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Original Communications.

PROGRESS OF DERMATOLOGY.

By J. Leslie Foley, M.D., L.R.C.P., London.

The purpose of this department is to give in concise form to the readers of the RECORD a quarterly retrospect of the progress of dermatology; to bring before you the more important points of interest in matters dermatological.

KERATOSIS FOLLICULARIS.

(*Psorospermosse Folliculaire Vegetante.*)

Of late there have been many valuable additions to clinical dermatology, but perhaps none more interesting than those recorded by Darier, of Paris, and Professor White, of Boston, Prof. White giving the disease the former title, Darier the latter. At the International Congress of Dermatology, held in Paris, August last, Prof. White recognized a case that was shown then (*psorospermosse folliculaire vegetante*) as being in gross appearance identical with one he had described (*keratosis follicularis*) in the same number ('89) of the *Jour. of Cut. and Gen.-Urin. Diseases*. The case is especially interesting to me, as I happened to be attending Prof. White's clinique when the patient first cropped up, and had the good fortune to see it. It was a puzzle to all, Prof. White saying he had never seen a

similar one. What it seemed to me most to resemble was lichen ruber, barring the horny growths. Robinson holds lichen ruber to be a paratypical keratosis, the sweat ducts and hair follicles being especially involved. Is it not possible that this may have been a lichen ruber with an exaggerated keratosis. Prof. White was unable to find any of the dermatomycoses in the skin, and Darier speaks of and sticks to his original diagnosis of *Keratosis follicularis*. I shall extract from his paper the clinical features of the disease: Minute papules, pin head in size, smooth, firm, resembling normal skin in color. Somewhat larger papules, slightly hyperæmic. Still larger papules of flattened hemispherical shape, with smooth, dense covering of nail-like consistence, varying in color from dull red to purplish, dusky red, brown and brownish black. Extensive elevated areas formed by confluence of above lesions, with uneven surfaces, covered by thick yellowish or brownish, flattened, horny concretions. Elongated horny masses from one-half to one-third inch in diameter, and from one-eighth to one-half inch in height, of irregular outline, with blunt truncated apices, yellowish in color, dense consistence, compactly crowded, easily removed, showing bases elevated above general surface, hyperæmic, moist. These lesions occurring

on the trunk and limbs, excepting some portion of inner surfaces of the arms. The smaller discrete papules distributed over the flanks and lateral thoracic regions, flexor surfaces of arms and some parts of the legs. The larger forms over the extensor portions of the arms, anterior and posterior aspects of trunk and nearly entire lower extremities. On lower legs they form thick plates, encircling the limbs, broken by deep fissures and shallow ulcerations. The most prominent horny prolongations are situated on the median spaces of trunk, front and back, most pronounced over sternum and pubes, smooth, flattened, blackish, elevated plates, forming a continuous covering upon the backs of the feet. Enormously dilated follicular openings, distended apparently by firm, slightly projecting concretions, forming hemispherical elevations. Small, sharply-pointed conical horns, curved at the top, protruding one-eighth inch from a few of the above dilated follicles, situate below eyes. A few large circular elevations with blind central depressions, nearly an inch in diameter, closely resembling a craterform epithelioma, situate on temples. Large papilloma-like excrescences, almost fungoid in appearance, nearly filling up the space behind the ears and separated by deep fissures. On scalp are some sparsely scattered, medium-sized, firm elevations. Hair growth, normal. Nails, coarse, slightly thickened, jagged at their free edge. A few firm, small papular projections are seen upon the hard palate. Nearly universal pruritus. Intolerable stench given off by patients. Such is a clinical sketch of the disease.

In July, '89 (*Annales de Dermatologie et Syphilographie*) Darier describes a case which he calls sporosperme folliculaire vegetante. He holds that there exists in man a group of cutaneous diseases, which deserve the name of psorospermoses, due to the presence in the epidermis of parasites of the order of sporozaires. This includes the gregarinæ, the oval psorospermæ or

coccidiæ, the sarcosporidæ, the psorosperms of fishes or myxosporidæ, and the psorosperms of the articulates or microsporidæ. These live as parasites upon the animals, causing sometimes fatal diseases. The coccidiæ occupy almost exclusively the epithelial tissues of vertebrates. In psorosperme folliculaire vegetante, coccidiæ invade the follicular orifices in the shape of round bodies, usually encysted, contained within the epithelial cells or refracting granules, the accumulation of which form a plug, which projects from the mouth of the follicle. The presence of the parasite establishes the disease. The neck of the follicles become secondarily the seat of papillomatous affections, which may become enormously developed and converted into real tumors. Four cases of the disease have been recorded.

Neurosyphilides and Neuroleprides.—

In an interesting paper read before the Dermatological Congress, held in Paris, Unna gives his views on lesions of the skin, both in syphilis and leprosy, which depend upon nerve changes differing from common syphilides and true lepromes, and which he names as above.

Neurosyphilides. — (1.) Appearance of roseola-like spots in latter part of secondary period. (2.) Tendency to persist at the same point, with no tendency to extend. (3.) Persistence in spite of internal and external anti-syphilides. (4.) Augmentation and diminution of erythema spontaneously or by reason of irritants and colds. (5.) These circles and spots of the late secondary period at times change into a papular syphilide presenting the same clinical features, remaining at the same point of development, long duration and lack of influence exerted by ordinary anti-syphilitics. (6.) These lesions leave behind them identical pigmentations in the form of spots and circles, which may be accompanied at the same time by the usual annular pigmented syphilides.

Neuroleprides.—(1.) Symmetry of the spots. (2.) Close relationship with the circulation. (3.) Associate and consecutive phenomena of sensitive nerve trunks. (4.) The neurotic, and more especially the angio-neurotic origin of the affection. The neurosyphilides is made out more clearly than the neuroleprides.

A New Treatment for Tinea Tonsurans.—M. Vidal (*Gazette Hebdomadaire de Med. et de Chirurgie*, July 26, '89) advocates one which has for its object the destruction of the trichophyte by microbicides and the prevention of its reproduction by depriving it of its oxygen, for, as is well known, this is an aerobic organism. The technique is as follows: (1.) Application of lotion of spt. turpentine to the scalp without previous epilation. (2.) Friction with tr. iod., which should at each sitting be applied only to a limited surface of the head. This should be repeated two or three times for each spot, until it has been applied to the whole scalp. (3.) Daily inunction of the scalp at intervals with vaseline. (4.) Covering the head with a rubber cap, which should fit as closely as possible to the head. It is claimed by this method epilation is avoided and duration of disease shortened.

"Where in the Dermatological Practice of to-day is the Application of Paquelin's Cautery Unavoidable?" Under this head Unna (*Monatschrift f. Prak. Dermat.*, Band II, No. 9) shows the advantages derived from the cautery. It is especially useful in the following dermatoses: In chronic eczema ani which resists other treatment. Eczema scrote et vulvæ, leucoplakia oris, angioma oris. His mode of application is thus: Local general anæsthesia is produced and with a broad Paquelin's burner slowly cauterizes the affected parts, so that were the proper remedies not applied immediately a burn of the second degree would result. Before the anæsthetic is over apply a 5 per cent. sol. of borax with or without cocaine, carron oil, to which a 2 per cent. carbolic acid is added, or resorcin solution.

Keratoid Eczema of Hands.—Unna recommends for this that the disease be covered with small cotton compresses wet in 2 per cent. sol. of resorcin and hand bound up in a water-tight bandage at night, after washing. During the day zinc or zinc and mercury salve-stick frequently applied.

In all text books on dermatology, especial care is taken to warn against the use of water in skin diseases. Lassar, of Berlin, strikes boldly out, and says that it does no harm, but rather good, and recommends as a preliminary treatment washing with tepid water.

IODIDE OF POTASSIUM IN PSORIASIS.

Gatteling treated experimentally twenty-two cases of psoriasis with full doses of potassium iodide. The results are subjoined. Highest dose per day, 850 grs.; the same patient taking in all in the course of treatment 115 ounces. Average dose 150 to 300 grs. a day. In five patients it was necessary, on account of distressing iodidic symptoms, to discontinue use of drug. In several the disease remained stationary and uninfluenced after a certain point had been reached. In five cases complete recovery ensued. Iodic acne was noted in many cases; in one purpura, in another œdema of the legs, in another rheumatic pains in the limbs. Albuminuria was not observed, nor any serious heart symptoms. Inoculations of lupus on rabbits have been made of late.

In an able and instructive article (*Medical Chronicle*, London, Dec., 1889,) H. G. Brooke, of Manchester, discourses on accidents arising from the suppression of eczematous eruptions. His conclusions are worthy of note. The popular idea that it is wrong to "drive in the disease," in some cases is more correct and not to be treated so slightly and laughed at, as most text books and dermatologists would have. The connection of chronic eczema (of long duration) and certain inflammatory outbreaks in gouty and rheumatic people in the joints, lungs, sometimes in the stomach

and alimentary canal, again in the liver and kidneys, such outbreaks occurring whenever the eczema disappears or tends to disappear quickly, have been known for some time. Such cases have been published by eminent clinicians. Alternations between affections of the chest of bronchitic and asthmatic nature and acute outbreaks of eczema are recorded. The organ affected in the majority of cases are the lungs. A distant relation may exist between an eczema and some form of ill-health. In chronic patches of seborrhœic eczema, the healing of the eczema was followed by general malaise, anorexia, &c. Fortunately only a small percentage have such sequelæ. Brooke inclines to attribute it to an idiosyncrasy. Death may follow suppression of the eruption. The author cites cases in proof of his arguments. In these conditions it is well to stop further treatment or induce its reappearance, and treat the two states side by side.

Baumler, of Freiburg, holds erythema multiforme and erythema nodosum to be forms of the same affection, and considers the latter to be an infectious disease. This view is becoming more prominent in Germany and France.

Electricity in Elephantiasis. — Silva Aranjó, of Rio de Janeiro, whose experience is large in this disease, speaks highly of electricity.

Morrow, in a valuable article on the diagnosis of leprosy (*Jour. Cut. and Gent. Urin. Dis.*, Jan., 1889,) points out the difficulty of distinguishing anæsthetic leprosy and syringomyelia; here the neurologist and dermatologist meet almost on common ground. In the latter disease we have clinically analgesia, thermo-anæsthesia and muscular atrophy. Without the prior manifestations and pathological history of leprosy it would almost be impossible to differentiate.

R. W. Taylor describes two cases of new growth of the vulvar region of a purely inflammatory nature, distinct from any ven-

ereal disease, following chancroid.—*Jour. Cut. and Gent. Urin. Dis.*, Dec., 1889.

Formulæ—

Furunculi (abortive treatment),

R Hydr. oxidi. rubrgr. iss.

Lanolini..... ʒ iiss.

Sig—One or more frictions daily.—[Jorissenne.]

Pityriasis capitis,

R Ol. theobromæ..... ʒ iiss.

Ol. ricini..... ʒ xiiss.

Essentiæ bergamii. ... q. s.

Sig—To be rubbed in every evening—[Vidal.]

