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Original Communications.

NEW YORK LETTER.

(By our Special Correspondent.)

DEAR RECORD :

As it is some time since your readers have had a letter from New York I shall take this opportunity of fulfilling my promise to send you a few lines. I trust however they will make allowance for the fact that as the Xmas holidays approach the work at the hospitals and clinics falls off a good deal. In fact things are rather quiet in medical circles. Owing, however, to the kindness of some of the writer's friends many interesting operations were arranged so that he might have an opportunity of seeing their methods of doing work. On arriving here, I proceeded at once to the New York State Women's Hospital, Cor. of 49th street and Lexington Avenue, where I found Dr. W. C. McGannon, of Brockville, second in command, while another young Canadian from Toronto was third in charge. Dr. McGannon won this position by competitive examination, and I was informed by several of the leading members of the attending staff that he was a great favorite with them all, one even saying to the writer that they wished he would send some more Canadians like him to fill the next vacan-

cies on the house staff. Dr. McGannon at once placed my name on the list of guests to be invited to all the operations, and also told me where I could spend the rest of my time to best advantage. Space will not permit me to record at length all the operations I witnessed at this hospital during my two weeks' stay. Among others the following may be interesting :

An operation by Dr. Thomas Addis Emmett, for shortening the anterior and posterior vaginal wall in a case of prolapsus with cystocle and rectocle. For the latter purpose he denuded with right and left hand scissors a rather large triangular surface, the apex of which was the tip of the rectocele, and the base extending across the posterior commissure to the base of the nymphæ. The apex of this triangle was then drawn down until it nearly touched the centre of the base, thus making two smaller triangles. The sides of these were then stitshed together, care being taken to pass the needle deeply so as to include the ends of the separated pelvic fascia and levator ani muscles. One or two crown sutures were then passed so as to bring the opposite sides of the vulva together. I also saw this same operation performed by Dr. Hanks and one or two others. Dr. Hanks is one of the most charming professors connected with either

the Women's Hospital or the Post Graduate. He is a splendid speaker and so good natured as to place his visitors at perfect ease, he being about the only one that they venture to seek information from. Dr. Hanks is the inventor of the well known Hanks dilators, being a set of curved graduated sounds made of hard rubber and also of one of the best intrauterine stems I have ever seen, his one being provided with perforations for stitching the stem into the uterus with silver wire. I had the pleasure of seeing him use both these instruments with great skill. In reply to our questions he stated that he was in the habit of leaving in the stem for a month or six weeks, or in fact until the next period had passed, or until the patient became pregnant.

Dr. Cleveland is one of the senior members of the staff and is an elegant man of about 50 years, and I saw him perform an exploratory laparotomy with a patient in Trendelenburg's position but finding the ovaries and tubes cemented by inflammatory exudation into one solid mass in the pelvis, he wisely refrained from interfering. The patient took the anæsthetic, which was chloroform, very badly and nearly died, requiring artificial respiration for several minutes. This new position, as you all know, consists in placing the patient with her feet high in the air away from the window and her head away down near the window, so that her bowels fall down towards the diaphragm, so that when the abdomen is opened the light streams into the pelvis and its contents are plainly visible. If any manipulations are required the intestines are out of danger and give no trouble. Some of the operators at the Women's Hospital and nearly all at the other hospitals sew up the peritoneum and abdominal fascia with continuous catgut sutures before tying the previously introduced silk sutures passing through the entire abdominal wall. I noticed that few if any of them were using silk worm gut which I have found so satisfactory for this purpose,

and they generally remove their sutures in six to eight days instead of leaving them from 16 to 30 days as I am in the habit of doing in order to avoid any risk of the incision bursting open. Several of them informed me that stitch abscesses were rather frequent, while at the discussion at which I was present a few days ago at the Gynæcological Society, it came out that ventral hernia was becoming exceedingly frequent, almost as high as 50 per cent. of cases operated on.

The suppuration at the line of the incision may be due to some slight failure of aseptic precautions, which I hardly think possible in view of the extraordinary care exercised in this direction, or what I think is more likely to the bruising of the delicate fatty tissue by the pressure forceps used to control the first bleeding. One of the finest inventions I have ever seen is the Cleveland ligature carrier for passing the ligature through the broad ligament previous to removing the tube and ovary. It resembles a left hand scissors only that the blades are probe pointed and instead of a cutting edge it is serrated, the fine teeth of the two blades fitting into each other. It is especially useful in cases where it is difficult to bring the appendages up to the surface. The instrument being then passed through the tissues and slightly opened, when the assistant slips between them, the end of the ligature which is therein withdrawn. It is made by Tieman. No abdominal surgeon should be without it.

I was particularly anxious to see vaginal hysterectomy for cancer. Only two cases were available and I had the pleasure of witnessing two of the brightest of the modern school perform them. I was invited to see another by a young assistant surgeon at the Cancer Hospital, but owing to the difficulty in drawing down the uterus and the friable condition of the cervix—offering no hold for the tractors—he was obliged to abandon the operation.

Dr. Florian Krug, at the German Hospi-

tal performed a vaginal Hysterectomy for cancer which he did in the following manner :

1. He curetted the uterus, washed it out and tamponed it well with iodoform gauze, he then scrubbed the vagina with soap and brush. He then detached the vagina from the uterus, front and back, and pushed off the bladder with his finger nail. He then tied the uterine arteries with strong silk ligatures and cut between the ligatures and the uterus. This enabled him to draw it down a little more so that he was able to put another ligature on the broad ligament with a large blunt aneurism needle. He then cut again close to the uterus and drew it down still further. He was then able to place a ligature over the top of the broad ligament and to separate the uterus completely on that side. The same thing was done on the other side and the uterus was cut away in thirty-five minutes from the first incision. Owing to the vagina having been injured on some previous occasion by an overflow of caustic and subsequently cicatrized and the uterus being also very large and the speculum very long, the operation was a very difficult one. Dr. Krug has performed this operation a great many times with a very small death rate, and appears to be one of the most courageous of the new school.

Dr. Boldt is another comparative young man who, by his untiring energy, is rapidly rising to the top rank. He was kind enough to arrange a vaginal hysterectomy at the St. Mark's Hospital. It was a similar case to Dr. Krug's and was performed with equal skill, most of the bleeding being controlled by ligatures, but three or four clamps being left on. In each case the vagina was stuffed with iodoform gauze. Dr. Krug stated afterwards that if he had to do the operation over again he would prefer to use the combined abdominal and vaginal method, tying the vessels and the broad ligament from above. One of the best appointed hospitals that I have seen,

everything being provided absolutely regardless of expense, was the New York Hospital, where a young Canadian, Dr. Ferguson, has risen to the position of pathologist, and to whom I was indebted for an introduction to Dr. Weir. This latter gentleman is one of the best operators I have ever seen, his great fort being bad cases of hernia, of which he has operated a great many. He kindly invited me to an irreducible umbelical hernia. He made a large incision through the very thick abdominal wall, sufficiently far away to be outside of the sac, thus starting from the healthy intestine and working in towards the adherent portion. The adhesions were very dense and required constant ligaturing with fine cat gut. At last he arrived at the centre where there had on some previous occasion been a strangulation followed by necrosis and a foecal fistule. The intestine at this point was carefully closed with three layers of fine silk sutures, the two last ones being Lembert's. Some idea of the magnitude of the operation may be judged from the fact that it occupied two hours of steady work. The other case was one of irreducible inguinal hernia which he operated after the method of Baccini which consisted in cutting down on the cord, then exposing the sac, then opening the sac, detaching the adherent omentum, tying and cutting off the superfluity of it and returning it into the abdomen. The sac was then tied and cut off and finally the separated pillars of the ring were stitched together with catgut. Dr. Weir combines with wonderful skill and caution as an operator, the most charming manner as a gentleman. This was evinced in a striking manner when a visiting doctor just in from the country, without taking off his overcoat or washing his hands, was just going to lend a hand with the operation by putting his finger into the abdomen. I could hardly restrain myself from springing upon him full of indignation, when Dr. Weir merely restrained him by a gentle rebuke,

saying: "I cannot extend to you so much courtesy as that."

One of the greatest pleasures of my visit was still in store for me. I called upon Dr. Alex. J. C. Skene, of Brooklyn, the author of what is perhaps the most practical work on gynecology we possess, and found him a noble type of the Scottish-American. He is above the average height, with curly iron gray hair and a countenance beaming with benevolence. He seems to be idolized by his students as well as by his patients. He invited me to be present at the Long Island College Hospital where, after introducing me in a neat little speech, in which he favored annexation with the Canadian medical profession at least, he requested me to address his class. The question of raising the standard of medical education seems to be a burning one here, as the secretary of the college, who happened to be present, requested me to give a brief statement of the present condition of the laws governing the practice of medicine in Canada. They were especially anxious to know what their graduates would have to do in order to obtain a Canadian diploma. I suppose this was with a view to taking a diploma in England, as I could hardly imagine a graduate leaving a country like the United States, where the fees are so large, to practice in a country like Canada where they are so ridiculously small. I was gratified on this occasion as well as on many others at the high esteem in which Canadian graduates are held, and I think still greater efforts will be made throughout the United States to weed out the short course colleges. Dr. Skene then operated upon a very bad case of lacerated cervix and rectocele. During the former operation I saw used, for the first time, Skene's hawk-bill scissors with which he deftly removed the whole cicatrix at the angle of the laceration. These scissors would reduce the time required for these operations at least one-half, which is an important point when we wish to perform three or four operations at

one sitting on the same patient. Neither Skene nor any of the other operators whom I saw, with the exception of Krug and Boldt, used continuous irrigation. It seems to me a pity as it takes two assistants to attend to the sponges and fully one-half of the total time required for the operation to do the sponging. Another convenience which none of them seemed to take advantage of is the substitution of the German *Kugelzahn* or bullet forceps for the old tenaculum which is everlastingly slipping out just at the time we want it to stay in. On one occasion this annoyed Dr. Emmet so much that he threw it down with the remark that the manufacture of the tenaculum was a lost art.

