gratuitous distribution.

2nd. From ignorance and carelessness of practitioners in collecting and preserving lymph or crusts for future uses.

3rd. Too low fees for vaccination, considering its vast importance and the trouble and responsibility which it entails, thereby encouraging indifference.

4th. Neglect of public vaccination by municipal bodies, and low salaries given public vaccinators where it is carried on, vesting the character of service rendered entirely upon the physician's own conscientious sense of duty.

As this is a question of State Medicine, something should be done by the State to establish a Vaccine Institute. It would be very gratifying to find the example of the Government in the mother country followed by the Government of the Dominion in providing animal vaccine at the public expense for gratuitous distribution.

I trust the Committee on Sanitary Legislation appointed by this Association may use its influence

with the Dominion Government to secure an annual grant for the maintenance of a *National Vaccine Establishment*, where a good supply of animals can always be kept under conditions favorable to the propagation and perpetuation of the stock of lymph.

Such an establishment is an imperative necessity in this country, in the interests of the profession and the public.

Progress of Medical Science.

AN OPINION AS TO QUININE IN PNEUMONIA.

A writer in the St. Louis *Clinical Record* says: "I think a good many pneumonic patients are killed with quinine. If there is any indication or reason for giving it, I don't know what it is. It disorders the nervous system, impairs digestion. It has no influence in preventing hepatisation or hastening resolution. I know a man in my country who has complete amaurosis from taking quinine for pneumonia last winter. His doctor gave him half a bottle in twenty-four hours on the 'vasomotor,' 'inhibitory,' 'accelerating,' 'depressing,' 'constricting,' dilating,' hypothetical theory of the day. But the fashion now is quinine, from a stone-bruise to a broken neck. If no more quinine should be used than is really beneficial in disease it wouldn't be worth a dollar a bottle."—*Pacific Med. and Surg. Journal*.

BENZOATE OF SODA IN WHOOPING-COUGH.

D. Tordeus, of Brussels, writes that he has prescribed the benzoate of soda in a number of cases of whooping-cough, and that in all the cases the parents reported that the coughing fits began to diminish in force and frequency after one or two days of treatment. He gives four grains of the salt every hour to a child of two or three years. The drug seems not alone to diminish the force and frequency of the paroxysms, but also to exert a favorable influence on the mucous membrane of the respiratory tract, and to prevent the development of serious pulmonary complications.—*Journal de méd., etc., de Bruxelles*.

TREATMENT OF LEUCORRHOEA IN CHILDREN.

Leucorrhœa in children, says M. Bouchut (*Practitioner; from Le Praticien*), is caused by

vulvitis, not vaginitis or metritis. He therefore treats this condition by extreme cleanliness, repeated bathing with bran-water and lead-water, lotions of corrosive sublimate (two grains to ten ounces of water), carbolic acid (two grains to the ounce), and occasionally solution of nitrate of silver (three grains to the ounce). In the intervals of applying the lotions a pledget of lint saturated with coal-tar or an ointment of red precipitate may be placed between the labia. Such a pledget kept in place by a pad protects the surrounding parts as well as the labia themselves from the irritating secretion, which is often present in considerable quantities. For the general treatment M. Bouchut recommends the administration of cod-liver oil and quinine to strumous patients, and of arsenic to those with eczematous eruptions.

FOR FRESH COLD IN THE HEAD.

Dr. T. F. Houston writes: For fresh cold in the head, accompanied with obstruction in the nasal passages,

℞. Carbolic acid..... 3 i
 Absolute alcohol..... 3 ij
 Caustic solution of ammonia 3 i
 Distilled water..... 3 iij

M. Make a cone of writing paper; put a small piece of cotton in it; drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.—*So. Med. Record*.

MANAGEMENT OF THE THIRD STAGE OF LABOR.

Dr. Max Runge, in a communication to the Obstetrical Society of Berlin, criticizes the current teaching regarding the management of the third stage of labor. He takes as the special text of his animadversions the directions given by Fritsch, which are to the effect that *immediately* after the birth of the child the uterus is to be seized by the hand on the abdomen, and the placenta pressed out. Dr. Runge states that for a long time he faithfully carried out this method; and so did others in Prof. Gusserow's clinique. The objection to it is, that the squeezing out of the placenta is begun before that organ has become completely separated; consequently, when the placenta has been expelled, often a lit of the membranes may yet be attached to the uterus and be left behind after the placenta has been taken away. While this teaching was carried out it was quite a common thing for a pair of forceps to be needed to remove these retained pieces of membrane, and secondary post-partum hemorrhage became extraordinarily frequent. He refers to a former

communication of his own, in which, treating of post-partum hemorrhage, he expressed his surprise that within a short time he had many cases of this complication. Then he supposed this frequency was fortuitous. Now he knew the reason, which was his undue haste in pressing out the placenta. Midwives are now instructed, after the birth of the child (and having, of course, seen that the uterus is sufficiently contracted upon the placenta to prevent hemorrhage), to wash and dress the infant before proceeding to press out the placenta. The separation of the placenta and membranes, Dr. Runge holds, is not complete until, upon an average, about a quarter of an hour after the birth of the child; and therefore about this length of time should be allowed to elapse before the placenta is pressed out. Since instructions based upon this principle have been given to the students and midwives of the Strasburg Obstetric Clinique post-partum hemorrhage has become of very infrequent occurrence.—*Journal of Psychological Medicine.*

TREATMENT OF DIABETES MELLITUS.

Prof. Flint, in a recent clinical lecture on this subject, said:

The treatment is emphatically dietetic. There have been a great many remedies proposed from time to time, recommended as having control over this disease. Now I am not prepared to say that there are no remedies which do exercise more or less control over it. But we should commit a grave error, and act very much at the expense of the prospects of our patients, if we gave any remedy which rendered them less careful in attending to the dietetic treatment. In other words, the dietetic treatment is to hold the first place. This treatment consists in withholding from the food almost entirely (for entirely we cannot) sugar in any form, and all the starchy constituents of diet capable of being transformed into sugar. That is the principle. Well, if we merely state that to patients, and tell them they must not eat sugar, they must not eat starch, they will not be likely to carry it out. In the first place, it is not likely they will know enough of the subject to be able to carry it out, even if they were so disposed; and unless we go further, and are very careful as regards details, we shall find that the elimination of these constituents of the food will not be done; they will not tolerate it. If we are to succeed we should give appropriate attention to the preparation of the food, the number of articles which the patient should be allowed to take, and the variation of the food from day to day, to make this anti-diabetic diet satisfactory to the patients; that is, satisfy their appetites and the purposes of nutrition. This can be done, and if it is done the patient carries out the treatment, because it is no hardship to carry it out; and the treatment is to be carried out not for a few days, or a few weeks,

or a few months, but for an indefinite period—for years, and perhaps during the whole of life.