DERMATOLOGICAL CLINICAL MEMORANDA.

Hardaway (*Jour. Cut. and Gent. Urin. Dis.*, Dec., 1889,) reports what he takes to be a case of Kaposé's lupus erythematosus disseminatus; characterized by fever, great swelling of the lymphatic glands of the neck, great œdema of larynx and surrounding tissue. In the same number he also records a case of spontaneous involution of a sarcoma.

Ichthyosis Linearis Neuropathica is the name given to a peculiar form of ichthyosis following the line of the nerves of neuropathic organ by Dr. August Koren, of Christiana. He published a case, about the only one on record, running along the course of the radial, ulnar and median nerves. (*Norsk Magazin fer Lægevidenskaben*, Sept., 1889).

Prof. White in a paper on some unusual forms of dermatitis venenata (*Boston Med. and Surg. Jour.*, Dec. 12, 1889,) reports cases occurring from chlorine, violet water and box. (*Baxes Sempervirens.*)

Fox reports a case of lupus erythematosus of the oral cavity (*Jour. Cut. and Gent. Urin. Dis.*, Jan., 1890,) which he says is the only one recorded on this continent.

Creolin Eczema.—The number of drug eruptions, both in their internal and external application, is increasing every day. One of the latest is creolin. The dermatologist has "got it on his list." It may produce an eczema when applied externally.

NEW DERMATOLOGICAL REMEDIES.

Anthrotin and Hydroxylamin.—These have been sufficiently long under observa-

tion to test their efficacy. Rosenthal (*Deutsche med Wochenschrift*, Aug., 1889,) considers it negative and not equal to chry-sarobin or pyrogallic acid.

Chlorohydrate of Hydroxylamin, recommended by Eichhoff, is found useful in lupus and parasitic scyoses. The advantages claimed for it are, cheapness, does not stain the clothing, as active in psoriasis as chry-sarobin and pyrogallic acid, does not produce dermatitis. Dr. Wm. T. Corlett, of Cleveland, speaks highly of bromide of arsenic in psoriasis and reflex acne. Oxynapthoic acid may be substituted for sulphur in scabies. The intra neural injections of mercury in syphilis seems to be gaining ground.

The trend of dermatological research seems to be towards histology, including the micro-organism and pathological anatomy. In geology, as Sir Wm. Dawson has so ably shown, mountains have been built by the tiniest insect, so in pathology mountains of disease have been induced by the infinitesimal micro-organism. Perhaps there is not a more interesting study to the medical scientist. Like the horticulturalist, he has his "cultivations" or his "cultures." One might call him the baccilli-culturist. The microscope is fast becoming the "open sesame" to many hitherto ill-understood diseases. The bacteriologist enjoys his hunt for baccilli with as much zest as the most ardent sportsman. He has the tissues of the whole economy for his hunting ground, the skin being no less free than other parts. He bags, or perchance may floor his game, with the never-failing bichlor. One picture to oneself a figure, round shouldered and stooped from long bending over his favorite scope, spectacted from continued use of eyes; his hair grown gray in knowledge and somewhat scanty at the top, plain in appearance, careless in dress, absent in mind, with thought-creased brow, ever intent searching for his beloved baccilli. To this baccilli-hunter the medicine of the future will be deeply indebted, and the physician of the future ever grateful.

"As with trusty germicides he probes
Disease disseminating microbes."

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, 21st February, 1890.

Present: F. W. Campbell, Rollo Campbell, Trenholme, J. A. MacDonald, Jas. Stewart, J. J. Gardner, A. Gardner, Jas. Bell, Harry Bell, Hutchison, Spendlove, G. T. Ross, George Ross, Shepherd, Allan, Alloway, Buller, Birket, Armstrong, Mills, Johnston, Finlay, Foley, Scott, England, Jack, Reid, and others.

The Secretary read the minutes of the previous meeting.

Dr. White was proposed by Dr. H. Bell and seconded by Dr. Hutchison.

Dr. Buller showed a patient from which he had removed a tumor of the orbit; also showed tumor. He said it was only the third time the operation had been done.

Dr. Bell showed a specimen of a sarcoma of foot (sole of foot) and related treatment.

The President then called on Dr. Leslie Foley to read the paper of the evening, "The Influence of Clothing on the Skin." The following is an abstract:

Clothing affects the skin for good or ill in health and in disease. In health, proper clothing is necessary to keep the skin in normal condition. Treves has formulated requirements of healthy dress.

1. A complete covering for body.
2. Maintenance of an equable temperature.
3. Superabundant clothing and needless weight.
4. Non-interference with any of the functions of the body.

Young girls often have their trunks well covered and their upper and lower extremities destitute of all covering, save the exterior garments; cold must be guarded against. Wearing too many heavy garments around pelvic region often leads to congestion of these parts, sets up some uterine trouble and this some skin disease. The circulation of the skin should not be impeded in any way by tight lacing or tight waist-bands. Tight collars, cuffs, sleeves, boots, gloves and gaiters must be avoided. The belt should not be worn.

Overclothing must be avoided.—Attention was

drawn to the overclad baby. This produces eczema intertrigo, hyperidrosis, &c.; also to overclothing in older people.

Too little clothing remedied.—Sedentary people, those living mostly indoors, need more clothing than those inured to cold. Infants and old people need more clothing. Frequent change of clothing from light to heavy or vice versa is bad. One should not be too ready to doff the winter flannels. The clothes should not be put on when cold nor kept in a cool place. They should be loose. On retiring, should be taken off and hung up to be aired.

Close dresses (Macintoshes, &c.) are objectionable. Don't allow of free transpiration. Rubber boots and gloves bad.

The head.—Babies should not wear caps. Boys soft felt hats—hats well ventilated and light in texture.

The neck.—No tight collars and nothing should constrain circulation. No rough collars.

Night attire should be linen, woollen only worn by old people, children and rheumatic. Linen rests the skin.

Boots.—Low-heeled, square-toed, laced, patent leather confines sweat; shoes healthier than boots.

Gloves should not be worn except in winter, and by rheumatic and those of feeble circulation.

In infants avoid overclothing. No binder, (contracts liver, &c.) warmly clad, No tight clothing.

Woollen underclothing worn; when not bearable silk worn, with it next the skin.

In disease.—While clothing is necessary to keep the skin in condition it is often the means of giving rise to a dermatosis.

(1.) It may irritate the skin and set up an eczema, &c.

(2.) The clothing, by friction and roughness, may set up an eczema, dermatitis, &c., in a healthy skin.

(3.) It may excite a diseased one.

(4.) The warmth of the clothing may increase the tendency to parasitic fungi, i. e., tinea versicolor, &c.

(5.) Pressure of clothing, tight sleeves, boots, &c., may cause a callus, eczema, congestion of the skin, &c.

(6.) Pressure of articles of clothing in some cases determines the localization of disease, e. g.,

syphilitic paronychia, or commences at the toes where the boots press, than on the hand, where there is no pressure.

(7.) By increasing the blood supply, the wearing of heavy garments, flannels, &c., increases the itching of the part.

(8.) It may convey contagious and infectious diseases.

(9.) In excessive quantity it may produce hyperidrosis, &c.

Poisonous dyes in clothing.—Arsenic is the principal ingredient. There is scarcely an article of clothing but what may convey poison to the skin. Bichromate of potash, lead chromate, eosin, &c., may also be factors. A rough collar may set up an eczema. The bed-clothes may irritate the skin. A stiff, ill-ventilated hat may produce alopecia. The soldier's helmet may produce an eczema. False hair and bad earrings may also induce it. "Bangs," "frizzes," dyed veils may cause acne.

The dermatoses principally affected by the clothing are: Dermatalgia, hyperæsthesia, hyperidrosis, bromidrosis, miliaria, urticaria, acute eczema, eczema genitalium, acne, tinea versicolor, seborrhœa corporis, Unna's seborrhœicum eczema, the so-called lichen strophulus, morphea, dermatitis, alopecia, &c.

Seeing how seriously the clothing may damage the skin it behoves one to look well to and guard against its deleterious influence.

Rules as to clothing in skin diseases.—It is the inner rather than the outer clothing that mostly affects the skin. If the disease be chronic and indolent, flannel worn next the skin. If acute, soft linen (an old night gown or an old pair of drawers.) Clothing should never be rough enough to irritate the skin; free from all constriction or restriction and from all poisons; frequently changed and washed. In hyperidrosis, miliaria, urticaria, &c., clothing should be light. In pruritus pedis digitorum, easy shoes. Erythema pernio, woollen and warm. All colored clothing should be boiled before wearing. In an acute eczema of the arm Buckley recommends wearing a vaccinator shield to protect the arm from the clothes. Dr. Foley suggested as a means of preventing the heat, weight and irritation of the bed-clothes in an acute eczema or any inflammatory skin disease that they should be elevated with sticks or bars bent in the form of a bow, with a bar running

along the top and one at each end below. In pediculosis the clothes should be baked or boiled. In schleroderma flannels are desirable.

While clothing cannot be strictly classed as a line of dermatological treatment, careful and minute attention to it will certainly add to its success.

Dr. F. W. Campbell said he thought Dr. Foley had made some very practical remarks, to a few of which he would draw attention. He found that patients complained of catching cold when leaving off their flannels at night. He believed the hat was a cause of alopecia. Dr. Campbell also thought Dr. Foley's idea of elevation of the bed clothes a good one, utilizing the old surgical cradle.

Dr. Shepherd thought if Dr. Foley had gone less fully into the subject there would have been more discussion. He believed in giving directions as to clothing from a common sense point of view. In his experience urticaria was most frequently caused by clothing. Changing from heavier to lighter garments he often found followed by urticaria.

In reply, Dr. Foley thanked the members for their kind attention. It was his intention to take the subject up as fully as possible, to present it in a nut-shell, as it were.

Dr. Buller asked the librarian what journals were taken, and if there were any special journals taken. He would advise taking some special journal and mentioned the Ophthalmic Review.

Dr. J. J. Gardner suggested some better ophthalmic journal. Archives (of Snellie); some German journal.

Some one asked, if the journals were much used.

Dr. Reed said he could not give a definite answer to this. Whenever he went to the library he always found readers there, but he thought the attendance was not as large as it should be.

Dr. Jas. Bell, suggested that the subject of journals should be left to a committee.

Meeting adjourned.

Regular Meeting, March, 7th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. F. W. Campbell, Birkett, Reed, Spendlove, Leslie Foley, Allan, Jack, Gurd, Wesley Mills, W. Gardner, Alex. Gardner, Mc-

Gannon, England, Kenneth Campbell, A. D. Blackadder, E. Blackadder, George Ross, Alloway, Johnson, Ruttan, Laphorn Smith, Dr. Gordon, of Quincy, Mass.

After reading the minutes, Dr. Whyte, of Point St. Charles, having been proposed by Drs. H. Bell and J. A. Hutchison, was balloted for and unanimously elected.