Dr. Skene is a very fair and impartial believer in electricity in gynecology, having a splendid battery both at his house and private hospital which he tells me he makes daily use of with the most satisfactory results. Considering that Skene is a past master of pelvic surgery, his testimony is above suspicion. His use of it so far has been limited to galvanism or continuous currents. He also tells me he makes frequent use of the galvano-cautery. For this purpose he employs a storage battery which is kept constantly charged by means of half a dozen gravity cells. His private hospital is a model both as regards the heating, ventilation and plumbing by means of which it is singly impossible for sewer gas to obtain admittance. It is in charge of Dr. Wm. H. Skene, who is a genial young Scotchman who is rapidly becoming Americanized although his uncle has still retained his decidedly Scotch accent. It may be of interest to note that both the first and second editions of Dr. Skene's book have been sold and he is at work on a third one. I was pleased to be able to tell him that it is the one I recommend to my students as a text book. I was very much surprised to find the scoffing tone in which electricity was spoken of a few years ago completely changed, even men like Hanks boldly testi-

fyng to its good effects. Among the gynecologists the most ardent advocate of electricity is certainly Augustin N. Gœlet the able editor of the Archives of Gynecology. We are indebted to him for many valuable additions to our armament of electrodes and rheostates, most of which are figured in the catalogue of Messrs. Wait & Bartlett. He has devoted a great deal of attention to the influence of the length and fineness of the wire in the faradic coil upon its anæsthetic effects. He has measured and tested a great number of secondary coils made by different firms and found them all alike, varying from 100 up to 1000 yards. Small wonder, therefore, that the results have been so contradictory. Messrs. Wait & Bartlett have arranged to manufacture coils of the following standards, namely, No. 32 wire and 1500 yards in length. Were every doctor to use this identically same coil I have no hesitation in saying that the result would be equally uniform in the hands of all, and that fine wire faradism with fine interruptions must prove as I have found it to be, the most satisfactory remedy that we have ever possessed for pelvic pain not due to organic disease; for such cases for instance as those in whom the ovaries and tubes have so often been removed without affording the slightest relief.

At the Women's Hospital a department has been established for electrical treatment which has been placed in the charge of Dr. McGinnis, in whose hands it is giving the utmost satisfaction. Dr. McGinnis is such an ardent admirer of Apostoli that he has gone over to Paris every year for three months to study under him. I cannot close without mentioning two very pleasant evenings which I spent at the Academy of Medicine, one being the meeting of the New York Gynecological Society, and the other the Obstretical branch of the Academy. The former was presided over by Dr. Cleveland and the other by Dr. Grandin. A great deal of work was transacted in the time owing to the sharp and decisive man-

ner in which the president controls the discussion. The slightest deviation from the by-laws being immediately stopped until a motion was passed by the society authorizing the president to break them. After the meeting of the Gynecological Society an adjournment was made to the supper hall where an elegant repast was served before a roaring log fire. After the obstetrical meeting I was entertained at the Manhattan Club by Dr. McGinnis. This club has a membership of 3000, of which 600 are physicians. It is well worth a visit by any of your readers when in New York.

If I had been able to stay a little longer, I would have had the pleasure of seeing Dr. Bache Emmet employ his new clamp forceps for controlling the broad ligaments in vaginal hysterectomy, and Dr. Boldt removing a fibroid which had already been essayed by another operator, but my two weeks' holidays was at an end and I had to forego that pleasure.

I wish to take this opportunity of thanking all those gentlemen who showed me so much kindness which I accept, not as shown to me personally, but as a representative of the Canadian profession.

A. LAPHORN SMITH.

CANNABIS INDICA AS AN ANODYNE AND HYPNOTIC.

BY J. B. MATTISON, M. D.

Medical Director Brooklyn Home for Habitues; Member American Medical Association; American Association for the cure of Intemperance; New York Academy of Medicine; N. Y. Med. Leg. Society; N. Y. Neurological Soc.; Med. Soc. of the County of Kings. Read before the Medical Society of the County of Kings, September 15, 1891.

Indian hemp is not a poison. This statement is made, just here, because the writer thinks a fear of its toxic power is one reason why this drug is not more largely used. This mistaken idea lessens its value, because it is not pushed to the point of securing a full therapeutic effect. This is a fact. One of the best pharmacologists in this country not long since expressed a very touching solicitude lest the writer's advocating robust doses of this valued drug might cause a decrease in the census that would seriously im-

peril his professional good repute.

There is not on record any well-attested case of death from cannabis indica. Potter says: "Death has never been produced." Hare asserts: "No cases of death from its use in man is on record." Bartholow affirms: "Cases of acute poisoning have never been reported." Stillé states: "We are not acquainted with any instance of death." Wood declares: "Hemp is not a dangerous drug; even the largest doses do not compromise life. No acute fatal poisoning has been reported." A prolonged personal experience, compassing the history of many cases—men and women—and hundreds of doses, ranging from 30 to 60 minims of the fluid extract, has never brought any anxiety except toxic lines.

Having thus brushed aside this bugbear, we may note *en passant*, the statement, on high authority—Potter—that "cannabis was formerly much employed as an anodyne and hypnotic. It is now somewhat out of fashion." Why this early repute has not been continued, is due to a cause cited, coupled with non-reliable products, and doubtless, the coming of other analgesic-soporifics.

The first cause need not longer obtain; the second can be removed by careful choosing and trial; while the last should not preclude the use of a drug that has a special value in some morbid conditions, and the intrinsic merit and superior safety of which entitle it to the place it once held in therapeutics. Digitalis, for a time, was in disuse. So, too, codeine, which my experience has proved a valued anodyne—one worthy a wider use than it has had, and which I think it will surely get—and impelled me to present the American Medical Association, at its last meeting, with a paper thereon, that I trust you have done me the honor to read.

There is a consensus of opinion among writers on therapeutics as to the anti-agrypnic, analgesic and anæsthetic power of Indian hemp. For the latter it was used prior to ether. Wood, testing it in himself, asserted "marked anæsthesia of the skin all day." Stillé says: "Its anæsthetic virtue is shown in allaying the intense itching of eczema, so as to permit sleep." And that a similar seemingly trivial disorder may have a serious outcome is proven by the fact that a well marked case of triple addiction, under my care last year—a medical man who took daily 15 grains morphine with 35 grains cocaine, subcutaneously, and 14 ounces of rum—had its rise in a morphia hypodermic taken to relieve urticaria.

Stillé says: "Its curative powers are unquestionable in spasmodic and painful affections." Noting the latter in detail, its most important use is in that opprobrium of the healing art—, migraine. In a paper by the writer, eight years ago, "Opium Addiction among Medical

Men,"—*Medical Record*, June 9, 1883—in reviewing the causes, this was asserted the most frequent. Enlarged experience has not changed that opinion. A case from such cause, woman, ten years morphia taking, 30 grains, by mouth, daily, is now under my care. A sister, so situated, from the same cause, awaits similar service; and their mother took morphia for headache till death ended her need.

Ringer says: "No single drug have I found so useful in migraine." He thinks it acts well in all forms, but seems most useful in preventing rather than arresting. He deems it specially effective in attacks due to fatigue, anxiety, or climacteric change. Dr. E. C. Seguin, in 1887, commended it highly.

Dr. Wharton Sinkler, in a paper on migraine, gives first place to cannabis, and thinks it of more value in this form of headache than any other. Richard Green, who first commended it in this complaint, thinks it not only relieves, but cures; in nearly all cases giving lasting relief.

In the *British Medical Journal*, July 4, 1891, Dr. Suckling, Prof. of Medicine, Queen's College, Birmingham, writes: "I have during the last few years been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained." He calls it "almost a specific" in a form of insanity peculiar to women, caused by mental worry or moral shock, in which it clearly acts as a psychic anodyne—"seems to remove the mental distress and unrest." After commending it in melancholia and mania he says: "In migraine the drug is of great value; a pill containing one-half grain of the extract, with or without a one-quarter grain of phosphate of zinc, will often immediately check an attack, and if the pill be given twice a day continuously, the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment." In a personal note the doctor wrote: "I have used Indian hemp as an anodyne and hypnotic, and find it most useful in both ways. I have never seen any ill results."

Austie commends it in migraine and the pains of chronic chloral and alcohol taking. In his work on neuralgia—the best ever written, and one which I advise every one to read, if not read—he says: "From one-quarter to one-half grain of *good extract* of cannabis repeated in two hours, if it has not produced sleep, is an excellent remedy in migraine of the young. It is very important in this disease that *the habit of long neuralgic paroxysms should not be set up.*"

Russell Reynolds thinks that in neuralgia, and neuritis, even of long standing, it is by far

the best of drugs. Mackenzie has used it with much success in constant all-day headache, not dependent on anæmia or peripheral irritation. Bastian and Reynolds commend it in the delirium of cerebral softening, and the latter says it calms the head pain and unrest of epileptics. In cardiac tumult, in senile insomnia and delirium, and the night unrest of general paresis it acts well.

In some diseases common to women hemp works well. Grailly Hewitt says that in many cases of uterine cancer it allays or prevents pain. Ringer asserts it sometimes signally useful in dysmenorrhœa. West commends it here. Potter states that its anodyne power is marked in chronic metritis and dysmenorrhœa; and Hare thinks it of great value in chronic uterine irritation and nervous and spasmodic dysmenorrhœa. Donavan and Fuller claim it of value in migraine and chronic rheumatism; and Mackenzie in hay fever and hay asthma.

In genito-urinary disorder it often acts kindly—the renal pain of Bright's disease; in vesical spasm; retention of urine, and chordee; and it calms the pain of clapequal to sandal or copaiva, and is less unpleasant. The distress of gastric ulcer and gastrodynia are eased by it, and in other and varied neuralgias it serves one well. In some cases of advanced phthisis and other cureless disease it will bring euthanasia by allaying pain and unrest.