How is this second object to be effected? We must place before the patient a list of all articles of food which are to be avoided, specifying them; not contenting ourselves with the statement in general terms, but specifying on the one hand all the articles of food which he must not take, and on the other hand all the articles of food, animal and vegetable, and so on, which he may be allowed to take. He should have such a list before him, and such articles should be selected from the allowable ones as to make a variety from day to day, and so prepared by the artifices of cookery as to render them satisfactory. It can be done, but it requires patience, and it requires care on the part of the patient or somebody else, and it requires some means. A very poor man, who has no one to look after these matters for him, and who has not sufficient means to obtain all the articles of food which are desirable, will find it very difficult to conquer this disease; and in certain public institutions—this hospital, for instance—it is very difficult to carry out the proper dietetic treatment. It requires so many things and so much attention to details that the dietetic treatment is very unsatisfactory in public hospitals.

The article of food which will cause most trouble is bread, and diabetics realize the force of the statement that bread is the staff of life. Frequently they say at first that they care little for bread, and can get along without it with no trouble; but they do not find it so after a while. They find that there is a craving for bread, and they feel that they cannot do without it. So there have been various substitutes for it. There is what is called the diabetic flour, which is bran very finely ground so as to divest it of all rough particles; but it has no nutritive quality whatever. It is really no better than sawdust, so far as nutritive value is concerned, and the patient adheres to it only a short time. For the past two years the patients that I have seen have been in the habit of using a bread which so far seems to be very satisfactory, but it is not entirely divested of starch. It is what is called gluten bread, prepared by the Health Food Company, corner of Tenth Street and Fourth Avenue, of this city. Analysis shows that it is not entirely divested of starch, but it is so prepared that it is not deprived of the agreeable qualities of ordinary bread. Last winter I brought a loaf of that bread before the class and distributed it. I like it to eat myself, finding it by no means disagreeable; and patients take this bread and it meets their wants, thus removing a great obstacle to the successful dietetic treatment of this disease.

I do not deem it necessary to go over the entire list of these dietetic articles. You will find them by reference to different works. But the thing to do is to go into minute details with the patients. Explain to them fully just what is to be done.

Well now, after they enter upon this course of

treatment in a very considerable proportion of cases the sugar diminishes at once, and sometimes it speedily disappears. Of course we should examine the urine from time to time to determine its condition as regards the presence of sugar and the amount of sugar. This treatment does not cause a disappearance of the sugar in all cases. I have a patient under observation now whom I saw for the first time about three weeks ago—a young, thin, intelligent man, who, I have reason to believe, adopted the anti-diabetic treatment and has carried it out fully. I prescribed no medicine at first, and that has been my custom, in order to see what the dietetic treatment will do of itself. In this case it has accomplished very little so far; and this case I am led to fear therefore will be one in which we cannot expect much success from treatment of any kind. If the dietetic treatment does not succeed we have no other resources; that is, no medicinal remedy yet known will succeed. It may have a certain influence over the disease, but it will not effect a cure. Then I could mention other cases. A gentleman whom I have seen now for two years, who until lately has taken scarcely any remedies, but has carried out the dietetic treatment very faithfully, presents urine which gives no evidence of sugar whatever. He retains his strength mentally and physically; he is a man of great activity, being engaged in business involving large responsibility, able to go on with it, and finding the dietetic treatment perfectly satisfactory—finding it no hardship.

Now, as to medicines, as I have said, a great number have been proposed from time to time, have been tried a short time, and then have passed out of use, others taking their place. This patient is not under my own care here. He is under treatment with the sulphide of calcium, a fifth of a grain three times a day, together with the dietetic treatment, so far as it can be carried out. With regard to this sulphide of calcium, one patient—a medical man in this vicinity who suffered from this disease—consulted me about three years ago, at which time he found that he had diabetes, adopted the dietetic treatment, relinquished his duties in town, which were exceedingly laborious, and went into the country, and his urine after a time showed no evidence of sugar. When I saw him last, which was a few months ago, I had never seen him look better, and he said to me that he had never felt better in his life. And, by the way, as an evidence that this disease may have existed some time before the patient's attention has been directed to any disease, this has been said to me over and over again by patients, even when the urine still contained sugar. They were not aware that they had any disease, as they felt much better than they had for months, perhaps for years before. They would not be aware that they had any disease were it not for a chemical examination of the urine. If they could put that out of view they would not have the consciousness of having any disease at all. This gentleman, who was a very

able practitioner, was led to use the remedy that I have just mentioned from finding it recommended, as he told me, in some medical journal. He has the impression that the sulphide of calcium had considerable to do with his apparent cure. Well, I am free to say that when I talked with him about it my own belief was that he was apparently cured by the dietetic treatment, and by a change of habits of life, the avoidance perhaps of some excesses.

To one patient who came to see me I stated these facts with regard to that remedy, and I said, "If you feel no objection I will prescribe it for you." This was a case in which the dietetic treatment had been extremely successful, and most of the time there was very little if any sugar in the urine. I told the patient that the remedy in question would do no harm; that I thought I could say that. He said, "Well, let us try it." I put him upon the remedy, beginning with small doses, and increasing them. I began in his case with an eighth of a grain, but I think we might begin with a quarter of a grain; in other cases I have begun with a quarter of a grain three times a day, after a fortnight doubling it, going up to two grains, and continuing it indefinitely. Well, this patient went on in that way, and he is very much impressed with the idea that it has been of use to him. Now we must make some degree of allowance with regard to the opinion of the patient as to the effect of the remedy. I do not mean to say that the remedy has not been of value, but I do not feel as certain as the patient does with respect to its value. I am also prescribing the same remedy in three or four other cases, but the period during which it has been used is too short, I think, to enable one to form a correct judgment with regard to it. I shall certainly continue the use of the remedy, for it can do no harm; and, moreover, it is a gratifying thing to the patient to be taking a remedy which he supposes may be of use. The moral effect of remedies, as people's views are now, is by no means inconsiderable; it is a factor which we cannot altogether ignore in the treatment of disease.

This disease I believe may be kept in abeyance indefinitely by appropriate dietetic treatment, and yet I am extremely doubtful whether a patient can ever properly consider that there is a permanent recovery.—*American Practitioner.*

SYPHILIS IN MARRIED LIFE.

By M. FOURNIER.

Lecture delivered at the St. Louis Hospital (Paris).

GENTLEMEN,—How often, in your practice, are you consulted by individuals who, having been unfortunate enough to contract syphilis, desire to know if they are completely cured, and if they may marry with safety!

The importance of the reply you will make to such a question cannot be over-rated. If you interdict marriage to a man in a fit condition to marry, your medical sentence may destroy his happiness and his subsequent career. If you authorize the marriage of a man still suffering from syphilis, you expose not only the individual himself, but also his young wife, to whom he brings the disease as a wedding present, and again the entire family which may result from the union.