Dr. Wesley Mills then exhibited two specimens of abnormalities, which had been discovered among the pigs slaughtered at the abattoir by some of his students. He remarked that in the lowest forms of life the individuals multiply by simple division, there being no differentiation of the sexes. Ascending a scale higher, as in the tape-worm, we find the two sexes in the same being, while in other worms, although both sexes are found in the same being, yet copulation is necessary. In the vertebrates genesis never occurs without copulation, although the latter is not necessary for segmentation of the ovum. He then showed a drawing of the genital tract of the domestic fowl, which terminated in a common chamber for the reception of feces, urine and seminal fluid, into which the genital tract enters. There was the ovary, testis and a duct, which in the male atrophies and is replaced by the sinus pocularis of the prostrate. In the female, on the contrary, this canal becomes the duct of Muller, the union of which forms the uterus by the absorption of the adjacent walls. When these walls are not absorbed we will have a two-horned uterus and a double vagina. What was remarkable in the specimen shown was the presence in both of two animals of well developed testes, the vasa efferentia opened into large Mullerian ducts, which led into the prostrate and penis. One of the specimens most resembled a male, while the other was more like a female.

Dr. Gardner showed uterine appendages from a woman on whom he had operated for extra-uterine foetation. She had had two pregnancies, one child being living and the other terminating in mis-carriage. He had been called in by Dr. Rodger to do Emmet's operation on the cervix. In January of this year he had been called in by Dr. England to see her, as she had ceased to menstruate since October last and had had some other symptoms of pregnancy, and at the same time pelvic pain and faintness collapse and palor. She recovered partially from these, but

when he saw her she was not suffering much, and her pulse was good. From the history he suspected extra-uterine foetation, and this was somewhat supported by digital examination. A fortnight later he saw her again and the tumor had grown rapidly, especially in the hypogastric region, filling up the whole lower zone of the abdomen as high as the umbilicus, the whole pelvis being filled and hard. As the symptoms became more alarming, he was called at midnight, and preparations were made for an operation, which was commenced at 4 a.m. and terminated at six. On opening the abdomen the peritoneum was so full of blood that it at once bulged into the incision, and on opening it a number of large clots were turned out and the foetus was found at the bottom of the abdomen. The ragged hole in the left broad ligament was clamped and tied. It was difficult, however, to stop the hemorrhage, so sponge packing was employed. In spite of this bleeding continued so severe that another effort was made to secure the vessels. This was successful; the abdomen was well washed out with hot water and there was no more bleeding. She was put to bed in a very low position, from which, however, she rallied and did fairly well for a few days, but died on the fourth day from peritonitis, although she was treated with salines, and the bowels were moved and flatus passed. He thought that in this case it was evident that rupture had taken place first between the folds of broad ligament and later through the posterior lamina of the broad ligament, which had been raised up from the uterus by the hemorrhage. This was proved by the finding of two kinds of clots, the one kind (old) corresponding to the first hemorrhage and the other kind (fresh) corresponding to the second hemorrhage into the peritoneal cavity. The foetus was seven inches long and perfectly fresh. He had hoped that she would have gone on to full term as she was anxious to do, but he thought now that it would have been better if he had operated earlier.

Dr. Johnson testified that the foetus was evidently fresh and that some of the clots were older than others, and that the os calcis was ossified, which would make the foetus between five and six months old. While judging from the condition of the eyes and intestines and the position of the umbilicus he would place its age at five months, but Dr. Gardner said that the

operation was supposed to have taken place in the fourth month.

Dr. Laphorn Smith said he had only seen two cases of extra-uterine foetation in his practice, one of a woman in the third month of pregnancy, who, while lifting a wash-tub, felt something give way at the bottom of her abdomen and fell unconscious, in which condition she remained for several hours. He thought that this corresponded with the rupture of the tube in the broad ligament, and he was anxiously watching for the second and more serious rupture into the peritoneal cavity. He had been following up this question from the journals during the last two years and he found consensus of opinion was strongly in favor of early operation as soon as the diagnosis could be made out, in view of the comparative harmlessness of an exploratory incision and the great danger of allowing it to go on to rupture. He thought we were quite justified in resorting to laparotomy as a diagnostic measure. Recent operators had testified to finding extra uterine foetation when they least expected it and not finding it when they most expected it. He had seen Martin, of Berlin, operate in two cases of emergency at night, in both of which the patients were brought to his hospital dying and in whom the diagnosis had been made out by general practitioners in the neighborhood; in one, the patient was apparently dead and required no anæsthetic. On making the incision into the peritoneum a torrent of blood spurted up like a well spring. In a moment Martin seized one broad ligament and drew it up without finding the opening, but a few seconds later he had grasped the other and controlled the hemorrhage. This patient was walking about the hospital a few weeks later. The other one, very similar, died from anæmia on the third or fourth day. The other case of extra-uterine foetation which Dr. Laphorn Smith had met with, was that of a lady, whom he had been called to attend in her first confinement, and she had regular recurring labor pains; he could feel the head of the child low down in the pelvis, but was unable to find the os. On returning next day he found that the pains had continued, but still the os could not be found until with the greatest difficulty he discovered the uterus very little larger than normal close up behind the symphysis pubis, against which it was jammed by the child's

head; he at once recognized the nature of the case, but after a consultation with several colleagues it was decided it was best not to operate unless some urgent symptoms appeared. After three days of labor the pains gradually died away, the foetal movements ceased, and the woman became smaller, but she refused to allow him to examine her again, although he offered her considerable inducements, pecuniary and otherwise, to do so. Since which several months have passed.

Dr. Jordon, of Quincy, being invited to speak, said he had never had a case of extra-uterine foetation. He remembered having had a patient with all the symptoms of it, and that he had arranged for a consultation, but when he and his colleague arrived at the house the patient was gone. He heard no more of her until some four months later he picked up a daily paper, in which he read that she had given birth to a child.

Dr. McGannon, of Brockville, had been called in consultation by a doctor, some miles in the country, to see a case very similar to Dr. Smith's, in which the woman was at full time, but no operation was permitted; five months later, however, he had operated successfully on her and had removed the dead foetus.

Dr. Gardner did not agree with Dr. Laphorn Smith in saying that there was always a primary rupture into the broad ligaments. In one of his cases this was not so, the hemorrhage occurring from a cavity not larger than a almond. In the case just reported it was evident that there had been two ruptures. There was nothing abnormal about the placenta.

Dr. Alloway then read the paper of the evening, entitled, "Twenty Cases of Shortening the Round Ligament for Retro-Displacements of the Uterus."

He said that all kinds of supports had been tried for maintaining the uterus in its proper position, but none of them were satisfactory until Alexander had thought of shortening the round ligaments and attaching them to the external abdominal ring. It was not his intention to discuss the operation but rather to present the main features of the cases and the results that had followed.

1st case was done in February, 1886, and was already reported. The lady had been a con-

firmed invalid from metritis and ret-oxflexion, but was now in perfect health.

2nd case was a young lady with a chronic pain in the back and head. He operated on one side but failed to find the ligament; he did not operate on the other side.

3rd case was one of retroversion to a third degree, with metritis headache and backache. He had removed the diseased cervix by Schroeder's operation and then did Alexander's at the same time, resulting in the cure of headache and backache.

4th case. Had been suffering for 12 years with pain in her back and left iliac region, extreme nervous exhaustion and insomnia. There was enlargement of the uterus and chronic metritis. He did Schroeder's operation and shortened the round ligaments at the same time, with relief of all the symptoms.

5th case. Lady 50 years of age, who had had one child 30 years ago. The uterus was low down, her cervix being seen at the vulva. The vaginal wall was relaxed, and there was partial rupture of the perineum. The latter was repaired at the same time that the ligaments were shortened, the result being that the uterus is now high up in the pelvis and she is running a retail store.

6th case was a young lady suffering with backache, dismenorrhoea and menorrhagia. Pain was so severe that she could not walk. Uterus was low down and tender, and the cervix was elongated. After shortening the ligament she was able to return to work and is now perfectly well and very robust.

7th case. A young lady with severe backache, pain in the bladder and pelvis that prevented her from walking. There was also a mass of exudation in Douglass' pouch and the utero-sacral ligaments. After a month of preparatory treatment the round ligaments were shortened, but owing to their extreme thinness the result was not so good as in the other case.

8th case. Single lady, 32 years old, who had not menstruated for a year. While lifting a case a year ago she felt a severe pain, and for several months past she had been suffering from dismenorrhoea, headache and vomiting. He removed a soft rubber pessary which was causing peritonitis, shortened the round ligaments, and

the result was that vomiting was arrested and headache disappeared.

9th case. A lady who had been married three years and had one child. She was suffering from backache and intense headache and leucorrhœa, nausea and loss of appetite. There was also bilateral laceration of the cervix and endometritis. After preparatory treatment for five weeks he repaired the cervix and shortened the ligaments, which were large and strong. She was now free from backache and headache and relieved generally.

These nine cases were in private practice, the other eleven being hospital cases.

In several of the cases he had performed tracheloraphy, perineoraphy and shortening the ligaments at one sitting. In one case the wound suppurated and the sutures had to be removed. On the sixth day, nevertheless, the operation was successful. In one case he feared he would have a hernia, and a truss was worn as a precautionary measure. In conclusion, he thought there was a good future for this operation in cases of retro-displacement with dasensus. He showed specimens of the round ligament dried.

Dr. Gardner said that he had come to think better of the operation than he had done at first, but he did not think that it was required in every case of retroversion, as this condition plays a very important part in many cases, and as pessaries are generally badly borne it is of great importance to replace the uterus, but the other element in the case must be carefully attended to. If there is a laceration it was to be repaired and the hypertrophied cervix must be removed and the endometritis cured. In one case he had failed to find the ligaments. The lower ends are often extremely small and difficult to operate.

Dr. Laphorn Smith said that he had at first been opposed to the operation, but like Dr. Gardner he was beginning to think better of it. Having heard that Dr. Kellogg, of Battle Creek, had made some improvement in the technique he had written to ask him to show him his methods, and the day being appointed, he had gone to Battle Creek and had seen the operation successfully performed with the aid of no other anæsthetic than cocaine, of which as many as four grains were used in less than half an hour. Instead of cutting down upon the ligaments over the spine of the pubis, as directed by Alexander,

Kellogg marks a line in the skin with iodine from the anterior superior spine of the ilium to the spine of the pubis bisecting this into three equal parts. The line of incision is parallel with, and a quarter of an inch above, the middle third. After injecting the cocaine an incision one inch and a half long is made down to the external oblique, the tendon of which is barely nicked through and immediately the red fleshy belly of the muscle is seen and hooked up with the strabismus hook. Instead of cutting off the slack, the latter is tucked into the distal end of the inguinal canal, so that it may be still available in case of the ligatures giving away. The operation was quite as easy as the hooking up of the internal rectus muscle of the eye, and the patient chatted pleasantly during the whole course of the operation, of which she was an eye-witness. This ligament is really a muscle, for when fresh removed it contracts forcibly under galvanization. When strong and healthy it will bear a strain of nine pounds before breaking. The many failures to find the ligament in the early history of the operation were due to its being looked for at a point where it is white and tendinous and spreads out into a thin aponeurosis. It must be remembered, he said, that the operation was only suitable for cases in which the uterus was freely moveable.