My experience with hemp covers more than a decade, many cases, and several pounds of fluid extract. It is proper to state that these cases have been solely habitués or ex-habitués of opium, chloral or cocaine. In these, often, it has proved an efficient substitute for the poppy. Its power in this regard has sometimes surprised me. Both sexes took it, and with some no other drug anodyne was used. One of these—a naval surgeon, nine years a 10 grains daily subcutaneous morphia taker—recovered with less than a dozen doses. My oldest female patient—64—found its service complete. Its action has varied, as some cases respond more fully. This during the early abstinence time. Later, it has done good in the post-poppy neuralgia, especially the cranial kind, and it has calmed mental pain and unrest.

As a hypnotic, Frommuller gave hemp in 1,000 cases. Success, 530; partial success, 215; no success, 253. As such in delirium tremens, Potter declares it "the best." Austie thought it better than opium when the pulse is feeble. Phillips asserts it "one of the most useful." Tyrrell and Beddoe say the same. Suckling's opinion has been given. McConnell commends it in the insomnia of chronic cardiac and renal disease. Oxley lauds it in the insomnia of severe chorea, especially in children; the tincture "more effectual than any other hypnotic."

My own results prove it a satisfactory soporific, even oftener than as an anodyne. And this,

too, under conditions that test thoroughly the power of any drug in this regard, for the insomnia of ex-poppy habitués finds its equal only in the agrypnia of the insane. With many, no other hypnotic was used. The sleep has been sound and refreshing. Many cases showed a notable influence to it as regards time—some-what akin to sulfonal. Two hours sufficed. The first, pleasant stimulation; the second, increasing drowsiness, ending in sleep.

Again, I admit my special cases may involve a condition making them more easily subject to hemp hypnosis, but these do not preclude the wisdom of its trial with other patients in whom it may act equally well.

Writers on cannabis refer to certain peculiar effects—which, in our thinking, are more often peculiar to the patient—that may here be noted. One is a mild intoxication. I say "mild," because the hashish, assassin-like, running-a-muck form is less fact than fancy. It is said temperament largely determines the mental effect whether it be grave or gay, merry or mad. Most of my cases—when such—have been in a merry mood. Of the hundreds of times given, only once did it excite to violence. That was a young physician, six years ago, in which it came close to a personal assault on the writer that was warded off only by superior strength. The patient afterwards avowed no knowledge of such a situation, was profuse in apology, and stated that once, after taking hemp simply to note results, he routed every one out of the house, including his own grandmother!

Catalepsy is a rare sequence. We have seen it once. A woman 23, brunette, small but active, took in early evening, 40 minimus Squibb's fluid extract as a soporific. After playing cards half an hour, she began to be very jolly, and it was suggested she retire. Visiting her later, she was found completely cataleptic. It soon subsided, sleep followed, and no after ill-effect.

Failure with hemp is largely due to inferior preparations, and this has had much to do with its limited use. It should never be called inert till full trial with an active product proves it.

Wood thinks the English extracts best. I have used, mainly, Squibb's fluid extract. To a small extent, Parke, Davis & Co's Normal Liquid. They are reliable. Hare commends the solid extract made by the latter, and by McKesson & Robbins.

Merck has produced two elegant and efficient extracts—cannabine tannate and cannabinone. They are essentially hypnotic. I show you specimens. The former has been found by Prior, Vogelsgesang, Mendel and others, a satisfactory soporific. Prior gave it one hundred times to thirty-five persons—the most with success. In hysteric cases not calmed by chloral or opium, it acts specially well. In the small dose of one grain it has brought sleep when one-

third grain morphia failed.

Another cause of failure is too timid giving. I am convinced that the dose of books is, often, too small. The only true way is, once a good extract, push it to full effect. My doses have been large—40 to 60 minims of the fluid extract—overlarge for the nonnarcotic habitué; but, as we years ago asserted, habitual poppy taking begets a peculiar tolerance of other nervines, and they must be more robustly given. Both sexes have taken them—women frequently—with no other effect than quiet and sleep. I think, for many, small doses are stimulant and exciting; large ones, sedative and quieting. They are the outcome of an experience with smaller doses that failed of effect desired. They prove hemp harmless, and they add proof to the opinion of the most neurologists that, once a nervous needed, it is often better to give one full dose than several small.

The tincture—3 grains to the drachm—may be given in doses of 20 to 60 minims. The fluid extract, 5 to 20 minims. The solid extract $\frac{1}{2}$ to 2 grains. Tannate of cannabin, 5 to 15 grains. Cannabinone, $\frac{1}{2}$ to $1\frac{1}{2}$ grains. Cannabinone with milk sugar, 5 to 15 grains, and each repeated or increased till a full effect is secured. It is said that in women cannabinone acts twice as strongly as in men. In headache, periodical or long continued, $\frac{1}{2}$ to 2 grains solid extract may be given each hour or two till the attack is arrested, and then continued in a similar dose, morning and night, for weeks or months. It is important not to quit the drug during a respite from pain.

I close this paper by again asking attention to the need of giving hemp in migraine. Were, its use limited to this alone, its worth, direct and indirect, would be greater than most imagine. Bear in mind the bane of American women is headache. Recollect that hemp eases pain without disturbing stomach and secretions so often as opium, and that competent men think it not only calmative, but curative. Above all remember the close genetic relation of migraine relieved by opium, to a disease that spares neither sex, state nor condition.

Dr. Suckling wrote me: "The young men rarely prescribe it." To them I specially commend it. With a wish for speedy effect, it is so easy to use that modern mischief-maker, hypodermic morphia, that they are prone to forget remote results of incautious opiate giving.

Would that the wisdom which has come to their professional fathers through, it may be, a hapless experience, might serve them to steer clear of narcotic shoals on which many a patient has gone awreck.

Indian hemp is not here lauded as a specific. It will, at times, fail. So do other drugs. But the many cases in which it acts well, entitle it to a large and lasting confidence.

My experience warrants this statement: can-

nabis indica is, often, a safe and successful anodyne and hypnotic.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Annual Meeting, Oct. 9th, 1891.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

The annual meeting for the year 1891-92 was held at the Society's rooms, 14 Phillips Square, on the above date. There were present: Drs. F. W. Campbell, Proudfoot, Perrigo, Laphorn Smith, Stirling, Jack, Springle, Kenneth Cameron, Wm. Gardner, Duquet, Guerin, J. H. Bell, Gurd, J. J. Gardner, A. D. Gardner, Muirhead, O'Connor, Kirkpatrick, Telfer, J. A. Hutchison, Reed, Mills, Jas. Stewart, Buller, DeCow, Allen, Kinloch, Lockhart, Geo. Brown, G. G. Campbell, Ed. Blackader, W. G. Stewart, A. Gardner, Roddick, J. A. MacDonald, Foley and McCarthy.

The President having called the meeting to order, the following resolutions of regret at the death of Dr. Robert Townsend Godfrey were proposed by Dr. T. D. Reed, seconded by Dr. James Stewart, and carried unanimously:—

"That this Society has learned with the greatest regret of the death of Dr. Robert Townsend Godfrey, one of its founders, and a former president. Dr. Godfrey was a constant attendant, for many years, at the meetings of the Society, and at all times manifested his interest in scientific and practical work, by discussions and contributions. His very large experience in family practice made his opinions of great weight. His quiet, friendly manner and sympathetic words to his confreres endeared him to all who had the pleasure of his acquaintance.

"Resolved—That our deepest sympathy be conveyed to his sorrowing family in this their time of mourning."

After the minutes of the preceding meeting had been read and adopted, Dr. Anger was elected a member.

The Treasurer (Dr. J. A. MacDonald) presented his annual report, which showed, notwithstanding some arrears, a fair sum to the credit of the Society. It was moved by Dr. Roddick, and seconded by Dr. J. J. Gardner, that the treasurer's report be adopted. Carried.

The retiring Secretary (Dr. McCarthy) stated that the regular fortnightly meetings of the Society had been duly held during the past year; that a greater number had taken part in the proceedings, and that the attendance had been greater than in previous years. The membership had considerably increased; no less than sixteen new members were admitted, making to date a total membership of one hundred and eight members.

The address of the retiring President was an-

nounced for the next meeting.

Votes of thanks to the retiring president, vice-presidents, members of council, and secretary were then carried.

The following were elected office-bearers for the ensuing year:—

President—Dr. F. Buller.

1st Vice-President—Dr. James Stewart.

2nd Vice-President—Dr. E. P. Lachapelle.

Secretary—Dr. Kenneth Cameron.

Treasurer—Dr. J. A. MacDonald (re-elected).

Librarian—Dr. T. D. Reed.

Council—Drs. Perrigo, Wesley Mills and James Bell.

During the summer recess the Society held two special meetings, presided over by the president, Dr. F. J. Shepherd, to pass resolutions of condolence at the loss of two of its most active and esteemed members.

A special meeting was held August 5th, at which the following resolutions were unanimously adopted. Moved by Dr. Hingston, and seconded by Dr. Wesley Mills:

Resolved—That this Society records with the deepest regret its sense of the loss which it has sustained in the death of Dr. Richard Lea MacDonnell, one of the most able and efficient members, who not only took part in its debates, but by valuable papers contributed from time to time, added not a little to the progress of medical science.

Resolved—That, in the opinion of this Society, Dr. MacDonnell's death, at a time when his usefulness was greatest, is a loss to the medical profession of Canada, in which he took a high place as a teacher and writer, and earnest scientific investigator.

A special meeting was held August 12th, at which the following resolutions, moved by Dr. Geo. Ross and seconded by Dr. Roddick, were also unanimously carried:

Resolved—That this Society has learned with most profound regret of the death of Dr. Thomas Anderson Rodger, one of its most active members and a past president of the Society. Engaged in a wide and busy practice, Dr. Rodger was ever ready to discuss, from the advantageous standpoint of his large experience, the scientific points raised in the many papers brought before us. His hearty genial personality made him the friend of everyone, and his accustomed presence will long be missed among us.

Stated Meeting, Oct. 23rd, 1891.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

New Members.—Drs. F. E. Devlin, A. E. Vipond and Bruyère were elected members.