I have witnessed too often these sad dramas of family life, and I can affirm to you that nothing can be more execrable than the situation of such a man before a wife who weeps, but forgives; before her family, who do not forgive; and before a nurse infected by the child, who recriminates, gives rise to scandal, and divulges the secret. We will, then, seek to resolve this terrible problem regarding syphilis in the marriage relations. And, primarily, an important question presents itself for consideration.

Does syphilis constitute an absolute obstacle to marriage? "A man who has the syphilis should remain a bachelor;" this is what you will very often hear. I could cite two very honorable practitioners of my acquaintance who have renounced marriage on this account. One of the two, who enjoys a high reputation, has never allowed himself to be persuaded by me, and always replies: "When a person has syphilis, he should keep it for himself alone."

To this I reply: when one has the syphilis it should be cured, and then marriage and a family may be thought of.

Syphilis is not an insurmountable obstacle to, nor an absolute interdiction of, marriage; daily observation shows cases where such marriages have been contracted with safety: we meet every day with married men whom we have seen suffering from syphilitic lesions, and who have transmitted absolutely nothing to their wives, and have children as healthy and flourishing as they can desire.

I have been able to find fifty-one published cases besides those I have observed in my own practice. These fifty-one syphilitic fathers had ninety-two children, all free from the disease. I recall one such case where there were four children and another where five children were born. I have been physician of both families for many years, and have never observed a trace of syphilis in the children. I conclude, then, by asserting, with a conviction fortified by observation, a man may enter the married state after having contracted syphilis; but he should marry only under certain conditions.

A young girl espouses a man presenting syphilitic lesions; after being married a few months a physician is called to the young wife, who presents strange and uncommon symptoms; syphilitic eruptions are found, mucous patches about the mouth, glandular enlargements, falling of the hair (alopecia), etc. If the physician seeks for the origin

of these lesions, he is unable to find any trace of initial chancre, or of a bubo, faithful companion of the chancre; secondary lesions alone are found without any trace of primary lesion; on the other hand, if the husband is questioned in secret, he will affirm and protest energetically, that he has never had any venereal disease, that he has always carefully examined himself after intercourse, etc.

He is right; in effect his wife may become syphilitic through contact with this man who exteriorly appears not to suffer from the disease; this apparently paradoxical fact has been too frequently observed to place its occurrence for one instant in doubt. This mysterious contagion is explained by the fact that the woman is with child. Always, in such cases, you will find that the woman has borne a child or had a miscarriage a short time previously. The mother has, in fact, been infected by the child and not by the father. Contagion has taken place through the placental exchange going on between mother and child; a fact absolutely proven to-day. I hold it as a constant fact that a syphilitic father is dangerous for his children.

But I admit that the possibility of transmission is much less certain than has been generally supposed when the father alone is affected, the mother remaining free from the disease.

Paternal influence may be rare and restricted, but it is sometimes exercised.

Syphilitic fathers have procreated syphilitic children, the mother remaining free from infection. Ricord, Trousseau, Diday, Liégeois, have all given incontestable cases. But this is but a part of the question, which assumes gravity from the following considerations: The death of the fœtus in utero is very frequent under the conditions of which we speak. The child of a syphilitic father dies in the womb of its mother and is expelled by miscarriage or by premature labor.

A young wife becoming enceinte has one, two, three miscarriages, without it being possible to find any other cause except the syphilis of the father.

And what proves this to be the real cause? If the father places himself under a course of treatment, the following pregnancies proceed to full term and the children are born alive, without the disease.

I have observed such cases very many times. I will cite one case among many others: One day I met a former companion. His wife, though of fine constitution and very strong, had miscarried four times in succession. I then recalled to mind that my friend had suffered, long before, from syphilis, and had not followed any regular course of treatment. I, therefore, advised him to place himself under a course of treatment for his syphilitic affection, which I did not consider cured.

My counsel was rigorously followed, and fifteen months later I learned of the birth of a fine child, who is ten years of age to-day, and enjoys excel-

lent health. Two ulterior pregnancies in the same case also terminated happily.

Whenever the physician finds himself in the presence of a series of miscarriages, occurring in a healthy woman of good constitution, he should commence to suspect that these accidents are due solely to the syphilis of the father, who has destroyed his child in the womb of its mother.

Another important point is: a syphilitic father may transmit the disease to his wife, and then, the father and mother being syphilitic, what will be the condition of the children?

Three alternatives present themselves:—

1. The child will perish in utero, and that is assuredly the best for the child.

2. He will be born at term, but infected with the disease.

3. He will survive with his health compromised and exposed to all the alternatives of disease.

a. For the first case—death in utero—experience has demonstrated its frequency; thousands of cases sufficiently prove its occurrence: all the observations are so exactly in concord that they appear stereotyped. The pernicious influence continues to be felt even in ulterior pregnancies; there has been observed series of four, six, and seven successive pregnancies terminating always the same way, in miscarriage. I have seen, at the Lourcine Hospital, a young woman, strong and of splendid constitution, who married in her nineteenth year, and had three successful pregnancies. Her husband, in an extra conjugal adventure, contracted syphilis, communicated it to his wife, who became enceinte and miscarried in the fifth month; a second pregnancy terminated in premature labor, the child being dead; a third, a fourth, a fifth pregnancy had the same ending; the sixth terminated in miscarriage, in the third month; the seventh at the sixth week, in the same way. This case is extremely interesting—seven miscarriages succeeding three successful pregnancies and supervening after transmission of the disease.

b. In another series of cases the child is born living, but infected with the disease, and is consequently exposed to all the dangers of infantile syphilis, from which, by careful nursing and attention, a few infants may be saved, but the great majority perish.

c. It is possible that the child escape death and the disease also, but the influence of the hereditary taint will show itself in another way; by the natural debility which characterizes the most of these children, who are weakly, wrinkled, like old men, and of very poor constitution; nothing attests the existence of syphilis, but they are so puny that they cannot survive and usually succumb, wasting away gradually, without any apparent disease, no particular lesions being found at the autopsy.

Or, again, they have certain morbid predispositions: 1st. They are born hydrocephalic, or frequently become so. 2nd. They are very frequently subject to nervous troubles, to epilepsy, while they

are very young, and later to convulsions; they very often die in simple convulsions. Finally, they are generally lymphatic, and have feeble vital resistance to scrofula. But scrofula is not, on this account, a metamorphosis of syphilis, as has been erroneously pretended; it is a fixed morbid entity, just as is syphilis; it is, however, incontestable, that venereal disease constitutes a predisposition to scrofula, inasmuch as it is a debilitating, asthenic malady, acting on the organism in the same deleterious manner as insufficient nourishment, confined, impure air, and crowding in small, humid tenements.

Do not depart thinking I have exaggerated in drawing so sombre a picture; I have but presented to you what I have but too often seen, these hidden family dramas which are a veritable social misery. I will cite but a few cases taken at random; here it is one of the most popular actors in one of the great theatres, who, having contracted syphilis, treated it with supreme indifference. Happily he did not infect his wife and had a healthy child, but he was attacked himself later on by a syphilitic ulceration, which took on a phagedenic form. I was unable to arrest its ravages, and it invaded successfully the face, nose, upper lip, soft plate, and pharynx, and in the end caused the unhappy being to become an object of horror and disgust to all about him.