Dr. England said that he had recently seen a patient who had been operated upon two months ago and who was supposed to be doing well, but who was suffering from a hernia.

Dr. Johnston inquired as to the effects of the operation on pregnancy.

Dr. McGannon said that he had had one of his patients operated on by Dr. Alloway and with good results. The operation seemed so easy that he undertook to do the next case himself, but after diligent search was unable to find the ligaments. The patient was not aware of this, and strange to say the result was extremely satisfactory. In another case he had found one ligament and had shortened it, but was unable to find the other, and the result was not so satisfactory.

Dr. Alloway, in reply, thought a great deal of the relief experienced was due to removal of pressure from the ovaries. He always insisted on preparatory treatment, such as rest in bed and soothing applications. He never relied upon the operation alone when other conditions are

present. He would not care to attempt it under cocaine; he preferred ether. With regard to hernia he makes his incisions not larger than an inch, though at first he used to make them three and a half inches. He had no experience as to its effects on pregnancy, but other operators had reported cases in which pregnancy had gone on to full term. He did not think that the other methods of shortening the ligaments, recently advocated by Wiley and Polk, could compare with Alexander's.

Dr. Laphorn Smith read a communication from Dr. Joseph Price, of Philadelphia, stating that the largest run of abdominal sections without a death was 146.

Progress of Science.

MENTHOL IN ASTHMA.

Dr. Jones, *Therap. Monats*, recommends the use of a 20 per cent. solution of menthol in olive oil in asthmatic attacks.

LOTION FOR ABRASIONS OF THE GENITALS.

The following is strongly recommended:—Dissolve in a pint of hot water two drachms of borax and add twenty drops of essence of peppermint.

FOR CLEANING OFF SMEGMA.

For cleaning off smegma, and greasy applications used in treating balanitis and similar conditions, there is nothing equal to benzoin. The application is painless and it cleans the surface without rubbing. It also seems to have a curative effect upon ulcerations.

TREATMENT OF CHRONIC CYSTITIS.

Chronic cystitis has been treated with great success by Dr. V. Moseitig-Moorhof, of Vienna, with iodoform injections. His method of treatment is as follows:

The bladder having been previously irrigated with moderately hot water, an injection of the following emulsion should be made:

R. Iodoform, 50 parts.
 Glycerine, 40 "
 Distilled water, 10 "
 Tragacanth gum, $\frac{1}{2}$ part.—M.

Sig.—One tablespoonful to a pint of lukewarm water, well stirred, for one injection. Injections should be made every third day.—*Medical News*.

MYALGIA.

R. Antipyrin,
 Quin. sulph.....ããðiss.
 M.—Fiat pulvers ten. Sig.—Three per diem, dividing the time.

T. G. STEPHENS. M.D.

Sydney, Iowa.

PITYRIASIS CAPITIS [DANDRUFF].

Dr. H. Guéneau de Mussy recommends the following lotion in pityriasis of the scalp:—

R. Ammonia muriatis... 0.60 gramme [gr. ix].
 Glycerina puræ..... 30.00 grammes [ʒj].
 Aque rosæ125.00 grammes [ʒiv].
 Mix. Dissolve.

—*L'Union Médicale, Satellite*.

TREATMENT OF BURNS OF THE FACE.

Christopher Heath recommends *Lancet* the following for superficial burns of the face.

Collodion.....1 part.
 Castor oil..... 2 parts.

This mixture, while it does not set as firmly as collodion, sets sufficiently to protect the part from the air, which Mr. Heath considers is the great point.—*Canada Lancet*.

SALICYLATE OF SODIUM AS AN ANTISEPTIC.

There is no safer or better intestinal antiseptic than salicylate of soda. Two or three grains in water, every two or three hours, will thoroughly disinfect and cleanse the stomach, and by checking decomposition, will be of material service in arresting some forms of diarrhoea.—*Medical World*.

XANTHOMA PALPEBRARUM.

Dr. Stern recommends the application of 10 per cent. corrosive sublimate solution to the parts. A gray excoriation forms on the following day, which falls off and soon heals over. Under its action the color of the xanthoma disappears, and the same natural, flesh-like tone of color as the neighboring parts appears.—*Albany Medical Annual*.

A CONVENIENT DISINFECTANT.

Take:
 Parafin, 9½ parts.
 Iodine, 1 part.
 Salicylic acid, 2 parts.

This mixture made into pastilles produces iodine and carbolic acid when burnt, and will both deodorize and disinfect the sick room.—*St. Louis Med. Review*.

CANNABIN IN EXOPHTHALMIC GOITRE.

The following formulæ are recommended by Valieri in exophthalmic goitre (*Weiner Med. Presse*, No. 41): (1) Four grains and a half of cannabin with sugar of milk to make five pills; the pills to be taken in 24 hours. (2) Four grains and a half of cannabin, one ounce of syrup of orange, and three ounces of distilled water, mixed together; to be taken in teaspoonful doses in 24 hours.

PAINLESS DESTRUCTION OF NÆVI.

In the case of a child aged two years, the healthy skin was first painted around the circumference of the nævus, for about half an inch, with a coating of collodion flexile; a thick layer of a four per cent. solution of corrosive sublimate in collodion was applied over the nævus. The twelfth day, collodion was removed; the nævus had entirely disappeared.—*Peoria Med. Monthly*.

LAVAGE.

Bianchi recommends an aqueous solution of chloroform [2 per cent.] in lavage of the stomach. This water eases the pain, acts very favorably by its inherent antifermentative property, and reduces the intensity of reflex action of the stomach. It is indicated in ammoniacal fermentation, dilatation of the stomach, rebellious vomiting, cardiacgia, etc.—*Gaz. Hebd. des Sciences Méd.*

GONORRHOEAL ORCHITIS.

This is an excellent prescription for gonorrhoeal orchitis in the inf. stage:—

R. Fl. ext. belladonna.....ʒijj.
Glycerinæʒij.
Tr. opii.....ʒss.

M. Sig.—Apply with camel's hair brush every hour until the pain is ameliorated.

H. DE WIT SHANKLE, M.D.

Mill's Springs, N.C., July 23, 1889.

TREATMENT OF PITYRIASIS VERSICOLOR BY BRUSHING.

The stubbornness of this affection and the annoyance occasioned by its treatment with ointments are well known. Having been accustomed for some years to advise my patients suffering from any chronic pulmonary disorder to rub the chest night and morning with a common cloth-brush, I noticed that when pityriasis versicolor was present this affection disappeared after ten days or two weeks. This occurred even in persons in whom the skin was dry, in which case it became smooth, shining and elastic.—*The Satellit e.*

ANTIPYRIN IN SCIATICA.

In a stubborn case of sciatica, after all the usual remedies had been tried without avail (salicylic acid, iodide of potash, bromide of potash, quinine, etc.), Dr. J. Covarrublas, of Lima, determined to experiment with antipyrin. He accordingly prescribed doses of eight grains, three times daily. The pain disappeared entirely in one day, and ten days later the patient was able to leave the hospital, cured.—*Revista Médica de Chile.—Med. Progress.*

IODOFORM AS A HÆMOSTATIC.

Dr. Michailoff publishes some observations on the use of iodoform as a hæmostatic. He claims good results in hæmoptysis, hæmorrhagia, hæmaturia, and hæmorrhoidal bleeding. He gives it in all cases of hæmoptysis with Dover's powder, five times a day. He combines it sometimes with tannin; and in hæmaturia uses it in conjunction with bicarbonate of soda.—*Medizinski Priglid; Sophia.*

Dr. Loomis, of New York, suggests the following formula for a pill for gout:

R. Extract. colchici, acetic.,
Extract. aloes.
Ipecac. pulv.,
Hydrargyri chloridi mitis, āā gr. j.
Extract. nucis vomicæ, gr ¼ ½. M.
Fiat pil. j.

To be taken every four hours until purgation occurs.

These pills may be carried about and employed at the first sign of an attack; they will often abort it.—*Minn. Medical Journal.*

NOTES ON DERMATOLOGICAL THERAPEUTICS.

Dr. L. D. Bulkley, of New York, before the American Medical Association, Section on Dermatology and Syphilography, June 25, 1889, made comment on some of the newer remedies for skin diseases. Ichthylol and resorcin had somewhat disappointed him. Speaking of the strength of these remedies, he said 2 per cent. of ichthylol and 3 to 10 per cent. of resorcin were strong enough to begin with. Lanolin is restricted in its application. Care is needed in the use of salicylic acid; it is an efficient parasiticide. Chrysarobin is efficient in dispelling the lesions of psoriasis. Antharobin is almost as efficient and does not stain. The combination of carbolic acid and camphor has proven valuable in pruritus. Although attention has principally been directed to local measures, diet and internal remedies should always be borne in mind when making use of these.—*Satellite.*

IODIDE OF POTASSIUM IN PSORIASIS.

Barduzzi has found that his results from the employment of potassium iodide in psoriasis agree with those of Greve, Boeck and Haslund. In three diffuse, universal cases of very inveterate character, which had been treated with transient success by all the usual remedies, he obtained better results from potassium iodide than he had anticipated. In none of the cases was the amount of the drug given larger than seven grammes [105 grains] *per diem*.—*Gazetta d. Ospedali*, No. 17, 1889.

ANTISEPTIC MIXTURE FOR SOFT AND WAXY CONCRETIONS IN THE EAR.

It is suggested, with the view of facilitating the removal of accumulations of wax in the external auditory meatus, that the following antiseptic preparation should be made use of: R Acid. boric., gr. 55; glycerini puriss., ʒjss; aquæ dest., ʒjss. This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Med. Recorder*.—*Albany Med. Annual*

COLD CREAM.

The formula which we find in the U. S. Pharmacopœia for making this preparation is as follows: Take of

- Expressed oil of almonds, 50 parts.
- Spermaceti, 10 parts.
- White wax, 10 parts.
- Rose water, 30 parts.

Melt the oil, spermaceti and wax, and then gradually add the rose water, stirring the mass constantly. I have found that if the quantity of wax be doubled the resulting mass is one of firmer consistency and makes a much better ointment base, as it does not melt so easily. It is stiffer, and a thicker layer can be laid on. To make a delightful and antiseptic "camphor ice" add 10 parts of campho-phenique, to the melted wax and fats, instead of the rose water.

REPORT OF A CORONER'S JURY.

The ways of coroner's juries are proverbially inexplicable and their verdicts are often marked more by originality than sense. The Memphis *Appeal* of a recent date gives the following sample of such imbecility: "The investigation developed the fact that the dead woman's skull was cracked, exposing the brain. The mother, husband and little child of the dead woman were all examined by the jury, but their evidence failed to show the cause of the strange opening in the skull. "There being no further evidence in sight,

the jury retired for deliberation, and returned its verdict, which was that the woman died suddenly from a natural cause, produced by an expansion of the skull.