Enchondroma of the Ilium.—Dr. Shepherd showed a young man, the subject of an enormous tumor growing from the left side of the pelvis. It had commenced eight years ago as a fixed tumor of doubtful origin; for four years it grew slowly, but for the last few months the growth has been very rapid and attended with much pain. It is nodulated and of bony hardness in places. It is an enchondroma springing from the periosteum of the ilium, and presents many difficulties for operation, as the greater part of the pelvis on that side would have to be

removed. The hip-joint is unaffected, but the obstruction to circulation and pain down the leg indicate involvement of foramina. Rectal examination was negative, revealing no hard tumor.

Speaking of the occurrence of such tumors, Dr. Shepherd said that he had not seen one in this situation before, but that they were not uncommon on the scapula.

Vesical Tumor and Calculi.—Dr. Jas. Bell, exhibited a small tumor of the bladder, which was of interest in that it was associated with six calculi. The patient, a man of 68 years of age, had for the last eight years been passing large numbers of small, rough phosphatic calculi by the penis, but had never suffered from renal symptom. The explanation of their source is, probably, that the rough surface of the tumor would become covered with a deposit, particles of which becoming detached formed nuclei for stones. The tumor was situated just within the bladder on the right lobe of the prostate.

Vesical Calculus.—Dr. Bell also exhibited a calculus from a man, aged 73, who had been suffering great pain, and upon whom he had performed supra-pubic section as a preliminary for prostatectomy. He had not been previously examined for stone, and, in fact, it would have been very difficult to have discovered it, as the prostate projected one and a half inches into the bladder and in behind it lay the stone. The prostate presented a sloughing extremity, which was removed.

Vesical Calculus.—Dr. Shepherd exhibited a calculus of a peculiar shape, being of the same size and thickness as a 25 cent piece. It had been removed from a man aged 70, from whom he had removed a stone two years before. The symptoms were obscure and the diagnosis was doubtful, and it was only after very careful examination that the stone was detected. The lateral operation was performed, at first the stone could not be found, but was ultimately seized and withdrawn.

Two Solid Ovarian Tumors.—Dr. William Gardner exhibited these specimens. The first was from a patient, aged 59, who had consulted him last spring for symptoms of chronic cystitis. A tumor was easily discovered, which she said had been diagnosed eight years previously, and since then had not shown any growth. Under injections of arg. nit. the symptoms were relieved. She came back recently with a return of the symptoms, and had in her possession a concretion which she had passed by the urethra. This was sent to Dr. Ruttan for examination, and he reported that it contained nothing cystic, but was composed of fibrous tissue of some kind that had undergone calcareous degeneration. On opening the abdomen the tumor was found deep down in the pelvis, between the layers of the broad ligament on the left side, and resting against the base of the bladder. It was removed

by enucleation. On examining the tumor, an opening was found which led to a cavity in which lay a concretion exactly similar, to the naked eye, to the one she had passed by the urethra, and which had probably ulcerated through into the bladder, though no evidences whatever could be found that the bladder had been opened. Dr. Johnston, after a microscopical examination, reported the tumor to be a pure fibroma of the ovary.

The second specimen was from a patient aged 60, mother of one child, born many years ago. There had been no suspicion of a growth until ten months ago, when on consulting her physician for abdominal symptoms he had discovered it. On opening the abdomen the tumor was found on the left side and had a convenient pedicle. There was one adhesion to the sigmoid flexure or upper part of the rectum, from which troublesome hemorrhage occurred. There were no secondary growths found in the abdomen or pelvis. Dr. Johnston reported the tumor to be a malignant adenoma of the ovary. The prospects for this patient are not very good, though from the fact that the tumor was isolated, with a pedicle into which there was no extension of the disease, that there were no metastatic deposits, and from experience that the disease has not recurred in many similar cases, the patient's life may be saved. In cases where the indications or suspicions of malignancy are strong, operation should be performed with as little delay as possible.

Late Perforation in Typhoid Fever.—Dr. Lafleur exhibited this specimen and gave the following report of the autopsy. Abdomen presented tympanitic distention, and percussion showed loss of liver dullness, an indication of gas in the peritoneal cavity. On opening the abdomen there was general purulent peritonitis, both the visceral and parietal peritoneum showing patches of ecchymoses; 50 c.c. of sero pus removed; intestines agglutinated by a grayish-yellow fibrinous material. On opening the bowel, general characteristic typhoid ulceration was found extending for six feet above the ileo-cæcal valve and down to the rectum. It was late, probably about the middle of the fourth week, sloughs had already separated and healing had begun. About five or six inches above the valve a pin-hole perforation was found at the base of an ulcer, which was oval in shape and situated across the bowel, representing only a part of a Peyer's patch, the rest being quite normal. The whole of the ileum was weak, the muscular coat having become degenerated and oedematous, and as it was enormously distended with gas, it is not to be wondered at that perforation took place.

Dr. James Stewart stated that the patient, a young man, aged 25, an inebriate, had died on the fortieth day of the illness, having been in hospital for three weeks. The treatment for the

last two weeks was solely by the cold bath. The only clinical evidence of perforation was the sudden fall of temperature from 101° to 96°, as the patient was in a stuporose condition and did not complain. Dr. Stewart regretted that the baths had not been given from the first, for though this form of treatment does not seem to alter the course or duration of the disease, yet patients seem to recover better after it.

Dr. Hingston asked if the temporary reduction of temperature is of unmixed value. He attributed greater importance to the temperature than to the pulse in surgical cases, and did not approve of sudden lowering.

Dr. McGannon asked if warm bath treatment had been tried at the hospital.

Dr. Stewart, in answer, stated that statistics proved that by this mode of treatment the mortality had been reduced 40 or 50 per cent. There is a great deal more than the reduction of temperature,—there is a marked benefit to the whole system, and patients so treated soon assume a different aspect to that which is so well known and characteristic of typhoid fever.

Dr. Lafleur said that from the experience he had had of the treatment in the Johns Hopkins Hospital he fully agreed with Dr. Stewart. The clinical picture of one who has had the cold bath treatment is very different from one who has been treated otherwise. There is a general stimulating effect upon the circulation and upon the nervous system.

Dr. Shepherd, the retiring president, then read his address.

ADDRESS.

Gentlemen,—I must first heartily thank you for the great consideration you have extended to me during my occupancy of the presidential chair of this Society. I know that I have often erred on the side of strictness in my rulings, and may at times have irritated some of you. This course of action I did not pursue from any personal motive, but in what I consider the best interests of the Society. I have also, during the year, endeavored to be punctual in commencing work, and when it was commenced, to continue it to the end, without letting side issues obscure and obstruct it. Under the mild rule of my distinguished successor, Dr. Buller, you will regain your equanimity, and by his careful and skillful steering will be guided into quieter havens, and there feed on the scientific food so richly provided for you.

The year just expired has been an eventful one for this Society and for medical science at large,—an eventful one for this Society for several reasons. First, because it had been marked by the advent amongst us of a goodly number of our French brethren, who, with that spirit for which they are so famous, preferred joining an already established English-speaking Society, in which the proceedings were carried on in, to them, a foreign tongue, to establishing a society of their own. This step on their part is the proper one, and emphasizes the fact that in the republic of science, and medical science particularly, there is no distinction of nationality, language or creed. Such unions with our brethren will greatly tend to break down the barriers which it would be foolish to deny have

been raised up between us, and make us proud to be called by the common name of Canadians. A second reason which makes this a memorable year is a most melancholy one. On no less than four occasions has it been our sad duty to pass resolutions recording our esteem and respect for members deceased. Two of these had been honored with the highest post it is in your power to bestow—the presidential chair—and all had done good and honest work for the Society, as the records will attest.

The first to leave us was *Edward Henry Trenholme*. For years he was an active member, reading numerous papers and entering into all the discussions. He graduated in 1862 from McGill University, and soon established himself in successful practice. He was a man of ability and great surgical daring, of no small amount of originality in the department of gynecology, which he made his special study. He contested with Batey the priority of the operation of removal of the ovaries for the cure of the more chronic forms of disease of these organs, and in many other ways made himself known to the profession abroad as a pioneer in certain departments of gynecology. He had his faults, but all must concede that he was devoted to his profession and did what he could to further its advancement.

The next member for whom we had to mourn was a much younger man, but one whose performance was already considerable, and who gave high promise of the accomplishment of greater things in the future. All who knew *Richard Lea MacDonnell* as intimately as the speaker could not help loving him. Those in trouble could wish for no kinder friend, and the good deeds he did were not proclaimed from the housetops. He was the soul of honor, and could not, if he had tried, have done a dishonorable act. In the young men commencing practice he was especially interested, and was at all times their friend. The students who were so fortunate as to be under his charge could not help feeling his influence for good, for he inspired all with a high sense of their duties in the profession they had chosen. Dr. MacDonnell graduated in 1876 and after a year abroad became connected with the teaching staff of McGill University. He at the time of his death had earned a solid reputation as a careful, exact, and skilful teacher of clinical medicine. He read many papers of great value before this Society, and when present took part in the discussions, to which he always added much interest. He was the first to draw attention to the absence of the patellar reflex in diphtheria, and his paper on the symptoms of *Tracheal Tugging in Aortic Aneurism*, since its publication in the *London Lancet* last winter, has attracted much attention. His paper on *Typhoid Fever*, read before this Society over a year ago, was a good sample of his honest, painstaking, and accurate work. At the time of his death he was engaged in writing an important section of a new work in the *Practice of Medicine*, edited by Prof. Pepper. If there were more Richard MacDonnells in the profession, both its tone and general status would be much higher than at present. A strong man has gone from amongst us whose memory will long survive, and whose influence will long be felt.

Soon after Dr. MacDonnell's death we had to assemble again for the purpose of offering our tribute to the memory of *Thomas Anderson Rodger*, who was cut down in the prime of his manhood when he apparently had many years of good work still before him. He graduated from McGill University in 1869, and was soon engaged in a large

and lucrative practice. He was a man of action, and had many devoted friends, his geniality, bonhomie and heartiness involuntarily attracting many to him. As a practitioner he was most successful, being endowed with a huge amount of common sense and tact, which, united with good abilities, ensured his success. As surgeon-in-chief of the Grand Trunk Railway, he was known from one end of the country to the other, and was welcomed heartily wherever he went. He some years ago occupied the presidential chair, and at the time of his death held the honored position of a member of the Medical Council of Quebec. No one will be more missed from among us, and no one will be more difficult to replace than Tom Rodger.