In another case an artist, a painter, contracted syphilis; the disease was incompletely treated, and he was attacked with an affection of the eyes which finally caused complete loss of vision, and the unfortunate was obliged to apply to the public Board of Charities to save himself from starvation. I could not finish if I undertook to recount all the sad social calamities I have witnessed. What should be said of the author responsible for all these evils? He is more ignorant than guilty, and it is a duty we owe to society to instruct the public concerning these dangers they ignore.—*Med. and Surg. Reporter*, Phila., Jan. 22.

STIGMATA OF MAIZE.

Last winter and again this spring the *News* called the attention of its readers to corn-silk, technically stigmata of maize, as a remedy in nephritic and cystic troubles, etc. The medicinal properties of corn-silk were brought to the notice of the profession by Dr. Dufau, a French Physician, in *Le Courrier Médical*. He commends the remedy in uric and phosphatic gravel, chronic cystitis, mucous and muco-purulent cystic catarrh, and in cardiac and nephritic dropsy. Dufau has given it without injury for three months at a time. He has known it to triple and even quintuple the quantity of urine passed in twenty-four hours. He says that in decoction it is unreliable and uncertain. He gives it in a syrup largely diluted, upon an empty stomach. Stigmata of maize is said to have been used time immemorial by the Mexicans.

Dr. Landrieux, of France, has published two cases showing its diuretic properties. The first was an individual with ascites from cirrhosis. Under the influence of the drug, given in a syrup, the urine arose rapidly from five hundred grams to twelve and fifteen hundred grams. In three weeks all ascites disappeared. The other case was the subject of heart-disease, with great edema of the legs, enormous ascites, pulmonary and renal congestion, and a considerable diminution of urinary excretion. The stigmata of maize increased the quantity of urine from two hundred to eight hundred grams in twenty-four hours. The edema and the ascites disappeared in a short time. Dr. Landrieux terminates his article thus: 1. Not only the different preparations of the stigmata of maize are useful as a modifying agent of the urine, but these same preparations can be equally considered as an incontestible diuretic agent; 2. Diuresis is rapidly produced; 3. The pulse becomes regular under its influence, the arterial tension increases, while that of the veins diminishes; 4. Complete tolerance of the drug, and in chronic cases the treatment might be continued during a month or six weeks without the slightest inconvenience.

We trust that some of our friends have tried this remedy, and will write us the results. We have used it in a single instance, but with a decided effect. Two double handfuls of corn-silk were boiled in two gallons of water until but a gallon remained. A tumblerful of this was given thrice daily to a patient of eighty, the subject of dropsy of the legs. His urine was scant, but a thorough examination failed to discover in the heart or kidney or liver any cause for the dropsy. While taking the corn-silk decoction, which relieved his dropsy, he declared that he had never made so much water in all his life.

Professor Scheffer, of this city, is now preparing an extract of the stigmata of maize. Experiments must yet determine the time for gathering the silk, and the proper dose and best form of the remedy. It may be that the silk should be gathered before it is impregnated by the pollen from tassel.—*Louisville Med. Times.*

REST AFTER DELIVERY.

Dr. H. J. Garrigues read a paper which was a revised edition of his former paper on the subject, read Sept. 8, 1877, and published in the "Proceedings of the Kings County Medical Society." The question was, "How long should a woman remain in bed after confinement?" It was desirable that practice, in this particular, should be as uniform as possible, and the author believes that the views entertained should not be so divergent as at the present time.

The chief representative of those who recommend that the time should be shortened as much as possible, was Dr. Wm. Goodell of Philadelphia. At this point Dr. Garrigues referred to a case in

which the woman was urged by her medical attendant to rise early, and she rose on the fourth day after delivery; and on the fourteenth day she was induced to ride in a carriage, but it was nearly at the cost of her life. From that single illustration, however, he did not wish to draw any definite conclusions.

At the time Dr. Goodell's paper was read, 756 cases were reported, with a total mortality of only six; and the chief reasons why its author recommended early rising after delivery were the following: 1. Labor, if it was a physiological process, should not be made to wear the livery of disease. 2. The upright position excites the uterus to contract, and thereby lessens the amount and duration of the lochia. 3. Uterine diseases are not known among the nations whose women rise early after delivery; and 4. Experience has shown that convalescence is far more prompt and sure than when the woman is kept in bed for a prolonged period. To these points Dr. Garrigues directed the attention of the Section. He maintained that although parturition was a physiological process, it was one in which the transition from the normal to the pathological condition was extremely common; and that was especially true of women of modern times. Again, if the upright position favored the discharge of lochia and diminished its amount, and lessened its duration, it must also be borne in mind that serious displacements were liable to be produced by placing the woman in that position before the changes incident to the post-partum state had gone on sufficiently to enable the tissues of the pelvis to resist properly superincumbent weight and pressure; and therefore by other means should the influence of the lochia be modified. While it might be true that uterine disease did not apparently exist among the women of nations where early rising after delivery was commonly practised, there were two factors by which such a conclusion must be modified when applied to modern civilized women; first, not much was known of uterine disease in ancient nations, and, second, modern women with all the enervating influence of what is termed civilization cannot resist disease as did the ancient or the modern uncivilized matrons.

With reference to the good results obtained by Dr. Goodell, he thought they were due to the general excellent care given to his patients, rather than to early rising; and besides he thought it impossible to judge of final results by those obtained in the average length of time which the woman remained in the retreat after delivery.

Dr. Garrigues then quoted from leading authorities in three chief countries in Europe, all of whom recommended absolute rest in the horizontal position for one, two, and even three or four weeks after parturition. In New York, also, most obstetricians favored the long period of retention in bed after delivery.

In the language of the author of the paper, "anatomy and physiology teach us that the puer-

peral uterus is large, heavy, flabby, anteverted and antelected; that all the surrounding parts destined to support it are distended, soft, and yielding, that its interior presents one large wound bathed in a fluid rich in disintegrated tissue-elements; that the placental site is pervaded by large venous sinuses, filled with recently-formed blood-clots; that at least the vaginal orifice and often other parts of the obstetric canal present open wounds; that the process of transformation, absorption, and regeneration required at least two months; and that the retrogression is most active during the second week."

It is not necessary that the woman should lie upon her back after the first twenty-four hours, but her position might be changed to that upon either side. The liability to hemorrhage, displacement of thrombi, causing sudden death, and the occurrence of septicæmia, was regarded as sufficient reason for insisting upon rest in the horizontal position for several days at least after delivery. The vagina should be kept clean with disinfectant injections. It was with reference to rest after delivery in normal childbirth that it was desirable to reach a unanimity of opinion. Upon that point Dr. Garrigues had reached the conclusion, from the combined teachings of experience and physiology, that the woman should be kept lying quietly in bed, alternately upon the back and side, until the uterus has contracted sufficiently to be behind the symphysis, and for two months she should avoid any great exertion.