Of course, no post-mortem was held.

PRESERVATION OF CAT-GUT LIGATURES.

Prof. Gross is not at all in favor of carbolyzed oil as a preservative of cat-gut ligatures, claiming that it merely forms a nidus for germs. He recommends putting the animal ligature in a weak chromic acid solution and glycerine for about a week and then placing in the following mixture until needed.

- R. Alcohol, part 15.
- Glycerine, " 1.
- Acid Carbolic, 10 p.c.
- M.

The placing of the cat gut in a 1-1000 corrosive sublimate solution, just before using, makes it soft and pliable.

FOR CHOLERA INFANTUM.

- R. Bismuth subnitrateʒj.
- Tinc. opii.....ʒi.
- Tinc. catechu.....ʒij.
- Creasote.....gtt.iiij.
- Mist. crete.....q. s. ad. ʒij. M.

Sig.—Shake well and give a child from two to three years old one teaspoonful every two or three hours according to circumstances, and as soon as the discharges become less frequent prolonging the interval—giving at the same time large draughts of cold water to supply the great loss due to the rapid escape of the liquor sanguinis, at the same time using hot mustard baths.

J. G. STEPHENS, M.D.

Sydney, Iowa.

SOLUBLE CAFFEINE.

The insolubility of this useful alkaloid, caffeine, is well known. One substance after another—bicarbonate of soda, citrate of soda, and, last of all, benzoate of soda—have been employed to insure a perfect solution. If it is necessary to prescribe a large quantity for a course of treatment lasting several months, M. A. Cabanés suggests the following formula:—

- R Caffeine,
- Benzoate of soda.....ãã 25 parts.
- Alcohol, sufficient to make a soft paste, which is subsequently dried with moderate heat.

This product contains 50 per cent. of caffeine, and is soluble in a little more than its own weight of water—*L'Organe de la Confraternité*.

CURATIVE EFFECT OF ERYSIPELAS ON TUMORS.

Brunns (*Monatsh. für Prakt. Derm.*, vol. viii., No. 4) relates twenty-two cases of tumors which were the seat of an idiopathic erysipelas. Amongst these cases three of sarcoma (diagnosis confirmed by microscope) were permanently cured. Two cases of multiple keloid after burns were completely cured. In four cases of lymphoma of the neck some of the glands disappeared and some became smaller. In five cases erysipelas was artificially produced. In three cases of carcinoma of the mamma one was not changed, one became one-half smaller, and one was reduced to a small induration in the scar the size of a pea. A multiple fibro-sarcoma was diminished. An orbital sarcoma was unchanged. *London Med. Recorder.*

SULPHIDE OF CALCIUM IN PHTHISIS.

Dr. Witherle [*La Clinique*] claims to have obtained good results in the treatment of phthisical patients by the internal administration of sulphide of calcium. He commences by giving a pill containing $\frac{1}{2}$ grain of the sulphide every two hours, and he gradually lessens the intervals between the doses until eructations or other symptoms of gastric irritation show that the limit has been reached. In most cases patients were able to take two pills every hour, and their general condition in every instance appeared to improve. This is, in reality, an indirect method of introducing sulphuretted hydrogen into the blood, and the principle is the same as that underlying Bergeon's treatment.—*London Med. Recorder.*

HAY FEVER.

Dr. Jacquess, writing to the *Med. Brief*, says of the following remedies. My wife has been a sufferer from hay fever for fifteen years, and they are the only remedies I have found to relieve her:

- R. Liq. Arsenical.....1 drachm.
- Tinct. Belladonnæ.....2 ounces.

M. Sig.—Five to ten drops, three or four times a day, commencing three or four weeks before the expected attack.

Also:

- R. Glycerini1 ounce.
- Acid Carbol20 drops.

Apply up the nose and bathe the eye-lids, two or three times a day. For the cough use the glycerine and carbolic acid internally.—*Canada Lancet.*

USEFUL FORMULÆ IN CHRONIC RHEUMATISM.

Dr. Daniel R. Brower, in a clinical lecture on a patient suffering with chronic rheumatism,

fatty heart and fatty liver, published in the *North American Practitioner*, May, 1889, suggests the following formulæ to aid in the removal of uric acid from the system, and to sustain and improve the action of the heart and of the liver:

- R. Lithiæ citrat..... $\bar{3}$ ij.
- Strychniæ.....gr. j.
- Tinct. Strophanthi.....f $\bar{3}$ iss.
- Aquæ menth. pip.....q. s. ad. f $\bar{3}$ iv.
- M. Sig.—Teaspoonful before each meal in water.
- R. Aloes.....gr. ij.
- Pulv. Ipecac.....gr. j.
- Pulv. Rhei,
- Ferri sulph. exsicc.,
- Ext. Hyoscyami.....ãã gr. x.
- M. Div. in capsules No. X.
- Sig.—One at bed-time.

TREATMENT OF CONFLUENT VARIOLA.

The following treatment of confluent variola, quoted from the *Rev. gén. de Clin., et de Thér.*, of July 4th, is recommended by Dr. Beaudoin, of Mouy, France.

1. Apply, three times a day, the following salve to the face, neck, limbs, and body:

- R. Salicylic acid..... 10 parts.
- Vaseline 225 " —M.

2. After each application of the ointment, dust the entire body with the following powder:

- R. French chalk.....125 parts.
- Salicylic acid..... 5 " —M.

3. Give, daily, three capsules of sulphate of quinine containing four grains each.

4. Gargles of borates will be found valuable.

5. Milk diet should be enforced.—*Medical Progress.*

THE TREATMENT OF SQUAMOUS ECZEMA OF THE BACK OF THE HAND.

This disease is believed by Unna ("*Monshft. f. p. Derm.*," 1888, No. 4) to be a seborrhœal form of eczema, in common with those forms of eczema known previously as "baker's itch," "bricklayer's itch," and the like. In most cases, he says, seborrhœal affection of other regions will be present at the same time—pityriasis capitis, an oily condition of the face, an intertriginous eczema, and so on. In the way of treatment it is recommended to cover the affected part with a thin layer of cotton batting soaked in the following solution: Resorcin and glycerin, each 10 parts; dilute alcohol, 180 parts. This is to be diluted with equal parts of water when used, and is to be applied in the evening. Over it is to be bound a large piece of gutta-percha tissue, so as to envelope the

whole hand, and keep the batting moist all night. In the morning a zinc-oxide paste, either with or without sulphur, tar, or resorcin, is to be applied, and renewed once or twice during the day. For washing the hands, the patient should use only warm water, and avoid fatty soap. While caring for the eczema, the seborrhoeal affection of other parts must be treated.—*N. Y. Medical Journal.*

OZENA.

Dr. Moure gives the following antiseptic wash for ozena:—

R. Acidi carbolici. 20.00 grammes [3v].
Glycerinæ puræ.....100.00 grammes [3xxv].
Spts. vini rectific..... 50.00 grammes [3iiss].
Aquæ.....350.00 grammes [3xj].

Mix and dissolve. A tablespoonful to a pint of tepid water, to be used in a douche.

The carbolic acid may in certain cases be replaced by chloral, resorcin, salicylic acid, or salicylate of soda. The solution should be changed every month, so that the patient shall not become accustomed to it. After the nasal douche, atomization of a solution of alum or tannin may be used, or even an insufflation of boric acid with a small quantity of finely powdered resorcin added to it. This combined treatment should be used daily, morning and evening, for some months, or even years, according to the intensity of the malady. Internally, cod-liver oil and iodide of potassium in small doses. Residence at Salies or at the sea-shore.—*L'Union Médicale.*

TREATMENT OF VARIOUS FORMS OF RHEUMATISM.

Dr. McColl, *Lancet*, gives the following regarding the salicylic treatment of rheumatism: 1. In relieving pain and lessening fever in acute rheumatism the salicylic treatment is most undoubtedly the most effective we know of. 2. The salicylates do not prevent the rare complications of hyperpyrexia, and are absolutely useless in its treatment. 3. It is doubtful if they prevent endocardial or pericardial troubles, the percentage remaining about the same [50 per cent.] since the salicylic treatment as before. They seem to have no influence in curing these troubles when they do occur. 4. There is no proof that the salicylates prevent relapse. 5. It is not proved that the salicylates lessen the duration of the disease, or that they prevent anæmia. With regard to the particular form of the remedy, most writers recommend [and Dr. McColl agrees with them] salicylate of soda in twenty-grain doses, at first every hour for three or four hours according to circumstances. It should be continued in diminished doses for at least eight or ten days after all pain and pyrexia have gone,

and in most cases should be followed by iron. Salicylic acid, salicin and salol might be tried in exceptional cases where the soda salt was not well borne. In young children antipyrin might be substituted with advantage. In convalescence, Sir A. Garrod's alkaline mixture, followed by iron, is advised; and, if any joint remained stiff or swollen, blistering or painting with iodine is useful.—*Canada Lancet.*

TREATMENT OF PRURITICAL AFFECTIONS WITH MENTHOL.

The analgesic properties of menthol render it valuable in diminishing the pain in pruritic affections, notably of senile pruritis, the pruritis of eczema, of itch, and also of urticaria.

For this purpose the drug may be either prescribed as a tincture, a liniment, or a salve.

I. Tincture of spirits of menthol:

R. Menthol..... 1 to 3 parts.
Alcohol (at 104° F.) 50 to 60 " —M.

Sig.—For external application to the affected parts.

II. Menthol liniment:

R. Menthol 3 parts.
Olive oil 30 "
Lanolin 30 " —M.

The action of this preparation is most efficient.

III. Menthol salve:

R. Menthol.....grs. xxxix.
Balsam of Peruf ʒjss.
Lanolin..... ʒjv.—M.

In some severe cases the portion of menthol may be increased with benefit.—*Gazette hebdomadaire de Médecine et de Chirurgie*, June 21, 1889.

NEW METHOD OF EXCISING THE WRIST.

Mr. Edward Thompson, Surgeon to the Tyrone Infirmary, has lately described (*British Medical Journal*) a method of excising the wrist joint which he believes has not hitherto been recommended. In a case of caries of the carpal bones, in which the disease appeared to be limited to the first row of carpal bones and to the lower extremity of the radius and ulna, he determined to try to save the hand, although the patient, whose sufferings were acute, was anxious for amputation. On the back of the hand, and within half an inch of its ulnar border, there was a large shallow ulcer. The outer edge of this sore was selected as the site of the incision, which ran between the tendons of the extensor communis and minimi digiti, and was about four inches in length. The joint was freely opened, so that its interior could be thoroughly examined. A gouge was then introduced, and the semilunar bone gouged completely away; then each of the neighboring bones was firmly caught with strong for-

ceps, slowly twisted from its connections, and removed. The diseased ends of the radius and ulna were gouged away, and afterwards both bones were sawn across immediately above the seat of disease. A small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage-tube was inserted. The wound was stuffed with iodoform gauze and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported on a roller bandage. Recovery was uninterrupted and speedy, and the patient has now a useful hand. Mr. Thompson claims for the method that "it is easy of performance and free from danger, and that it does not tear or injure any of the tendons, vessels, nerves, or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy."—*London Med. Recorder*.