The last member whose death I have to notice is *Robert Godfrey*, who graduated in 1844 from McGill University. Dr. Godfrey belonged to a generation earlier than that known to most of you. He was one of the most honored general practitioners in Montreal, and his kindly sympathetic manner, shrewd worldly wisdom and great experience made him a valued friend and counsellor. Dr. Godfrey for many years was connected with the Montreal General Hospital, and had acquired a considerable reputation in plastic surgery, for which he had peculiar aptitudes. At the time of his death he had retired from practice with a well-earned competence, having more than accomplished the allotted three-score and ten years, to which it is the fortune of so few of us to attain. Dr. Godfrey also has filled the presidential chair, and has done good work in connection with this Society. He rests from his labors.

The past year has been an eventful one also on account of the large amount of excellent work brought before us in the shape of rare and interesting cases, numerous pathological specimens and instructive papers. One striking feature of the year was the increase in the number of the younger members who contributed to the proceedings, and this notwithstanding the fact that some of them had formed a society distinct from this, in which, I am informed, good work is being done.

Our contributions to pathology have been especially prolific and valuable. No less than twenty-two members have brought before us one or more pathological specimens. Drs. Armstrong and Johnston head the list with no less than eight contributions each; next comes Drs. Alloway, Jas. Bell and the President with six each; Dr. Laphorn Smith with five; Dr. Roddick with four, and Dr. MacDonnell with three. Specimens were also shown by Drs. James Stewart, Geo. Ross, H. D. Hamilton, Finley, Reddy, Hutchinson, McConnell, Gurd, Hingston, Reel, Springle, Molson, Wm. Gardner and Tunstall of Kamloops, B. C. I shall not attempt to enumerate the various specimens contributed, but from the names mentioned it will be seen that they cover every department of medicine and surgery. Another feature has been the exhibition of patients the subjects of rare interesting diseases and operations. These were shown by Dr. Jas. Stewart, Dr. Molson, Dr. Jas. Bell, Dr. England, Dr. Gurd and the President. Papers and reports of cases were read by Drs. Richard MacDonnell, England, Allen, Kenneth Cameron, Jas. Bell, Springle, Johnston, Hutchinson, O'Connor, Alloway, Laphorn Smith, McKechnie, Geo. Brown, Ruttan, G. T. Ross, Wesley Mills, James Stewart, McConnell, Buller, Lockhart, Armstrong and Blackader. In fact, no less than thirty-two members of this Society have, during the past year, done something to forward its work and increase its usefulness. This certainly speaks well for the

vitality of the Association. We have had many papers of more than usual interest and value; among them I might mention Dr. Stewart's paper on *Epilepsy*, Dr. Rutnan's paper on a *New Method for Estimating Actone in Urine*, Dr. Blackader's on *Infants' Foods*, Dr. Johnston's on *Bacteriological Examination in Cases of Diphtheria*, Dr. G. T. Ross's on *The Study of Koch's Treatment of Tuberculosis in Berlin*, and other papers of interest were contributed by Drs. Armstrong, Lockhart, Buller, McConnell, Mill's, Geo. Brown, James Bell, Laphorn Smith and McKechnie.

The average attendance was large (28.2), and at some meetings over forty were present. This shows that the interest in the Society is increasing, and that the profession in general are becoming aware of the educational and other advantages derived from regular attendance at the meetings. The attendance of the younger members has of late been very large, and I hope that every year will see an increase in their numbers, and especially of those who contribute to the proceedings. All that is needed is to begin, for it is the first step that costs. Every man who sees cases and observes them must have something to tell, and he also must occasionally see some cases that puzzle him and on which more light needs to be thrown. What better method is there than bringing such before this Society, keeping in mind the old proverb that "in a multitude of counsellors their is wisdom."

The debates on papers read have often been very poor and barren, and it would be well if the Society could improve itself in this respect. If the members would read up the subject of the paper before coming to the meeting they might often get up interesting debates; indeed many who would have much to say in private about the paper become shy and dumb in public. The only thing is to always endeavor to say something about the paper, if it is in your line of work, and say what you have to say shortly and clearly; but you should know what you want to say before getting up, and should not improvise as you go along. You will say, however, that the object of the President's address is not to give unasked for advice, so I shall stop before I have gone too far and proceed to discuss matters less personal.

The past year has been an eventful one to medical science in general, because it will always be associated with the name of Koch and his discovery of a remedy which he called tuberculin, and which he hoped would solve the problem of the cure of tuberculosis. The discovery of no other remedy ever raised such high hopes which were condemned to be so bitterly disappointed. The general public went mad on the subject, and they were aided by members of the profession. It is not a year since this potent remedy was made known, prematurely, it is said, and against the wish of its great discoverer. The world was soon startled with accounts of its marvellous properties, which read like a fairy tale. These accounts, however, were too good to be true. They were received with suspicion by the more cautious and thoughtful members of the profession, but the majority read and believed. Well, like other remedies, tuberculin has had its rise, decline and fall, the only difference being that it rose higher and had to fall further. The history of this remedy is familiar to you all, how the lay press was full of its marvellous performances, how those sick unto death were made well, and how it was confidently hoped that now one of the greatest scourges of the human race was laid low, that other discoveries would follow, and if perpetual youth could not be

bestowed upon us, yet almost perpetual life would be our portion. The medical press, though not so extravagant in its promises, still felt the surrounding elation. The whole world became excited, and towards Berlin commenced a pilgrimage greater, perhaps, than ever took place in Mecca, and with much less satisfactory results. Many universities and societies sent ambassadors, or perhaps I should call them disciples, to learn wisdom at the feet of the great Bacteriologist. Others waited for more light; they were the wiser, for in nearly every case the pilgrimage gave no results and no good purpose was accomplished. This good city of Montreal was also stricken with the madness, though only to a slight degree, and although no members of our Society were sent as ambassadors, still two of our more enterprising confreres went out to see the "reed shaken by the wind," on their own responsibility. When they returned, they gave us graphic and interesting papers concerning what they had seen abroad. In the meantime some of the wonderful fluid had been procured here, and was made use of in the hospitals, but no such results as we had read of were ever seen, in fact the remedy did much more harm than good, and soon it ceased to be employed. The stage of disenchantment and even vituperation has now come, and the great name of Koch has gained no fresh laurels as yet from his discovery of tuberculin. Some of the more sanguine minds hope with Lauder Brunton that "Koch's tuberculin may yet fulfil the hopes of its able and single-minded originator." It is possible that, deprived of its dangerous elements, it may yet be of service in the treatment of tuberculosis. At any rate, a new line of research has been opened up, and discoveries of great importance may yet await the patient investigator of infective diseases and their germs.

Gentlemen, when I commenced this address I had no intention of saying so much, but, like all poor sermons, length is a distinguished feature, and it is much harder to be terse than discursive. Before I close I should like to express my appreciation of the services of one to whom we are all indebted for the great success of last year's work. I allude to our late secretary, Dr. McCarthy. Without him I should have been like a ship without a rudder. His foresight, discretion and diligence have made the position of President a comparatively easy one, and his published reports are a credit, not only to himself, but to the Society.

Gentlemen, again I thank you all for the kind manner you have borne with me, and I shall gladly retire into the back benches once more, from the obscurity of which, perhaps, it were wiser that I had never emerged.

Progress of Science.

MEDICAL MISCARRIAGES.

(From the annual address of the President of the American Academy of Medicine, T. A. ROBINSON, M.D., LL.D., delivered at the Sixteenth Annual Meeting in Washington, D. C., May 23 to 26, 1891.)

The accidents referred to will be considered in reference to the publication of medical books and of medical journals, the work of medical societies and medical colleges and of medicine itself. Abortion or miscarriage, using the words

synonymously, as most do, is the expulsion of the product of conception prior to viability. A fetus is viable when it is able to live external to the mother. Further, by means of the *couveuse* and *gavage* a feeble, prematurely born child may frequently be developed into a vigorous, healthy infant.

Referring first to the publication of medical books, four-fifths of the entire number are abortions, blighted conceptions, moles or perishing from myxomatous degeneration of the placenta with consequent arrest of nutrition. They either have no life when expelled from the press, or are so feeble that they only give a gasp and die—they are not viable, or else though they may have reached the term of viability, they perish because the profession refuses them food.

Of that numerous class of books called quiz compends, those helps for lazy, penniless or penurious medical students, I say nothing, except that they interfere with the sale of text books, and often contribute to inferior professional attainments; with their slim limp forms, so that half a dozen might be hidden in coat pockets, they are booklets rather than books, just as pigmies are not men—they live, it is true, but their life is the low life of parasites and not of independent existence.

The number of medical journals issued in the United States is about one hundred and fifty. Every year some are born and others die. Some journals are the property of medical publishers, and have as their primary object advertizing their books. A few are issued by medical societies, and a larger number by medical colleges, or at least in their interest. Dealers in drugs and medicines, or in instruments used by the profession are sometimes proprietors and publishers. A few journals have as their chief object, though this is concealed, the sale of proprietary medicines; occasionally a doctor from interest or ambition, or from a sincere desire to be useful to his fellow practitioners, enters the journalistic field, and is both editor and publisher, or if only the former, at least gives security to the nominal publisher and apparent owner against loss.

Probably one in ten of medical journals furnishes adequate compensation for the labor expended, and possibly one-tenth of the matter published in journals is of real value. It is not saying too much to state that many of these periodicals fail in the true work of journalism. Their chief sins are the publication of useless, or of badly written articles, and failures to give a true mirror of medical opinion and practice, and to present clear, full and just notices or reviews of new books. One can count on his fingers, some would say of one hand, all of the one hundred and fifty journals whose book notices or reviews are of any value, or should be regarded as carrying any weight with the intelligent profession. The most of the notices are simply helps for the publisher's advertisements, running

thus: "This is a very valuable work, and no physician's library can be complete without it." Or again, "The profession is under obligations to the talented author and to the publisher of this excellent volume." Or once more, "This book is entitled to and will receive the warm commendations of doctors everywhere. The paper, the typography and the press work and binding reflect the highest credit upon the great publishing house which issues the volume." Am I right in asserting that such notices are abortions?