Dr. Isaac E. Taylor remarked that the views held by Dr. Goodell were substantially those entertained by Hamilton and White, and published several years ago. The important point, however, was with reference to the management of the woman after normal natural labor, and he did not agree with Dr. Goodell, because he believed that we must be guided by the nature of the case under observation: what was the woman's physiological condition? what was the condition of the uterus as regards its length, weight and position? etc.

Dr. Taylor then referred to a case in which the uterus returned to the pelvic cavity within five days after delivery, and the woman made a rapid and good recovery; but not every case progressed so favorably as that one. He kept the woman in bed until the uterus had returned to the pelvic cavity, whether it required one or four weeks. So far as rest after delivery was concerned, we must judge by the constitution of the woman. Rising within two or three days and sitting on a vessel would, doubtless, facilitate removal of clots and also the lochia; but if the woman suffered formerly a good deal from the discharge, etc., he kept her in bed three or four weeks. There could be no line drawn or rule laid down which could be made applicable to every case.

Dr. S. T. Hubbard remarked that he had found a great difference among women with reference to the time after delivery at which they could get up

without injury. His rule had been to keep them in the recumbent posture, if possible, nine or ten days, and prevent them from walking for two weeks. He thought the time must be regulated by the attending physician without reference to any rule.

Dr. Tusky fully agreed with Dr. Garrigues, and also believed that an important factor in preventing the development of puerperal fever was maintaining the recumbent posture after delivery for a week or more. He referred to a case in which the woman, feeling perfectly well on the fifth day after a normal labor, arose, and puerperal fever immediately followed. Some women might get up on the first day after delivery and no harm follow; and so it occasionally occurred that a person fell from a third-story window and received no serious injury, but he regarded such as exceptional cases, and thought that no woman should rise before the eighth or ninth day after a normal labor. He also approved of injections of the cavity of the body of the uterus as recommended by Hegar, whenever the external os was patulous.

Dr. Caro remarked that we need not go to Rome to study Roman women, for they were here, and he then referred to his experience among Italian women in the city of New York, which had been that early getting up after delivery frequently destroyed the life of the woman, and was a most prolific source of all kinds of pelvic disease. He never allowed a woman to rise, if it could be prevented, before the ninth or tenth day. He regarded cleanliness as godliness, but it was a virtue which most of the Italian women discarded; and doubtless their habits in that respect contributed largely to the development of diseases among them.

Dr. Garrigues, in closing the discussion, remarked that he took it for granted that there were injuries more or less severe to the obstetric canal in every case of labor. The injury might be very slight, but it was sufficient to permit the absorption of septic material; hence the care that should be taken to keep the passages properly cleansed and the discharges properly disinfected.

The minimum time which he would keep the woman in bed was eight days, a period long enough to allow granulations to form for the repair of injury done to the tissues of the obstetric canal.—*N. Y. Medical Record.*

MANAGEMENT OF ABORTIONS.

Dr. Parvin (*The Obstetric Gazette*, July) presents his manner of meeting the difficulties of these cases. He says: suppose a case of incomplete abortion having hemorrhage which by its persistence of profuseness brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought

to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum or, better, with Nott's tenacular forceps, and then if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to strengthen the bent canal; at any rate fix the uterus by the instrument.* Now take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument be re-introduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by means of an applicator wrapped with cotton wool, swab out twice, or oftener, the uterus with Churchill's tincture of iodine—one of the best of local uterine hæmostatics, if not one of the best of antiseptics. Finally, let the patient have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalescence is not prompt and perfect.

AMENORRHŒA.

In cases of this nature, due to torpid action of the ovaries, Dr. Goodell orders the following prescription:

℞. Ex. aloes, ʒ j.; ferri sulph. exsic, ʒ ij., assa-fœt. ʒ iv. M. et in pil. No. c, divide.

Sig.—One pill to be taken after each meal. This number to be gradually increased, first to two, and then to three pills after each meal.

If the bowels are at any time over-affected, the patient is to stop and begin again with one pill.

Where the amenorrhœa is due to arrested development, Dr. Goodell has derived the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

℞. Pulv. ferri sulph., potas. carb. puræ, aa ʒ ij., mucil. tragacanth, q. s. M. et in pil. No. xlviii, div.

Sig.—To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula:

℞. Pulv. glycyrrh. rad., pulv. sennæ, aa ss., sulphur sublim., pulv. feniculi, aa ʒ ij., sacchar. purif. ʒ jss. M.

Sig.—One teaspoonful in half a cupful of water at bedtime.

Where the suppression is due to change of habits and loss of health, tonics are employed. When the

suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, the patient is placed in a mustard hip-bath, a Dover's powder is administered, she is put to bed and hot drinks are given to provoke copious diuresis and diaphoresis.—*N. Y. Record.*

THE TREATMENT OF PNEUMONIC FEVER (ACUTE LOBAR PNEUMONIA) BY THE EMPLOYMENT OF THE WET-SHEET.

Dr. Austin Flint, in a recent clinic (*Gaillard's Medical Journal*, March, 1881), presented three cases of pneumonic fever, treated antipyretically by means of the wet-sheet, no other active measures of treatment having been employed. The favorable course of the disease under this treatment, in these cases, was highly gratifying. Dr. Flint said, "Inasmuch as these cases are but a small proportion of those which have been treated in my wards during the session, you may ask why the treatment has been thus limited. The treatment is, as yet, novel in this country. In relating the first two cases at a meeting of a medical society of which I am member, doubt was expressed by other members as regards a favorable influence produced by the treatment, together with distrust of its propriety and safety. I was not without apprehensions, in the first place, in respect of the treatment itself, and, in the second place, as taking the place of other therapeutical measures, notwithstanding the strong testimony of some German writers in behalf of the efficacy of cold baths in this disease. These considerations led to a careful selection of cases. The cases selected were those in which the disease was in an early stage, the patients apparently robust, the pyrexia considerable or high, and no complications existing. I am by no means sure that the treatment might not have been employed in other cases with advantage, but it was thought best to select cases in which there was the least likelihood of harm were the effect not satisfactory."

The plan of treatment was as follows: The directions were to employ the wet-sheet whenever the axillary temperature exceeded 103° Fahr. The patient was wrapped in a sheet saturated with water at a temperature of about 80° Fahr., the bed being protected by an India-rubber covering. Sprinkling with water of about the same temperature was repeated every fifteen or twenty minutes. If the patient complained of chilliness, he was covered with a light woolen blanket, which was removed when the chilly sensation had disappeared. In none of the cases was the blanket used much of the time when the patient was wrapped in the wet-sheet. The patient remained in the sheet until the temperature in the mouth fell to 102° or lower, care being taken to watch the pulse and other symptoms. When the temperature was reduced, the wet-sheet

*It is well to use a uterine probe in order to ascertain the course of the cervico-uterine canal and the depth and size of the uterine cavity.

was removed, and resumed if the temperature again exceeded 103° Fahr.