ASTHMA AND THE UTERINE SYSTEM.

Dr. Peyer has recently written in the *Berliner Klini.*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful now to distinguish between the possible coincidence of true asthma and disease of the sexual functions and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.—*British Med. Journal*.

A NEW METHOD OF TREATING FRACTURED PATELLA.

At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and

around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed there was no sign of irritation and the temperature had never been above normal. As the fragments seemed well united the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint it would be desirable to aspirate.—*Med. Rec.*

VALVULAR DISEASES OF THE HEART.

Yet another class of cases presents excessive muscular growth, and cavities that have but moderately increased. This state is more often met with in aortic affections, particularly regurgitation; but it may also happen in mitral regurgitation, with or without co-existing aortic disease. The impulse is extended, forcible, and out of proportion to the cardiac percussion dullness; there is often throbbing of the vessels of the neck, dull headache, tension in the pulse, and a feeling of constriction in the chest. Aconite is pre-eminently the remedy; it diminishes the blood pressure in the arterial system and gives great relief. I usually employ two drops of the tincture every fourth or sixth hour for the first few days of the treatment, and then only twice a day; or give one drop every third hour until an effect on the force of impulse and pulse is produced, and keep up this effect with a drop dose two or three times a day for several weeks, intermitting the treatment and resuming it from time to time. Veratrum viride has similar applicability; it is, however, more apt to nauseate. But I have often had the happiest results from a combination of one-drop doses of aconite tincture with three of tincture of veratrum viride and seven of tincture of ginger. It is an admirable sedative and does not sicken.

Summing up, then, the treatment of valvular affections of the heart, as they present themselves ordinarily, and basing it chiefly on the condition of the cardiac muscles and of the cavities, we find practically three groups:

1. Cases in which no special treatment is required.
2. Cases in which excessive growth and strong action call for aconite or veratrum viride.
3. Cases in which, early or late, and with or without increased muscle, the heart falters and

needs support, for which digitalis, used differently according to varying indications, is the principal remedy.

This line of treatment is held to independently of the exact valve affection. It requires tact and experience to adjust it to the individual case. But when adjusted the results are excellent.—DA COSTA, *Amer. Jour. of Med. Science.*

PERSPIRING FEET.

In recent numbers of *The News* we have quoted several applications for fetid perspiration of the feet, last among which was a five per cent. solution of chromic acid, used in the German army, and which has since proved successful in ninety-two per cent. of the cases upon which it was tried. The *Gazette des Hopit.* of July 23rd gives two additional formulæ, which are proved to be the most efficacious in overcoming this stubborn affection. Dr. Bardet gives one formulæ, which is as follows:

R. French chalk.....40 parts.
Subnitrate of bismuth...45 "
Permanganate of potash.13 "
Salicylate of soda..... 2 " —M.

This powder should be dusted daily into the stockings. The feet should be washed every morning and evening, and after washing, rubbed with alcohol.

The second method of treatment, which is recommended by Dr. Unna, is as follows:

R. Ichthyol..... 5 parts.
Turpentine..... 5 "
Zinc ointment10 " —M.

This ointment should be applied after the feet have been bathed in water to which a little vinegar, mustard, or spirits of camphor has been added. During the day they may be dusted with the following:

R. Powdered mustard..... 1 part.
French chalk.....30 parts.—M.
—*Med. Progress.*

TREATMENT OF GANGLIONS.

Ganglion is the name given to an enlarged bursa which is developed in connection with one of the tendons, being most common on the back of the hand, or on the extensor tendons of the thumb. It forms a little hard swelling on the back of the joint, and often causes a degree of weakness of the hand which seems out of all proportion with the seeming triviality of the affection.

In olden times the treatment of ganglionic swellings was to give it a smart blow with a book or other body. We adopt in a great preference to this coarse and old-fashioned treatment which was not only less certain and more painful but unnecessarily rough and unsurgical, the follow-

ing, which rarely fails to obtain an early, if not an immediate cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst we would pass vertically into the center of the tumor a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. We therefore then apply a well made, thick compress of lint, and strap it down tightly with good plasters, and lastly apply a roller. In forty-eight hours the wound is healed, and the ganglion is seen no more. We are led to allude to this subject, by the fact that during the last six months we have seen a dozen or more of these little bodies—more than we had before seen in as many years.—*Massachusetts Medical Journal.*

THE TREATMENT OF GONORRHOEA.

In the *Medical Record* for July 20, 1889, Dr. E. P. Rice summarizes as follows his method of treating gonorrhœa. The patient should be placed in the recumbent position, and, after lubricating an ordinary soft rubber catheter with five per cent. carbolised oil, introduce as far as the prostatic portion of the urethra. In acute cases it may be necessary to inject a little five per cent. solution of muriate of cocaine, if pain is produced. Now insert into the free end of the catheter an ordinary glass syringe, having a nozzle with an opening sufficiently large to allow the liquid to pass through easily, which will be about the consistence of an ordinary emulsion, and should be made as follows:—

R Acid. boric.....ziii.
Glycerini.....̄i.
Mix, and rub well together, and shake well before using.

Pour about two drachms of this mixture into the syringe, having previously withdrawn the plunger. Now, gently insert the plunger, and force the liquid into the catheter, which is held in place by the thumb and forefinger of the left hand; the forefinger of the right hand should be used to force in the plunger. After all the liquid has passed out, gently withdraw the catheter, stripping it at the same time in order to force all the liquid into the urethra. Let the patient remain in the recumbent position for ten minutes longer, the whole operation lasting generally about fifteen or twenty minutes. This treatment should be repeated every day for the

first two or three days, and then on each alternate day. As a rule, in acute attacks, five or six treatments will suffice. In long-standing cases the same treatment should be used, alternating with some mild astringent injection used in the same way. The sound should always be used in sub-acute and chronic cases, at intervals of about three days. It is also advisable to give internally, in all cases, a saline laxative, and in the old cases I generally give, in addition, capsules of *bal. copaibae*, *m vi*; *ol. cubebæ*, *m iv*, *t. i. d.*, either before or after meals.

The fact of antiseptics should never be lost sight of, as so many are apt to do. It is a well-known fact that boric or boracic acid is a mild and unirritating antiseptic, which, when combined with glycerine as a vehicle, also an antiseptic, renders it a very safe agent to use for this purpose.

One important point is also gained in this plan. We always have the patient practically under control, and can watch the progress made, not being dependent on the say-so of the patient.

RECIPES FOR PREPARATION OF IODOL.

Pharm. Post :

Iodol solution :

R. Iodol,	0.1
Alcohol,	16.0
Glycerine,	34.0

Iodol gauze :

R. Iodol,	} <i>ãã</i> 1.0
Resinæ,	
Glycerine,	
Alcohol,	10.0

Collodion with iodol :

R. Iodol,	10.0
Alcohol (94 per cent.)	16.0
Ether,	64.0
Pyroxilini,	4.0
Olei ricini,	6.0

—*Monatshefte f. Prakt. Dermat., Journal Cutaneous and Genito-Urinary Diseases.*

SIGNS OF THE MORIBUND CONDITION.

1. In general, the signs of death that are most trustworthy appeal to the eye.

2. Among these the respiratory function holds the first rank, both in cases of coma and asthenia, more noticeably when the two modes of death are blended.

3. The death by coma represents, in duration, the longest period.

4. The most valuable sign of inevitable dissolution is the up-and-down movement of the

pomum Adami, always provided that it be persistent.

5. Temperature changes deserve recognition, particularly when the curves are sharp, high and continuous, or when they are below the normal.

6. An intermittent pulse is an early sign of death, especially when not due to any disturbed action of the nervous system.

7. Deaths from syncope are too sudden to allow of much observation or study.—*Medical Record.*

HOT WATER IN FRACTURES.

The *Bulletins et Mém. de la Soc. de Chirurgie de Paris*, April 1889, contains a report by M. Chauvel upon Darde's method of treating fractures near the joints with hot water. Impressed with the advantages of elastic compression and massage in traumatic effusions of the blood, Darde believes that it is possible to hasten matters still more, and to simplify them, by using hot water alone. He first tried the treatment in sprains, and he now advises it for fractures. Hot water is employed in local baths, if possible, beginning with water at a temperature of 113° F., and increasing it to 118° or 120°, maintaining it at this temperature for from twenty-five to thirty minutes. Certain patients bear water at a temperature of 122° and even 124°. The baths are repeated once or twice a day. If local baths cannot be employed, dripping compresses of several thicknesses, with the water at a temperature of 118° or 122°, are employed, and they are renewed frequently during half an hour. Prolonged vapor baths have without doubt the same effect.

The immediate phenomena produced are: a very vivid reddening of the skin, rapid disappearance of the pain, and a slight and transient swelling of the part. In about four or five days resolution of the effusion is obtained, and acute pain is no longer produced, except at the seat of fracture. If care is taken to move the joints and the neighboring tendons often enough and with due caution, cure results rapidly. Darde gives an account of a case of fracture of the lower end of the radius, in a man twenty-four years old. After baths at a temperature of 120° F. had been employed for four days, the swelling disappeared, and pain was no longer felt, except at the seat of fracture. Some progressive movements of the fingers and of the wrists, combined with temporary immobilization of the part, resulted in an apparently complete cure in twenty days. It was only, however, after two months that the patient resumed his work.

Chauvel speaks in regard to the efficiency of

the method with reserve. He refers to another case in which the hot water treatment was used with apparently excellent results. In this case, the patient fell from his bicycle in such a way that the left foot was carried strongly outward, at a right angle with the limb, and the fibula was fractured. Baths with massage were employed until the ninth day after the accident, when the diminution of pain and swelling was such that the seat of fracture—which was about two and three-quarter inches above the external malleolus—could be easily felt. A dressing of silica was applied for two weeks, and was then replaced by a second bandage, after the tibio-tarsal joint had been moved. When the last dressing was removed, six weeks after the fall, the fracture had healed and walking was possible, but slow and still painful.

Chauvel remarks that while the result was satisfactory, it must be remembered that the treatment employed consisted of massage, temporary immobilization, and early movement, combined with the hot baths. The hot baths, he says, are useful against the initial swelling and local pain, but do not seem to exercise a notable influence upon the rapidity of recovery.—*Medical and Surgical Reporter*.

DIETETIC TREATMENT OF GOUT.

Prof. Pfeiffer recently read a paper on this subject before the Congress of Internal Medicine, in which he expressed the following views:—

The first indication should be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low, cachectic condition of the system. After this, the administration of a salt that will convert the insoluble substance into a soluble substance allowing of rapid elimination, soon relieves the pain and reduces the swelling. The first important step is to correct the diet. This should consist largely of albuminous matter, as beef, eggs, etc., as well as fat and green vegetables; but fermented drinks, starch and sugar should be forbidden. The use of a meat diet is very important, as the retention of the urea and uric acid quickly produces a cachectic condition of the system which must be early combated in the treatment; but the meat diet does more than supply this necessity, for the salts of the meat, when taken into the system, have a solvent influence that speedily raises the elimination of urea and uric acid to even more than the normal quantity. The same may be said of all proteid substances, and more particularly of eggs. Sour milk and cheese should be avoided, but fruit and salads are beneficial, as they alkalize the alimentary canal; while wine and beer have the opposite effect, and should be strictly prohibited.