The qualifications of a good medical editor are many. He ought to be a practitioner and a practical man, knowing from his own experience just what doctors need most to help them in their daily work, and how it can be presented in the simplest and clearest form. No man should attempt the duties of a medical editor unless he is a good obstetrician, especially as it relates to the diagnosis of pregnancy and the care of premature and feeble infants. Let me remind you that Socrates in Plato's *Theætetus*, states that he is the son of Phænarete, a brave and burly midwife, and that he practised midwifery—that he attended men, and not women, that he practised on their souls when they were in labor, and that his art had his triumph in thoroughly examining if the thought which the mind brought forth was a false idol or a true birth.

Let me press the analogy a little further. The medical editor ought not only to differentiate between true and false pregnancy, but he should also be able to tell whether gestation has reached the normal term. Unfortunately errors in diagnosis are very frequent. Pseudocyesis is not uncommon; tympanitic distension may be mistaken for pregnancy, and when the delivery takes place, it is simply expulsion of gas. True, brain-babies may be born, but they are too feeble to live unless carefully cared for in an incubator by the editor. An article prematurely reporting a case alleged to be cured by an operation, may be kept by the editor until the cure is established. It may be written in execrable English, but the wise editor will put good clothes on the child before allowing it to come before the public. Examples showing the justice of this criticism will frequently present themselves to all who carefully observe periodical medical literature.

Some editors may be ignorant of the characteristics of a child born at term, such as size, weight and vigorous motion, and consequently present their readers with imperfect specimens of medical reproduction.

A great error is to offer an artificial for a real baby. It sometimes happens that a doctor without any reproductive power whatever, a sort of literary eunuch, decides to write for a medical journal; of course he can produce no living child; and so he makes something resembling such child in form, but not in fact. Another, whose preg-

nancy ought to last six months, endeavors to give birth every few weeks, evolving from his inner consciousness, no true conception having occurred, something which will keep his name before the profession, and contribute to the vermiform appendix of contributions to medical literature, which shall be attached to his obituary. But, laying metaphor aside, cases which never occur are sometimes published in medical journals. Carefully scrutinized they bear intrinsic evidence of being manufactured, not produced. May the day soon come when medical editors will be wise enough and brave enough to exclude from their literary museums all artificial curiosities. Writers of fiction ought to be compelled to find some other avenue for their activity than Medicine, or else have idle pens and silent tongues.

The medical editor may be engaged in procuring abortion. Thus there is a case of true pregnancy, but gestation has by no means reached its term. The editor with few contributors and printers clamorous for copy, extorts from this pregnant doctor the promise of an article long before he can properly prepare it. It may be a fee, or friendship, or promise of influence, or something of like sort which is the abortifacient, but it does the work.

Medical societies are organized chiefly for the purpose of general professional improvement, but it sometimes happens that they are wrested for this end to the promotion of *individual interests, and necessarily abortions follow. It is not always the men who do the most writing and speaking who have the most valuable knowledge, and are most helpful to the profession—parrot-like their words may be but the echo of what others have said, and they may bring forth as the results of their own experience truths which have been common property of the profession for years. Frogs are always noisiest in the darkness, and the hen loudly cackles when she has laid an egg, but makes no such clamor when after far longer trial, weariness, sacrifice and suffering she has hatched a brood of chickens. The desire to keep one's name before the profession sometimes leads to the utterance of words without use, and the publication of papers without merit. Monographs are published both in this country, and quite as much in Great Britain, whose chief purpose apparently is to secure patients, and they are sent, labeled "with the compliments of the author," to every doctor who, by possibility, may be able to furnish a case to the distinguished specialist who has de-

voted himself so successfully to the study of diseases of the right or left big toe. It sometimes happens that statistics are presented including so large a number of cases that the story is improbable, if not impossible; for example, I have been told of a physician who reported to a county society a greater number of cases of labor attended by him in a given time than occurred in the entire township in which he resided.

Such contributions are discredited by physicians who take time to reflect; and then, too, there are men whose statements carry no weight with those who know them. We have all read of Lysander who laughed at those who asserted that the posterity of Hercules ought not to use deceit in war, and said that when the lion's skin will not reach you must patch it out with the fox's. Whatever the descendants of Hercules may do, those of Hippocrates ought to hold the truth always sacred, and a lie as utterly profane.

When one with the waters of his first annual baptism scarcely dry, or another even though having had considerable experience, has never yet learned how to observe, is giving laws in obstetrics or in medicine, it is possible that each is suffering from imagined pregnancy. So, too, the same condition probably is present when writer or speaker tells of "my method," "my plan," when plan and method were essentially employed before he was born, "my instrument," when it is the device of an instrument-maker, or is but a trifling variation from one in common use, and when it is stated "I do so and so," in an operation or in the treatment of a disease, while hundreds of others are doing the same thing without dreaming of originality, or trying to make any one believe in such originality. Would it not be refreshing to have some one read a paper upon castor oil, announcing as an original observation that this medicine is a laxative.

When I look at the long list of papers to be presented to one of the sections at the approaching meeting of the American Medical Association—papers which if all good, and I know many of them will be excellent, and properly discussed, would keep the section busy for a month. I hardly know whether to rejoice more at the fecundity of the medical brain, or to fear that some of them may be abortions.

In regard to the miscarriages of medical colleges, but few words will be said. Such accidents may occur in the best colleges; that is, students sometimes graduate who are utterly unfit to practice the healing art, and so far as the worst colleges are concerned, are they not themselves abortions?

Has not medicine itself numerous miscarriages. How many sad failures! What utter impotence in some grave disorders! A child is dying with membranous croup, and the doctor is powerless to avert the fatal issue. The poor victims of cancer—so many of them loving and loved, gen-

* I have sometimes wondered whether there might not be organized an altruistic medical society, in which each member would be forbidden under penalty of instant expulsion, stating aught that he had done of a professional sort, but should speak solely and fully of the work of others. One cannot help in this connection recalling a statement made in More's Utopia to the effect that the priests in Utopia are of a remarkable piety, and hence are few.

tle and refined women—a vast multitude with emaciated forms, staggering steps, haggard faces, upon which the deep lines of hopeless, helpless, severest suffering are graven, make a sad procession from which medicine takes away no single one, but all move steadily onward to the grave. If Mattei's discovery proves true, it will be one of the greatest blessings the race has ever had. But most probably this alleged discovery is only a delusion, and on the tomb will be written, miscarriage.

Only a few years ago, and sulphuretted hydrogen was to cure consumption. The new remedy was paraded in the newspapers, instrument makers were busy making the apparatus, in hospitals and in private practice the supposed curative agent was tried, and medical societies discussed it. The craze did not last a year; the method perished; another miscarriage!

A few months since and a great tide of doctors, and a greater tide of patients swept to Berlin with the vain hope that consumption was to be cured by hypodermatic injection of a subtle medicine. The whole civilized world was ready to shout with joy: But now, though hope is not dead, the light is very faint in comparison with what it was last October.

In connection with Koch's work, the following passage from Coleridge shows that this great philosopher did not believe in the principle which was involved in it. It is quoted, not expecting it to have immediate professional endorsement, but that it at least may be well considered: "The study of specific medicines is too much disregarded now. No doubt, the hunting after specifics is a mark of ignorance and weakness in medicine, yet the neglect of them is also a proof of immaturity; for in fact, all medicines will be found specific in the perfection of the science."

The subject of bacteriology has, I believe, undue importance in professional study and teaching. Professors or demonstrators of this department of knowledge are found in many of our medical colleges, and indeed it is proposed that hospital nurses should be taught the subject—made omniscient of bacilli and cocci, and fluent in describing cultures and experimental demonstrations. Is it not possible that we may be found tithing mint and annis and cummin, and neglecting the weightier matters of law? The splendid results obtained in abdominal surgery by Iait, Bantock and Joseph Price, all working without antiseptics, have not been surpassed—I do not believe equalled—by any three operators employing these agents. A faithful and intelligent asepsis will generally render antiseptics superfluous, and it is in case we cannot secure the former that we resort to the latter. The nail brush, soap and hot water are of more importance than corrosive sublimate and carbolic acid in prophylaxis.—*Bulletin of the American Academy of Medicine.*

SOME NOTES BEARING ON THE ADMINISTRATION OF IRON.

Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal hæmatinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the objections that have been urged against many of the iron preparations now in use. In order to make the reasons which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with the pharmacology of the drug. From this preliminary study we shall be in a measure prepared to estimate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use of this well-known remedy.

Besides the reduced iron, we have in general use the ferric and ferrous preparations, the latter being more mild, less astringent, and free from the objections to the ferric salts—that of coagulating albumin. Doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, fall of blood-pressure, and death. Although the perchloride when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously; the nerves are unaffected, but at the points of elimination inflammatory action is set up, *e. g.*, the kidneys, liver, and intestinal mucous membrane show more or less effect.

Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, unless, as just stated, it may be used intravenously or subcutaneously. Absorption takes place more rapidly in catarrhal conditions of the intestinal tract, a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble preparation of iron it will be assimilated without causing derangement of the alimentary tract and in this way the secondary effect, *i. e.*, the deposit of the metal in the system, may be avoided.

The fact should be kept constantly in view, that metals have a poisonous action upon nerves; nerve-centres, muscles, and upon all glandular structures; and as iron is a reputed hæmatinic, much harm may result from its injudicious em-

ployment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that, whatever harm has been done through this means, may have escaped attention, because few physicians are likely to investigate the presence of factitious diseases. Another factor which has contributed to lessen these evils, is the slow process of absorption.