The first case entered the hospital on the third day after the attack. On the second day after his entrance the wet-sheet was employed thrice. He remained in the sheet the first time, two hours and forty-five minutes; the second time, an hour and a half, and the third time, an hour and ten minutes. On the second day the wet-sheet was employed once, and continued for one hour. On the third day the wet sheet was not employed, the temperature not rising above 103° . On the fourth day the wet-sheet was employed once, and continued for an hour. There was complete defervescence on the fifth day, and no return of the fever afterward. Dating from the attack to the cessation of fever, the duration of the disease was seven days. The patient had no treatment prior to his admission into the hospital. The treatment in the hospital, in addition to the employment of the wet-sheet, consisted of carbonate of ammonia in moderate doses, whiskey given very moderately, and a little morphia. The patient was up and dressed five days after the date of the defervescence. There were no sequels, and the patient was discharged well.

The second case entered hospital seven days after the date of the attack. She had no medical treatment prior to her entrance. The wet-sheet was employed on the second day after her admission, and continued for six hours. Complete defervescence took place on the third day. Recovery followed without any drawbacks. Both lobes of the left lung were involved in this case. The invasion of the second lobe, probably, was about the time of her admission into hospital.

The third case entered hospital three days after he was obliged to give up work. On the day of his entrance the wet-sheet was employed, and continued for ten hours. The wet-sheet was employed on the second day after his admission, and continued for five hours. Defervescence took place on this day. The duration of the fever was five days, dating from the time he was obliged to give up work and seven days from the occurrence of chills and pain in the chest.

Dr. Flint said the histories of these cases as bearing upon the treatment employed were of considerable interest. They certainly show that in cases like those which were selected, the treatment is not hurtful. More than this, they render probable the inference that the disease was controlled and brought speedily to a favorable termination by the treatment. They also go to show that the disease is essentially a fever, and that treatment is to be directed to it as such, and not as a purely local pulmonary affection. It remains to be determined by further observations how often and to what extent this method of treatment has a curative efficacy. It is also an important object of clinical study to ascertain the circumstances which render the treatment applicable to cases of pneumonic fever, and, on the other hand, the circumstances which

may contra-indicate its employment in this disease.

To this series Dr. Flint adds a supplementary case of decided interest in which the pneumonia began in a well-pronounced chill, fever, headache, pain under the left nipple, cough, and a feeling of general prostration. Being without a home, the patient spent the time from Feb. 18th to the morning of the 21st in a lumber yard without food, and with no shelter but a pile of boards. During this time there was a snow-storm of considerable severity, and the temperature fell as low as 10° Fahr. On admission there was a dusky redness of the face, and the expression was anxious; pulse 122, respiration 52, temperature 102.25° . He complained of dyspnoea, pain in left side and cough. The expectoration was semi-transparent, adhesive, and had a reddish tint. Increased vocal fremitus, dullness, bronchial breathing, and bronchophony over the left lung.

Treatment.—Whiskey, $\frac{3}{4}$ ss, Ammonia carb, gr. v, every two hours, and a milk diet. Temperature in the afternoon, 104.25° F.

22d. Temperature, a. m., 99° ; p. m., 99.25° . Pulse 115 and feeble. Ordered tr. digitalis, gtt. x, every three hours.

23d. Patient improved. All the signs of solidification are yet present, and the crepitant r le is heard behind. Pulse 70 and full. Digitalis discontinued. Respiration 32. Flush had disappeared from the face.

24th. Temperature, a. m., 98.25° ; p. m., 98.25° . The physical signs now show beginning resolution. Dullness is less marked, bronchial respiration has given place to broncho-vesicular, bronchophony to increased vocal resonance, and the subcrepitant r le is frequently heard.

25th. Much better. Temperature, a. m., 97.50° . Has a good appetite, takes beef-tea and milk.

28th. Patient is up and dressed.

Two inquiries suggest themselves in connection with the history of this case. One is, did the disease end from an intrinsic tendency to recover in spite of the circumstances under which the patient was placed for the first two days of his illness? It is, of course, absurd to suppose that the disease was arrested by the whiskey and ammonia which were given after his admission into the hospital. The second inquiry is, did the exposure in the open air for three days shorten the duration of the disease by means of an antipyretic effect? These inquiries are submitted by Dr. Flint without discussion for the reflection of the reader.

TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.

Mr. Thos. Smith, surgeon to St. Bartholomew's Hospital, in a recent lecture published in the *London Medical Times and Gazette*, gives the following advice on the above subject:—

Treatment.—Your assistance will rarely be sought in the early stages of this disease; but should you be consulted by an elderly patient suffering from undue frequency or difficulty in micturition, it will always be prudent to make a digital examination through the rectum, to ascertain the condition of the prostate. The examination is best made with the patient lying down on his back. Your finger-nail being filled with soap, and the finger well oiled or greased, it should be introduced very slowly, so as not to excite spasm of the sphincter.

Should you judge that the urinary difficulty is caused by prostatic enlargement, the occasional passage of a full-sized instrument will often relieve the inconvenience, and, if steadily persevered in at regular intervals, will generally secure the patient against all the more serious consequences of the disease.

In cases where the difficulty in micturition has gone on to produce an inability to empty the bladder completely, it is of primary importance that at least once in the twenty-four hours the urine should be all drawn off; but in carrying out this plan it is necessary to exercise caution, lest by suddenly emptying a greatly distended bladder you should produce a complete paralysis of the organ, with a loss of the power of voluntary micturition, and cystitis.

As a general rule, if there be not more than one pint of retained urine in the bladder—that is, urine the patient is unable to pass for himself, it may be safely drawn off at once. But if there be more than this of residual urine (and there may be several pints), you should draw it off by installments, taking away a little more each day, until the bladder is completely emptied.

This complete evacuation of the bladder, when once accomplished, should be repeated each day, by means of an instrument, and for the purpose an india-rubber catheter, a bulbous-ended or a Coudé catheter, should, if possible, be used.

By these means, in an early stage of the disease, the patient will generally regain the power of normal micturition, or at all events, if this result be not attained, he will be secure from the worst consequences of the disease.

The treatment may be carried out by the patient himself if you will be at the pains to teach him how to pass an instrument—nowadays a comparatively simple process, owing to the great improvements in catheters; for you should know that since the introduction of the various forms of soft catheters now in use, the instrumental treatment of prostatic enlargement has lost more than half its terrors and much of its danger.

This large silver prostatic catheter which I now show you—at one time almost the only instrument used in these cases—is truly a formidable weapon with its long shaft and wide-sweeping curve. It was constructed to ride over the prostate, but in the hands even of experienced surgeons it frequently failed in the performance of its normal functions

and rode under the gland, or through its substance. Used with a strong and steady hand it rarely failed to draw off water. As an instance of its powers in this respect, I may mention a case within my knowledge where a prostatic catheter in the hands of an energetic surgeon drew off some gallons of water, which, however, a post-mortem examination disclosed to have come from the peritoneal cavity.