The medicinal treatment should consist in the

administration of some alkaline salt, and the carbon salts seem to be the best, though phosphoric acid and boracic acid have, in some cases, proved beneficial. Hydrochloric acid and sulphuric acid are objectionable. All alkaline and mineral waters should be given in small doses to begin with, and gradually increased.—*Medical Press*.

FRACTURES OF THE NECK OF THE FEMUR.

By N. Senn, M.D., Ph. D., of Milwaukee, Wis.

1. From a scientific, prognostic and practical standpoint it is not necessary to make a distinction between intra and extra-capsular fractures of the neck of the femur.

2. An impacted fracture of the neck of the femur will unite by bony union, provided the impaction is not disturbed and is maintained by appropriate treatment for a sufficient length of time for the fragments to become united by callus.

3. Impacted fractures of the neck of the femur should be treated by a fixation dressing consisting of a plaster-of-Paris case, including the fractured limb, the pelvis and the opposite limb as far as the knee, in which a splint should be incorporated by which lateral pressure can be secured in the direction of the axis of the broken femoral neck.

4. Unimpacted fractures of the neck of the femur, both intra and extra-capsular, should be treated by immediate reduction and permanent fixation, so as to place the fragments in the same favorable condition during the process of repair as in impacted fractures.

5. Reduction is effected most readily by auto-extension and traction upon the fractured limb with the patient in the erect position, and resting his weight upon the sound limb.

6. The fixation dressing should not be removed and the lateral pressure should not be discontinued for from ten to twelve weeks, the shortest space of time required for bony union to take place.

7. Patients who have sustained a fracture of the neck of the femur should not be allowed to use the fractured limb earlier than four to six months after the accident, for fear of establishing a pseudo-arthritis at the seat of fracture.

8. The functional result is greatly improved by passive motion, massage, and the use of the faradic current.—*Col lege and Clinical Record*.

The *Medical World* suggests that much benefit may be derived in the treatment of gonorrhoea from the application of an ointment of cocaine, morphine and atropine, with lanoline as a base, under the prepuce.

EFFICACY OF TURPENTINE IN IDIOPATHIC CROUP.

Mr. Lewentauer reports the following cases to show the prompt relief from turpentine in cases of croup:—

A child, two years old, several days sick, had been brought to the hospital in a state of threatened asphyxia. On admission he was seized with most violent dyspnoea and a paroxysm of coughing; face livid; pulse almost imperceptible. M. Lewentauer administered at once a tablespoonful of spirits of turpentine; ice-compresses were placed around the throat. The following day the condition of the child was improved; the administration of a teaspoonful of turpentine caused the false membrane to be expectorated. M. Lewentauer prescribed the following:—

R Olei terebinthinæ. 4.00 grammes [3j].
 Olei amygdalæ dulc 10.00 grammes [3iiss].
 Syr. simplicis..... 20.00 grammes [3v].
 Mucil. acaciæ..... 40.00 grammes [3x].
 Vittelli ovi, no. i... 15 00 grammes [3iv].
 Aquæ cinnamomi. 50.00 grammes [3xiis]. M.
 Sig. Take a teaspoonful every two hours.

The child was soon entirely well.

The second case was a child of four years of age, who had been under treatment for eight days for croup. There was intense dyspnoea. M. Lewentauer gave the little one a teaspoonful of turpentine, and prescribed in addition inhalations and atomizations to be given, day and night, of the following solution —

R Olei terebinthinæ..... 3.00 grammes.
 Tinct. eucalypti glob..... 4.00 grammes.
 Acidi carbolici..... 4.00 grammes.
 Spts. vini rectific..... 300.00 grammes.
 Aquæ destillat..... 1000.00 grammes.

Immediately after taking the turpentine, the child was seized with a violent attack of coughing. It expectorated some muco-purulent matter and croupous membrane of a grayish-white color, which represented a perfect cast of the trachea.

The false membrane re-appearing, he gave to the child a teaspoonful of turpentine on the following day, and another on the day after. The cure was complete.—*L'Organe de la Confraternité*.

Coroners juries proverbially bring in curious verdicts. The latest is by a Pennsylvania jury: An embankment caved in on some railroad laboreis, and the verdict was: "Died of gravel."

It is claimed that half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated.

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DRUGS IN TYPHOID.

At a recent meeting of the New York Academy of Medicine, Dr. Delafield, the Chairman, said that the absence of drugs in the treatment of typhoid had a very beneficial effect upon the results, and Dr. Baruch said that it seemed probable that often the medicinal treatment employed had actually damaged our patients.

UNITED STATES MEDICAL DEGREES ABROAD.

A cablegram recently appeared in the daily papers to the effect that the Senate of the University of Berlin had decided no longer to recognize the degrees of graduates in medicine from the United States, their reason for so doing being that that country contained side by side some of the very worst, as well as some of the very best medical colleges on the face of the earth, and that not having the time nor the inclination to inquire into the real standing of each, and as all graduates bore the same M.D. stamp, they were obliged to reject the

good as well as the bad. One of the leading New York journals pleads for a reconsideration of this sentence on the ground that it might offend the United States contingent to the International Medical Congress; but we think that it would be better to make use of the action of the Berlin University as a powerful argument in favor of raising the standard by means of state control until these disreputable colleges are improved out of existence.

GENERAL MEDICATION IN THE TREATMENT OF SKIN DISEASES.

Dr. A. H. Ohman Dumesnil, in the *St. Louis Clinique*, January, 1890, says that general medication is frequently of more importance in the treatment of skin diseases than local measures, and he cites an example of a strumous child of eight years suffering from eczema and tinea tartarsi who was cured by the internal administration of cold liver oil. We cannot let this opportunity pass without expressing our gratification at thus seeing a specialist for the skin advocating general treatment. With the exception of parasitic diseases, there are no diseases of the skin in which local treatment is absolutely necessary, while even in many parasitic diseases constitutional treatment is very beneficial.

LEPROSY IN CAPE BRETON.

The Government has decided to retain permanently the services of Dr. A. C. Smith, of Newcastle, N.B., as a medical expert on leprosy. Since the discovery of three cases of leprosy in Cape Breton last year, Dr. Smith has been making a thorough investigation into the ramifications for the disease, and, although there is no cause for alarm, it has been deemed expedient to continue the investigation and claim Dr. Smith's undivided attention to this work. Dr. Smith has for some years acted as visiting physician and medical adviser to the Hospital for

Lepers at Tracadie, N.B., and in that capacity has done excellent work in helping to lessen the sufferings of the poor unfortunates. The decision of the Government to permanently retain his services meets with general commendation. Dr. Smith took the *ad eundem* degree of M.D. at Bishop's College, in 1889.

COLD WATER IN TYPHOID.

From time to time we have drawn attention to the value of a therapeutic measure in typhoid fever, which has been so far, we think, too much neglected. While one after the other of the new antipyretics has been tried, and soon abandoned owing to their depressing action upon the heart, water not only holds its own, but is increasing in favor as its virtues become better understood. Let us remember once more what these virtues are. First, cold water is an antipyretic, not by depressing the vital powers, but simply by abstracting a portion of the abnormal heat; so many pints of water going into the body at 32° or 40° and coming out at 104° will cool the mass of the blood so many degrees. Secondly, when applied to the internal surface of the body at frequent intervals, by means of a sponge, it is rapidly converted into vapor; and, according to the well known law of physics, when a solid is converted into a liquid, or when a liquid is turned into a vapor, cold is produced. An example of this is seen in the freezing of microscopical specimens by means of the ether spray. In exactly the same way the temperature of the typhoid patient can be kept down as low as we like. As a rule, sponging over the whole body every four hours with tepid water will keep the temperature down to 102 degrees. Placing the patient in a cold bath, or keeping him in a wet pack, or having a spray of cold water playing upon him constantly, are all very effective methods, but there are manifest reasons why they should never become popular.

In order to propitiate the prejudice which

the lower classes especially have to cold water, it may be necessary to add a little alcohol, which is really an advantage on account of its greater volatility.

Water in typhoid is a valuable remedy for another reason, namely, because it flushes out the vital sewers. In this disease the waste is enormous, and the waste products accumulating in the blood, poison the brain and at the same time cause a general soreness and aching of the muscles and joints. These waste products being mostly nitrogenous (urea and uric acid) the skin and kidneys should eliminate them as fast as made; and, in order to do this, sufficient water for their proper solution is absolutely necessary. The fact that the urine is highly concentrated is a sufficient indication for the administration of more water in any disease. When parched with fever, there is nothing the patient craves so much for as cold water, and we cannot see any reason for refusing him as much as he wants, unless it be that it might prevent us from forcing him to drink sufficient milk. Only those of us who have had typhoid can fully appreciate the pleasure derived from a cup of cold water.

CLASS-ROOM NOTES.

(College and Clinical Record.)

In fracture of the sacrum or coccyx, pack the rectum or introduce a colpeurynter.—Dr. Mears.

In convalescence from endocarditis Prof. Da Costa insists on perfect rest in bed, and also directs the administration of iodide of potash.

In ectopic gestation Prof. Parvin makes the following division: Primarily, tubal, ovarian, interstitial; secondarily, intraligamentous and abdominal.

In syphilis 95 per cent. of all cases have bubo, and in one case in 27 suppuration occurs; while in chancroid one case in 4 has bubo, which, as a rule, always suppurates.—Prof. Gross.

In the treatment of acute gastritis, Prof. Da Costa directs the following treatment: Keep the stomach absolutely at rest, not giving anything but iced liquids; nourish by the bowel; give hypodermics of morphine over the stomach; calomel in 1-6 gr. doses every few hours. Bismuth in decided doses.

Dissolve one-half ounce camphor in three ounces of turpentine and apply to the breasts when necessary to stop the secretion of milk.

Where a chancre becomes phagedenic cauterize the surface with carbolic acid, acid nitrate mercury, or

R Hydrarg. chloridi corrosiv.....gr. xv.
Aque destillat.....f ʒ j. M.

In the treatment of chronic rhinitis (hypertrophic), Dr. Sajous recommends applications of chromic acid to the enlarged sinuses, the acid being applied on a copper probe and held in the flame of an alcohol lamp till it changes color, previous to application.

In the the treatment of constipation, the diet should be easily digested, but some articles should be given which mechanically aid defecation, as oatmeal, dried apples and peaches, and brown bread. Belladonna and nux vomica are the two pre-eminent remedies. Where remedies fail faradization of the abdomen is good treatment—Prof. Da Costa.

For a case of posterior spinal sclerosis, of four years' duration, with severe headache, Prof. Da Costa directed argenti nitras ¼ gr. t. d., and for the headache the following:—

R Aconitinæ.....gr. j.
Lanolin.....ʒj. M.
Sig—Rub in a very small quantity at night.