The foregoing observations apply with equal force the effects of the drug upon the circulatory apparatus. While copper is an active agent in causing contractions of the bloodvessels, iron produces slow contractions, showing that it is less irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vasor-motor nerves central or peripheral, or to a direct action upon the muscular walls of the blood-vessels, is a question still in doubt. My own impression is, that through the influence of the medicament upon the nerve-cells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels takes place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts. Digitalis and ergot among the organic, and barium chloride among the inorganic remedies, well-known as vascular tonics, furnish apt illustrations of this important principle.

Iron has a tendency to accumulate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluble, non-astringent form, by restoring cell-nutrition to the normal.

The effect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is appreciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of performing, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination I believe is to be found in that form known as levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of Paris. The preparation known as levulose ferride is one which takes the place of a well-known and popular German

product, called *Eisenzucker* (iron-sugar), very extensively used in domestic practice. I was led to the employment of iron-sugar on account of its palatability; fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon-bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is substantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron (freshly precipitated peroxide) a measured quantity of malt-sugar (maltose) is added, and the mixture constantly stirred while exposed on a waterbath. While it possesses all the desirable qualities mentioned, the presence of metallic iron may be determined by chemical analysis, the strength of the product being about 3 per cent.

This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it cannot be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (*sarcina ventriculi* and *lumbicoides*). On the other hand, it will be especially indicated for the relief of anæmia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutrition, from any cause, where the ingestion of any form of medicament is a trial to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together with a summary of the effects following its employment, may prove interesting to the physician.

During the early summer months, I had under observation a young mother with a six month's old child, who presented a very anæmic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstanding every care had been used, she was finally compelled to seek medical aid, or go to bed. All that this patient required was something for the purpose of increasing the amount of hæmoglobin, which would restore the integrity of the red corpuscles and improve the oxygen-carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth grain) were administered along with the iron. Ordinarily, this class of patients when they begin in the early summer, suffer more or less from the effects of the heat, and become regular patrons of the doctor; but this patient did

not make her appearance again for about two months, when she said she thought it was about time to have a little more of the medicine. I may mention in passing that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

So many children are so promptly benefited by the use of a small quantity of iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow who has long been very much averse to eating meat, due I presume to defective digestion; but for the past few weeks, since he has been taking the levulose ferride, he seems quite content to eat meat alone, and is becoming strong and robust. Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidding cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's disease, and this one presented all the symptoms peculiar to the brother who died. Still, with attention to diet, out-door exercise in the country, and a tablet triturate containing three grains of levulose ferride after meals, he made a prompt recovery. Although I was unable to discover any symptoms of Bright's in this instance, I was impressed with the impression due to the anæmic condition; and yet without some readily assimilable iron preparation it would have been a tedious process to start him on the way toward recovery.

Late in the spring of the year, a gentleman, aged about thirty-five, called on me complaining of dyspepsia, although he had been under the treatment of another physician for overwork for four preceding years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus, he was placed upon levulose ferride along with strychnine sulphate—three grains of the former in tablet form, and one-sixtieth grain of the latter, and did remarkably well on this combination. This product, like all other mild preparations of iron, is mostly indicated in cases of this class, and along with these may be mentioned chorea, convalescence from lingering diseases, like typhoid fever and in all such instances, I venture to anticipate that the results will be especially favorable where proper attention is given to dietetic measures.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, each containing three or five grains. The dose for children ranges from three to ten grains, and for adults from five to thirty grains.

TOPICAL TREATMENT OF DIPHTHERIA AND CROUP.

By B. M. Behrens, M. D. of Chicago.

In presenting this paper I wish it accepted as an argument in favor of an exclusively topical treatment possessing the aim of destroying the diphtheritic infiltration wherever it is found.

It will be agreed to by the medical fraternity that we have heard all we wish to hear about the general treatment of diphtheria and croup, and in spite of all assertions to the contrary, there is not one honest physician bold enough to proclaim this or that pet remedy as infallible. Whether it be given internally, or locally as gargle, vapor or spray, it is sure to fail, except in cases of slight extent of infection, or in cases where Mother Nature herself succeeds in expelling the disease—but this is a complete failure so far as the efficacy of the remedy is concerned. There are, perhaps, physicians who still hold to the old creed, that diphtheria is a constitutional disease, with secondary local manifestations in the throat, and therefore they adhere to their pet remedy as being superior to all others; but in the minds of those who hold the other view, that diphtheria is primarily a local disease, and the constitutional symptoms secondary, it is evident that the present mode of treating it is inadequate. It is therefore, in my estimation—and my opinion is entertained by many—a Utopian dream to suppose that a remedy ever will be discovered whose specific action is of such a nature that it will check or counteract the production of toxic material or prevent its absorption. By this I mean a remedy of a chemical nature, and not one which may be discovered by bacteriology. Periodicals, and even the newspapers, are filled with "sure cures for diphtheria," that are tried to-day, to be laid aside to-morrow as sadly wanting. For, what can we expect but increased filth from remedies, taken internally or applied as gargles, sprays, and the like, the action of which on the diphtheritic plague can never be more than superficial? Whoever believes in any further effects is the victim of self-delusion, or of gross ignorance of the characteristics of the disease. And even if we must allow, to sprays at least, some mechanical effect—for instance, on the superficial layer of the diphtheritic infiltration—is it not more than likely that these will have no effect on infiltrations hid away in the deep pouches of the tonsils, or back of them? Besides, the danger lies not in the superficial layer of the infiltration, as we see it, as this contains only epithelium, pus cells and detritus, but in the deep layer of the mucous membrane, where absorption of the toxic products takes place, and the diphtheritic bacilli multiply. For this reason and because as a usual thing the fauces are first attacked by the diphtheritic infection, what is demanded of us is the complete destruction of the infiltration

even if it must take place at the cost of some healthy tissue beside.

Some time ago I had the pleasure of presenting a paper on hypertrophic tonsils, in which I incidentally mentioned three cases of diphtheritic tonsillitis, with all the characteristic symptoms of the disease, which had come under my observation, and in which the disease was cut off, so to speak, by tonsillotomy. This result was, to my mind, satisfactory evidence that a removal, or, what is next best, a thorough destruction of the diphtheretic infiltration, is the cure, and that nothing else will answer. I regard it as an endorsement of the destructive procedure I have always followed in my practice, and from which I have never swerved, unless compelled by circumstances. I have never seen any reason to alter my views, or to abstain from this proceeding, unless the disease had assumed such proportions that it was beyond the reach of treatment of any sort. There are exceptions to every rule.

The shortcomings of my procedure are admitted in cases that come under observation late, and where the toxic symptoms pursue such a rapid course that we are only in time to witness the last struggles of the victim of the disease, although even in the most desperate cases, agreeable surprises have taken place not infrequently. We give stimulants as long as there is a spark of life, and we are just as much justified in our efforts to destroy the infiltration as long as life exists. Unless the patient is moribund, and all hope of saving life is gone, I never hesitate in applying my method; and when I say that I have never regretted it, even in the most desperate cases, this is the best recommendation I can give it. We must remember that even in such extreme cases as diphtheritic infiltration of the throat, nose, and larynx, the principal locality where the absorption goes on is in the throat; I mean in the tonsils and in their immediate surroundings, not only because this place is usually the first infected, but also because this part is most richly provided with glandular structure, which not only furthers the absorption of the diphtheritic poison, but also is the least likely to be interfered with by any remedy whose aim is only a superficial action, and not a total destruction of the infiltration itself. It is, therefore, in my estimation, no contra-indication that the diphtheritis extends above or below; on the contrary, by checking the main source of absorption, so much is done toward checking the spreading of the infiltration, that we can then regard infiltrations in other localities with a certain degree of ease. In short, I mean to say, that the disease is more than half conquered when we can succeed in destroying the infiltration *in* and *around* the tonsils. This may be deemed a bold assertion, but I can only say it is my conviction. But it will be willingly admitted, that with such complications as I have spoken of, the control of the disease is lost, more or less, so far as topical treatment is concerned.

The difficulty increases in the same proportion that the infiltration extends, and the natural deduction from this is that the destroying process is best adapted, and most likely to give the best results at the onset of the disease. What is easy and feasible to-day, is perhaps out of the question to-morrow. If it were practicable, I should say, never go to a case of diphtheria without the galvano-cautery; but I must limit my advice to nitrate of silver.

If this method be adopted, it will be a question for future solution as to what cautery is best adapted for the purpose of destroying the infiltration. I must hold to nitrate of silver, as being a remedy whose action is deep enough for the purpose, which does not extend further than we wish, and any superabundance of the agent can be immediately neutralized with a harmless stuff—common salt. My experience is limited to this, and because of it having served me so well in my practice it has become my pet remedy; but, of course, I am willing to give it up for another cauterizing agent, should one prove to be better. But the question here is only as to the merit of my proceeding.

To come, now, to the details of the application of my method, I will state that I never call on any case of throat disease without my head-reflector, tongue-depressor, cotton and cotton-holders, and the nitrate of silver. This I have mitigated with 10 per cent. nitrate of potash, so that it will not so easily crumble or break. While it is melting I dip my probes in it, one with a blunt, another with a cone-shaped, sharp point; this last for the purpose of bringing the cautery deep into the follicles of the tonsils. The ends of the probes are roughened, so that the nitrate of silver will not fall off. The first thing I do is to place the light so that I can with ease throw it from the reflector into the throat. As objections in some form usually are met with in small children, I place them with the lower half of the body on somebody's lap, while I take the child's head between my knees—the position we employ in treating eye diseases in children. By pressing the tongue down and mopping off most of the detritus, I can at once get an idea of the extent of the infiltration. The first object of my attack is the locality in and around the tonsils, and I always satisfy myself that the work is done here thoroughly for the above-mentioned reason. Next comes, in the same sitting or later, the cauterization of other localities. A little while afterward I apply with the cotton-stick a solution of common salt.

As above said, we have, to some extent, lost control where diphtheria extends upward to the nose or downward to the larynx—at any rate, so far as topical treatment is concerned; so I shall only add a few words about this complication of the disease. The treatment here must be symptomatic, and according to the severity of the

symptoms. If the nostrils are clogged with mucus and pus, I apply a nose-douche of some non-irritant disinfecting fluid in grown-up patients; in small children the air-bag alone will do in many cases; and *must* do as injecting in a child's nostrils usually meets with a stubborn refusal. From the effects of nitrate of silver in other localities, we may infer that this agent would be likely to do much good here also but it would not be advisable to employ it in sufficient strength to be of any use, because of its irritating effect on the non-affected parts, as it often causes quite severe pain. With our inability to treat this part properly, it is consoling to know that there is no immediate danger to the patient's life, or very little, compared with the danger involved in diphtheria of the larynx.