I will suppose now that you are called upon to treat a patient with retention of urine dependent upon enlarged prostate. The difficulty will usually have come on at night time; the patient will, as a rule, be advanced in years; and the prostate can be felt in the rectum unduly prominent. In such a case let me advise you first to try a flexible red rubber catheter, of full size; it will often find its way round a corner, and through a urethra which would be impervious to a more rigid instrument. This failing, you should try and pass the same catheter with a stout wire stylet reaching two-thirds of the way down the instrument; this gives you more power to push the catheter onwards, and leaves the end flexible, to accommodate itself to the distorted urethra.

Next in order you may try the Coudé catheter, which I show you: then, if necessary, the bulbous French instrument, a gum elastic, without and with the stylet; and lastly, others failing, a silver instrument.

Whatever instrument you use, let it be a full size; it will go in as easily as a smaller one, and is less likely to damage your patient. Keep the point of the instrument on the upper wall of the urethra; and, above all things, use no force.

After drawing off the water in a case of retention, the patient will, for a time at least, require the regular use of the catheter until he recover his power of voluntary micturition; and should there have been great difficulty in introducing the catheter, I should advise you to tie it in for the first twenty-four hours.

In the subsequent treatment of these cases of prostatic retention, in addition to other troubles you will often have to contend against an increasing frequency in micturition. The frequent desire to pass water must be resisted as much as possible by the patient, or it will grow upon him. The bladder must be completely emptied, and, if need be, washed out, at regular intervals, and the patient exhorted not only to resist by a strong effort of the will the solicitations of his bladder, but to avoid all sights and association that are likely to suggest to him the necessity of micturition. With this object in view, you should counsel your patient to keep his catheter and chamber-utensil out of sight; as soon as possible to leave his bed-room during the day; and to occupy his mind by any pursuit which may draw his thoughts away from his urinary necessities.

THERAPEUTICAL EMPLOYMENT OF IODOFORM.

The *Journal de Medicine Belge* gives, according to the *Journal de pharmacie et de chimie*, a formula which permits the employment of iodoform without inconvenience. According to Dr. Lindeman the balsam of Peru completely masks the odor of iodoform; two parts of this balsam neutralizes perfectly one part of iodoform. The best vehicles are lard, glycerine and above all vaseline. Here is a formula that the author recommends:

℞ Iodoform.....1 part.
Balsam Peru.....3 parts.
Vaseline..... 8 parts.

He also often prescribes the following:

℞ Iodoform.....1 part.
Balsam..... 3 parts.
Alcohol, glycerine or collodion.....12 parts.

First mix exactly the iodoform and the balsam Peru, then add the other ingredients.—*Journal de Medicine et de Chirurgie*.

MORPHINE IN PUERPERAL ECLAMPSIA.

C. C. P. Clark says he has never seen opium, properly used, fail to ward off eclampsia when it seemed to be threatened; that he has many times seen it obviously and at once put a stop to the paroxysms after they had been commenced; and that he has never known a patient to die of this disease when that medicine had been administered in season, in sufficient quantities, and in the proper manner.

When premonitory symptoms of eclampsia appear, continuous or paroxysmal pain in the head, alterations and figments of the senses, especially of sight, mental dullness, ataxy, a countenance expressive of suffering and apprehension, an irresolute and incapable manner, and complaint of indefinite distress, he orders two or three grains of opium per diem with full confidence that convulsions will be warded off. He does not ignore eliminants, but does not trust to them alone or chiefly.

When the convulsions have appeared, he says, the patient "should have forthwith injected into her arm a grain and a half of morphine *by weight*." "Should the paroxysm return any time after two hours, this dose should be repeated. And if she be in labor, she should have another dose after eight hours any way."

He asserts that a comatose or half-comatose condition is no contraindication to such use of morphine; and he urges that this course be pursued unhesitatingly unless the patient be obviously moribund; and has the greatest confidence that morphine so used will succeed in all cases where the brain has not already sustained irreparable injury by a long succession of paroxysms, or by a few of great violence.—*Amer. Jour. of Obstetrics*.

ERGOT IN NEURALGIA.

Dr. Marino, of Palermo, says that local injections of ergot give better results than any other treatment in tic douloureux, not even excepting quinine. Some cases, not all, of sciatica were relieved in the same way. Other forms of neuralgia should receive the same treatment. The injections usually cause pain, but abscesses seldom follow if cold water compresses are applied to the point of puncture. One or two injections suffice, as a rule, but they may have to be continued some time. About two grains of ergot, in water or glycerine, is the proper dose.—*London Medical Record*.—*St. Louis Clinical Record*.

IMPROVEMENT OF SAYRE'S TREATMENT FOR SPINAL CURVATURE.

Mr. Richard Davy, of London, believes he has an improvement on Dr. Sayre's method of tripod suspension in applying the plaster of Paris jacket in spinal caries. He places the patient in a hammock, face downward, arms hanging through slits in the canvas. Extension may then be used or not, according to the views of the surgeon, and the plaster of Paris or other dressing leisurely applied, including the canvass. A free circulation of air is allowed access to the body and the dressing dries rapidly, the patient often sleeping during the time employed. After the drying is complete the spare canvass is trimmed, and the patient literally takes up his bed and walks. After reviewing some of the other methods of treating spinal caries according to SAYRE'S plan, that is of providing an outside support of the body, relieving the weak spinal column, Mr. Davy concludes in favor of his own plan. Aside from the small expense and inconvenience involved, he thinks suspension not always safe in spinal, and especially cervical, caries.—*American Practitioner*.

SULPHUR FOR PIMPLES ON THE FACE.

Dr. Gage Parsons believes that Mr. Erasmus Wilson was the first to propose sulphur lotion in acne punctata, according to the *Practitioner*. The usual lotion of the flowers of sulphur with glycerine and water is undoubtedly a valuable remedy, but from the readiness with which the sulphur separates it is inelegant and inconvenient, while it is not quite satisfactory in its results. A far more efficacious mode of using sulphur is to dust the face with pure precipitated sulphur every night with an ordinary puff used for toilet purposes. Recently two severe cases of acne of two years' standing, which had resisted the ordinary methods of treatment, yielded at once to sulphur thus applied. If the sulphur be scented with oil of lemon or roses it will form an elegant cosmetic.

MATERNAL IMPRESSIONS.

The following occurred in the practice of a Maryland physician, according to the *Dublin Medical Journal*: "A lady, during pregnancy, carried with her a pocket edition of MOORE'S poetical words, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure!" Blame not the bard—but a case like this shows how important is a well-assorted library to a gravid uterus.—*British Med. Journal.*

EPISTAXIS CURED BY A BLISTER.