For a man with progressive muscular atrophy, at the clinic, Prof. Da Costa directed avoidance of muscular exertion; gr. ⅓ oxide of silver t. d., and the following:

R Liquor. potassii arsenitis.....gtt. j.
Olei morrhue.....f ʒ iv. M.
Sig—t. d.

In a case of singultus [hiccough] of long standing, attacks of which would last 112 days without intermission, Prof. Da Costa ordered the following prescription, which arrested the spasms in a short time:—

R Chloral hydrat.....gr. v.
Sodii bromid.....gr. x.
Tinct. belladonnægtt. iij.
Aq. destil.....q. s. ad f ʒ j. M.
Sig—Every 4 hours.

The most popular antiseptic dressing for open wounds, in Paris, is said by the chief pharmacist of one of the hospitals to be made as follows (*N. Y. Med. Abstract*):—

R. Iodoform, 2½ gm.
Olei eucalypti, 20 gm.
Parafin, 50 gm.
Vaseline, 50 gm. M.

It is convenient to handle, and may be used as an application to ulcers and also as an emergency dressing.

BOOK NOTICES.

TENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS, with an appendix embracing: Coroners' Inquests; Meteorological Tables; Illinois Army Board of Medical Examiners; Official Register of Physicians and Medicines.

ESSENTIALS OF GYNECOLOGY. Arranged in the form of questions and answers, prepared especially for students of medicine. By Edwin B. Cragin, M.D., attending gynecologist to the Roosevelt Hospital, out-patient department; assistant surgeon to the New York Cancer Hospital, etc., with illustrations. Price, \$1.00. Philadelphia: W. B. Saunders, 913 Walnut street. London: Henry Renshaw. Melbourne: George Robertson & Co. 1890.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents:—The Formation and Excretion of Uric Acid, as elucidating its action in the causation of disease. By A. Haig, M.A., M.D. The Initial Stages of Consumption; the nature and treatment, including dietetic suggestions. By Horace Dobell, M.D. Ectopic Pregnancy and Pelvic Hematocele. By Lawson Tait, F.R.C.S. Published monthly. Price, \$10.00 a year; single copies, \$1.00. February, 1890.

DIARRHŒA AND DYSENTERY. Modern Views of the Pathology and Treatment. By Prof. Alonzo B. Palmer, M.D., LL. D., Professor of Pathology and Practice of Medicine in the Department of Medicine and Surgery of the University of Michigan. George S. Davis, Detroit, Mich.

This very interesting and instructive little work forms one of the Physicians' Leisure Library Series, and, like many of its predecessors, is a regular miltum-in-parvo of practical information. The subject discussed in this little volume (namely, diarrhœa) will, as the warm weather approaches, form a topic of daily interest to the physicians, and we can truly say a careful perusal of Dr. Palmer's monograph will place one in a position to treat this disease from the proper standpoint.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Charles E. Sajous, M.D., and 70 Associate Editors, 5 vols., 8vo. F. A. Davis, Publishers, 1889.

This series of volumes constitutes the second issue of this important Annual. The editor states, in his preface to the work, that he has incorporated in it several new features. There have been added, to each reference, the date, number of volume of the journal quoted. Foreign weights, measures and thermometric systems are presented in their accepted cis-atlantic equivalents. There is also a complete and compact index to each volume, in addition to the full triple index of the entire work. In every respect the issue of 1889, is in point of general appearance and in typographical execution, superior to that of 1888. The associate editors have, of course, profited by the experience of the year in giving uniformity

and compactness to the work, for in the issue of the first edition it was impossible for them to realize, in advance, exactly what would be expected of them as contributors to the literary success of the Annual.

This interesting series has now become a necessity to the physician for reference, the abstracts and essays being the condensation of the choicest materials—the very cream of current periodical literature—at the hands of members of the profession whose skill and ability are universally recognized. The editor, Dr Sajous, may be specially commended for the faithful supervision, ability and industry which have conducted this model enterprise to such distinguished success.

DIABETES, MELLITUS AND INSIPIDUS. By Andrew H. Smith, M.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School; Physician to the Presbyterian Hospital, &c., &c. Physicians' Leisure Library Series, 1889. George S. Davis, Detroit, Mich.

The author informs us that the object of this little work is not to compress into the fewest possible words all that is known or surmised in regard to diabetes, but to give the points which will most interest those who have to manage cases of this disease. Consequently, but little space is given to the discussion of undetermined questions of physiological and pathological chemistry, etiology, &c. The writer has endeavored to reflect his own experience in the pages of what in the nature of the case must be largely a compilation. The subject chosen is undoubtedly one of deep interest to the profession, and the little volume will repay a few hours careful perusal.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents:—The Arrest of Growth in Cancer by the Interrupted Voltaic Current (Electro-Atrophy). By J. Inglis Parsons, M.D. The Dreadful Revival of Leprosy. By Sir Morell Mackenzie, M.D. Diseases of Old Age. By Dr. A. Seidel, Berlin. Urinary Neuroses of Childhood. By Dr. Louis J. Guinon, Paris. Varicose Veins of the Lower Extremities. By William H. Bennett, F.R.C.S. The Uses of Electrolysis in Surgery. By W. E. Stevenson, M.D. Published monthly. Price, \$10.00 a year; single copies, \$1.00. March 1890. New York: William Wood and Company, 56 and 58 Lafayette Place. 1890.

A HAND-BOOK OF DERMATOLOGY. For the use of students. By A. Ohmann-Dumesnil, A.M., M.D., Professor of Dermatology, St. Louis College of Physicians and Surgeons; Consulting Dermatologist to the St. Louis City Hospital; Physician for Cutaneous Diseases, Alexian Bros. Hospital, etc., Editor *St. Louis Medical and Surgical Journal*, Illustrated, *St. Louis Medical and Surgical Journal Publishing Company*.

This hand-book has been prepared at the request of the students of the St. Louis College of Physicians and Surgeons, who desired to possess a short résumé of forthcoming lectures. In its make-up, details and the discussion of mooted points have

been avoided, and well-established facts alone referred to. Only diseases of the more chronic character have been treated of. The acute exanthemata and the syphilodermata have been omitted as not strictly pertaining to the field of dermatology. The therapeutic agents recommended are such as are simple and easily obtained. The more complicated methods, rarer drugs, difficult means, and measures of doubtful value, have not been alluded to.

NERVOUS SYPHILIS. By H. C. Wood, M.D., Physicians' Leisure Library. Geo. A. Davis, Detroit.

It is difficult to exaggerate the importance of this subject. Syphilis of the central nervous system is certainly frequent. It may confront the general practitioner at the most unexpected time, and then woe to the patient if it is not promptly recognized and vigorously treated. A short delay, or a little timidity about the administration of enough mercury or potassium iodide may make all the difference between a brilliant recovery and an utterly hopeless condition. This monograph, in a compass of 135 small pages, discusses systematically, the various syphilitic lesions of the brain, cord and nerves, in the author's well-known happy manner, the didactic teaching being well illustrated by the citation of numerous cases from his unusually large experience. Some book on this subject should be in the hands of every one who does a general practice, and this is the best one we know.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.

By G. A. Liebig, Jr., Ph. D., assistant in Electricity John Hopkins University, lecturer on Medical Electricity, and George H. Rohé, M.D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore. Profusely illustrated.

It has been the endeavor of the authors to set forth, in the following pages, in a concise way, the fundamental principles which are involved in the application of electricity to medical and surgical practice.

In part I are discussed the various forms of electrical and magnetic apparatus likely to be of use to the physician in his daily experience with electricity, as well as the most suitable arrangements of cells for any given work, the construction and use of galvanometers, the theory of the chemical actions taking place in the storage-cell or accumulator, and the best methods of caring for such batteries.

A short description of the electric motor, the telephone, and phonograph is added, as all these appliances are continually, as time goes on, becoming of more value to the physician, either in the treatment or in the diagnosis of disease.

Part II takes up first the effects of electric currents upon the various tissues and organs of the body in health, then shows how these effects are modified by disease, and indicates the methods by which these modifications are utilized for purposes of diagnosis. A chapter follows descriptive of the various appliances most useful in electro-therapeutic work, which may be considered as immediately introductory to the section on electro-therapeutics.

In part III the applications of electricity in the treatment of disease are considered. The methods by which electricity is made available for thera-

peutic purposes are described, and in subsequent chapters the modes of application of this agent in the treatment of the diseases of the various organs is indicated. Particular attention has been given to the application of electricity in gynecology, the diseases of the male genito-urinary organs, and in diseases of the skin.

PERSONAL.

Dr. H. W. McGowan (M.D. McGill) has removed from Beebe Plain, Q., to Knowlton, Q.

Dr. Lacerte, of Notre Dame de Stanbridge, proposes going West, and is anxious to dispose of his property and practice. It is said to be a good opening for a physician who speaks French and English.

Dr. H. W. Wood (M.D. McGill, 1878) has relinquished practice at St. Johns, Q., having been appointed Collector of Customs at that port. If he makes as good a collector of customs as he was a physician the Government will not regret his appointment.

The late Dr. Phillip Ricord, of Paris, was the most decorated man in Europe, having more than two hundred crosses, medals and other insignia of gratitude and admiration bestowed upon him by European sovereigns.

The following additions have been made to the Faculty of the New York Post Graduate Medical School and Hospital: Charles B. Kelsey, M.D., Professor of Rectal Diseases; Charles H. Knight, M.D., Professor of Rhinology and Laryngology; Reynold W. Wilcox, M.D., Professor of Clinical Medicines; Dr. S. Lustgarten, formerly Privat Docent in Vienna University, instructor in Syphilis and Dermatology.

Dr. Casey A. Wood, late of Montreal (M.D. Bishop's, 1877), after a two years' sojourn in Europe studying ophthalmology, dividing his time between Berlin, Vienna and London, has returned. His friends made vigorous efforts to persuade him to settle once more in his old home, but after mature consideration he decided to locate in Chicago, where he has taken quarters in the Auditorium, and will confine his practice entirely to the eye. We need hardly say we wish him every success. His letters in the Record, when he was abroad, were much valued by our subscribers, and we hope to hear from him occasionally as to medical matters in the great city of the west.

Drs. Alexander Proudfoot, John Gardner and Stirling are candidates for the new position of assistant oculist to the Montreal General Hospital, about to be established. All are good men, but the claims of Dr. Proudfoot are, in our opinion, decidedly the strongest. An assistant gynecologist is also to be named, this also being an addition to the staff. Dr. Alloway, who has been acting as assistant gynecologist for several years, will, it is believed, not have any opposition. Dr. Alloway was an assistant surgeon to the hospital, and the vacancy, which will be created by his new appointment, is being applied for by Dr. Thos. A. Rogers, chief medical officer of the Grand Trunk Railroad, who will doubtless be elected. The indoor staff should feel proud of their assistants, who are, to say the least, professionally and in every way their equals.