Dr. Verneuil relates the case of a man whose epistaxis occurred every third day. Sulphate of quinia was given without avail; ergot was administered with no better result; so was digitalis. The patient had been a habitual drinker. The liver was thought perhaps to be "cirrlosed," although no enlargement or tenderness was found in this region. A large fly-blister was applied over the liver, since which time the epistaxis has not returned.

COD LIVER OIL IN EPILEPSY.

Dr. Fairbairn, of Brooklyn, N. Y., writes: The digestive disorder and annoying and disfiguring eruption which result from taking the bromides in large doses for a length of time, are serious disadvantages connected with the administration of these salts. A remedy which will prevent the bad effects of a medicine, and at the same time will rather aid than detract from its good effects, is certainly a valuable one. I think in this case we have such a remedy in cod liver oil.

A young lady suffering from epilepsy has been under my care for the past five months, who has taken bromide of potassium in large doses for nearly a year, and by this remedy cod-liver oil has warded off the above troublesome results. The mode of taking it was this: Brom. potas., 3 ss., was taken thrice daily after eating; this was followed one hour after each dose by ol. morrhuae, ʒ ss. When first attacked by the malady she had eight convulsions in twenty-four hours. She began the bromide in 3 ss. doses, but was compelled to stop it on account of the gastric derangement. A friend recommended the cod liver oil. She resumed the bromide, adding the oil, and has taken it without further trouble since. The eruption, before profuse, disappeared under this management. The disease has been well controlled, only four convulsions having occurred in the past seven months. I doubt not that the cod liver oil has had its share in the direct benefit done to the nervous system, besides affording a protection from the irritating salt to the coats of the stomach. In summing up the good effects of the oil I find: 1st. Absence of the digestive disorders; 2d. Ab-

sence of the acne eruption; 3d. That the anæmi usually found in persons taking this medicine continually, is far from being marked; 4th. The body is better nourished, and appetite unimpaired. I have made trial of this treatment in others cases, with similar good results. As the articles that have appeared in your Journal in the past month, on the bromides, have made no mention of this device, I have been led to write the above.—*N. Y. Medical Record.*

BEEF SUPPOSITORIES.

Though the rectum is, strictly speaking, an excretory organ, it may nevertheless, by virtue of its absorbing power, take the place of the stomach and small intestine in the ingestion of medicinal and alimentary agents. Dupuytren used to say that owing to the absence of digestion the agent passes more directly, more purely and more surely to its destination from the rectum than it does when taken by the stomach. Hence the speedy efficacy of chloral in mania and the vomiting of pregnancy; of opium and ipecac in dysentery, etc. With this fact in view I have lately used Johnston's or Liebig's beef extract incorporated with cocoa butter in the form of suppository to support life in chronic gastric disorders, adynamic diseases and all cases where the administration of food by the ordinary channel was impossible. The beef is easily combined with the butter, or to save time, or for other reasons, the hollow suppositories may be used. The advantage of the suppositories over the beef injection will immediately commend itself.—*Dr. James I. Tucker, in Chicago Med. and Surg. Journ.*

TREATMENT OF AMENORRHEA.

William R. D. Blackwood, M.D., Physician to St. Mary's Hospital, writes, in the *Medical Bulletin*:

A large number of remedies have been credited with emmenagogue properties, many of them being inert, and some of them simply irritant poisons whose employment has frequently resulted fatally, especially when used with criminal intent, as abortifacients. Strychnia affords excellent results in many instances. A favorite with me is the following:

- Strycinia sulph gr. j;
- Cinchonidia sulph..... ʒ j;
- Ferrum per hydrogen..... } aa ʒ ij;
- Assafetida pulv..... }
- Ext. qussia..... q.s.

M. In pil. No. 60 div. Sig. One four times daily.

I usually add at bedtime ten drops of Squibb's fluid ext. ergot in water; and a forcible jet of cold water along the spine every morning on rising for a few minutes, with brisk friction of the abdomen, succeeds admirably in many cases. Exercise in the open air, equestrianism particularly, with attention to a normal action of the skin, kidneys, and bowels is essential.

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TO OUR SUBSCRIBERS.

The CANADA MEDICAL RECORD, with this number, closes the ninth year of its existence. We have much to be thankful for, and we look back with feelings of great satisfaction to the progress which the RECORD has made during that period. For the past two or three years we have, however, felt that the growing claims of practice, as well as duties devolving upon us in other spheres of Medical work, has prevented our giving that constant attention to the RECORD which its interests demanded. The result has been that every now and then our appearance has been delayed, and this in spite of every effort to prevent it. We have, we believe, succeeded in making arrangements by which this great drawback will in future be avoided. Dr. Perrigo has withdrawn from the Editorial chair, much to our regret, and is replaced by Dr. Cameron, who is already known as a ready, vigorous and logical writer. In future the Assistant Editors will take the active work of the RECORD in their own hands, and will relieve the Senior Editor of the major part of it. In this way, with a division of labor, we anticipate being able to appear regularly within a day or two of a given date. Arrangements have been made for the publication of a number of communications, lectures, &c., from some of the leading Physicians and Surgeons of Montreal. We are also promised, from one well qualified, a series of papers on the Early Medical History and Medical Men of Montreal, while the Editors propose monthly to give the history of the Medical Charities of Montreal. A monthly "Hospital Chat" will also

form a feature of the RECORD for the future. The RECORD has a Dominion reputation for the practical character of its selections. This department will still continue under the control of the Senior Editor. The RECORD is not the organ of any Medical school, clique, or party. We have conducted it for nine years with this intention, and we challenge any one to prove that we have been unfaithful to the programme laid down by us when the RECORD was first issued. We ask the co-operation of all—we will treat every one alike—the profession, as a whole, will be our care.

And now we are addressing some for the last time,—we allude to quite a number, who have received the RECORD for periods varying from nine to six years without ever paying a cent of subscription: We have, through the RECORD, by letter, and by post card, politely asked you to pay up; you have not heeded our request, and as we can but think that such conduct is intentional, and therefore dishonest, we have decided to terminate our monthly visits to you. If any who read this desire to know if it is they who are meant, we refer them to the date on their address label, which will give the desired information. If we wrong any, the matter can be easily set right by the amount due being paid.

We ask the kind aid of our friends to extend our circulation. Our Nova Scotia and New Brunswick subscribers have done much for us in that way, so that a very large percentage of the Medical men in both these Provinces are on our list. What they have done, others can. Will you?

SACCHARATED PEPSIN.

The experience of physicians has been so favorable to the use of Pepsin as an aid to impaired digestion and kindred affections, that it is only necessary to say the Saccharated Pepsin Jno. Wyeth & Bro. of Philadelphia manufacture exhibits the principle most fully, and will give therapeutic results to the entire satisfaction of the physicians wishing to prescribe this remedy. Each tea-spoonful of the Liquor Pepsinæ prepared by the same firm represents the full dose of Saccharated Pepsin five grains, combined with Lactic and Muriatic Acids, Glycerine and water.