Diphtheritic and croupous infiltrations are clinically the same disease. The œdematous swelling of the laryngeal mucous membrane that accompanies the infiltration, together with the paralysis of the abductor muscles, are the main factors in bringing about the threatening suffocation. When I propose to apply here also the same agent, I am well aware of the difficulties and uncertainties of the procedure. Still it has been of so much service to me in my long practice that I feel compelled to recommend it. It is only fact and fiction, that cases that seemed to demand an immediate tracheotomy were benefited by the introduction of a 20-per-cent. solution of nitrate of silver repeated as often as the symptoms required. For introducing this solution into the larynx I employ a bent cotton-holder having about the same angle as that which is used for introducing a tube into the larynx. After having soaked the cotton batting in the solution, I squeeze out most of it again, pull the patient's tongue out as far as it can be done without too much discomfort, and by a rapid movement introduce the instrument into the larynx. A choking spell, that soon passes away, indicates the success of the proceeding.

In many cases it is not practicable to pull the tongue out, but this same treatment can be made a success by simply pressing the tongue down with this tongue-depressor. As there is no harm in repeating it, if the first attempt fails, since the diphtheritic infiltrated fauces can easily stand a 20 per-cent. solution, it must not be given up until the choking announces its success. But, on the other hand, the more rapidly such manipulations are made the better for the patient and physician. How often these applications are to be made depends upon the severity and duration of the symptoms. To keep down the swelling in the larynx an external application of ice-bags changed as often as required, will be found of very great utility, and children, after becoming used to them, will very often crave for them again if they are taken away, although there is in

any other way not much comfort connected with their use.

This is a general outline of my method of treating this disease. It would take me too long to detail it further, and I would probably trespass too much upon your indulgence if I further mentioned the advantages, and certainly, also the shortcomings, of this proceeding, in dealing with a disease that just as often leads to good results under the most innocent and expectant treatment, as it baffles the skill of the most expert and conscientious physician. I have no statistics with which to support my statement. I can only say that for fifteen years I have treated no case of diphtheria in any other way. When one physician states that he lost some cases because his patients would not take the medicine, and another one that he never lost a case treated with this or that drug then the value of statistics becomes very problematic. Only in hospitals for diphtheritic patients where one or the other proceeding would be given a fair trial, would statistics be of any value. But, so long as no such opportunity exists, individual claims for this or that remedy or procedure must be considered of doubtful merit. I do not expect any unconditional acceptance of my views, but I do expect an unconditional surrender of the old ones. We owe thanks to the bacteriologists who have branded this disease as a filth disease, that is, one bred by filth and breeding filth and one whose invasion usually starts in the throat. There is no loop-hole though which we can escape the urgent necessity of doing away with the filth. Nobody would think of soaking a diphtheritic ulcer externally with some indifferent drug, but he would cauterize it in one way or another to bring about healthy granulations, and thereby check the hideous disease. And why not, then, do the same thing in the throat? What excuse is there, other than customary laziness or hopeless fatalism for not even taking the trouble to inspect the throat, and for prescribing some innocuous drug that can never have the effect of checking the production of the toxic material, or of preventing its absorption? We scoff at christian science healers and faith-cure, but if this way of treating diphtheria is not faith-cure, then I do not know what it is.

Before finishing my paper, allow me to mention what I consider a real advance in the treatment of this disease—that is, the use of the spray. It does not meet all the requirements, but I cannot help regarding it as a step in the right direction. It has a sound basis, so far as it intends to remove the filth, and aid in its expulsion and in the sterilization of the infiltrated part. But I fail to see how we can expect from it any effect at all comparable to that which destruction of the infiltration yields. I am more inclined to believe that these two agents—cauterization and the spray—employed simultaneously, would give the best results, but I have not employed the spray

so often that I am prepared to speak more definitely about it. But, then, the spray would have to be employed almost continuously, and not only once in a while and by inexperienced hands. If such a proceeding can hardly obtain any footing it must rather be ascribed to the difficulty of practising what we preach than to the failure of the method.

Another achievement that apparently indicates progress is the intubation of a diphtheritic larynx. The dexterity which this implies would find a better field if it were used for the purpose of effecting a change for the better in the diseased condition of the larynx. This it cannot do, and has therefore, no more justification than that of being a bloodless relief from suffocation. The enthusiasts do not claim more for it either, so far as I know, unless it is to raise the percentage of successful results upon those intubated, after it becomes more commonly adopted and improved in its working details. This has not been effected up to this time. About 30 per cent. saved sounds better than 70 per cent. not saved. In this it stands equal with tracheotomy, but in the infliction of suffering upon humanity it stands far above the latter procedure. How far it will succeed in replacing tracheotomy is a question the future will solve; but even if it does do so, I cannot see any grand achievement in the method as a way of dealing with a filthy disease. By either of these two methods the disease is being complicated, certainly from necessity, as long as fatalistic prescribing reigns supreme. But when the view once shall be commonly accepted, that a diphtheritic infiltration in the throat ought to be as severely dealt with as a diphtheritic ulcer externally, then there will be less call for either of them. If we are to attain this end, then it is our duty to arm ourselves with the head-reflector, to see for ourselves, to make the diagnosis, and to carry out the treatment, and not merely prescribe something. This reached something better is sure to follow.—*Medical News*.

REMARKABLE EFFECTS OF DIURETIN IN REMOVING DROPSY,

By Robert H. Babcock, A. M., M. D.

Case I.—Mr. B., aged 63, manufacturer, corpulent, March 1, last. I found his heart's action weak and arrhythmic, and oedema had assailed his lower extremities. There was anorexia, together with obstinate constipation. He was ordered to keep the house, and measures were taken to regulate the heart and invigorate the function of the kidneys. But all to no purpose. Hydragogue cathartics, digitalis, and caffeine exerted absolutely no effect on the dropsy, although the influence of the heart tonics in increasing arterial tension was combated with nitro-glycerine and nitrite of sodium. Oedema steadily advanced upward until, at the end of a week, it had in-

involved the genitals and invaded the peritoneal cavity. The heart's action was very bad, and attacks of cardiac asthma were frequent and violent, while a hard cough, with scanty serous expectoration, increased the suffering. Determining to waste no more time I ordered diuretin (Knoll) as a last resort. The remedy was begun Tuesday afternoon, March 10, and ninety grains taken the first 24 hours, and subsequently one hundred and twenty grains a day for four days. The result was astonishing. From a pint and a half during the 24 hours immediately preceding, the urine increased to twelve pints the next 24 hours, and, under one hundred and twenty grains of diuretin, to fourteen pints the second day, and eight pints the third day. At my usual visit that afternoon (Friday), I found oedema had disappeared, excepting slight puffiness about the left internal malleolus. The following Monday there was not a trace even of ascites. All dyspnoea had vanished, and the cough was no longer troublesome. There was, however, perceptible enlargement of the liver from passive hyperæmia, and a week later the patient again resorted to diuretin for a couple of days, owing to a recurrence of slight ascites. At present he is about and in possession of far better health than for months prior to his illness. During the administration of the diuretin no other remedy was taken.

Although said not to exercise any direct effect upon the pulse, it certainly in this and the following case manifested marked improvement, the rate becoming nearly normal and perfectly regular for minutes together. This I was inclined to attribute to indirect influence through diminution of arterial tension consequent upon the rapidly lessening venous engorgement and hence improved circulation.

CASE II.—Miss S., aged 18 years, has been confined to bed for nine weeks with heart disease, March 7. Physical signs showed the case to be one of mitral disease, stenosis predominating. Heart's action rapid and irregular, and signs of venous stasis very marked. Oedema involved the feet and legs nearly to the knees, and the enormously enlarged liver from passive hyperæmia was giving the patient much suffering. The urine was that of renal congestion, and in quantity not much more than a pint in 24 hours. Ninety grains of diuretin were ordered in divided doses during the 24 hours, and continued for six days. It was difficult to collect all the urine, owing to involuntary micturition at times, but the amount passed could not have been less than six pints in the 24 hours. By the end of the sixth day the oedema had practically disappeared. During the administration of the remedy the action of the heart became manifestly slower, stronger, and perfectly regular.

In this instance, I believe, the effect was not greater because of the interference with absorption produced by the portal obstruction; and

so soon as the diuretin was discontinued the anasarca began to reappear.

Case III is a hospital patient with chronic parenchymatous nephritis, who was generally anasarca upon admission to the ward March 30. He had become chilled and wet, which apparently had occasioned an exacerbation of an old long-standing malady. Urine was scanty; of high specific gravity, and contained a large amount of albumin, besides granular and hyaline casts. The anasarca increased greatly, and by April 3 he was passing only about a quart of urine in 24 hours despite the free administration of all the diuretics at command in the hospital. April 10, diuretin ninety grains in 24 hours, seven grains and a half being taken every two hours. The renal secretion rose at once to one hundred and forty-six ounces in 24 hours, and at the end of two days the patient begged to have the medicine discontinued. At the time of my rounds on Monday morning the œdema had vanished absolutely, and abundant diuresis was still maintained. In fact, the quantity of urine voided on the 14th—two days subsequent to the discontinuance of the medicine—is reported to have been one hundred and sixty-one ounces.

Case IV.—A male patient, aged 61 years, March 18 last, suffering from recent pleurisy with moderate effusion of the left base. In addition there was general arterio-sclerosis; with moderate hypertrophy of the left ventricle and a passively hyperæmic liver. An enlarged spleen, firm, with rather thin borders, could be plainly felt. He was somewhat anæmic, and gave a history of several attacks of malaria during the past three years. His condition remained pretty much in *statu quo* until the 25th, when slight œdema of the feet and ankles was reported. The urine analysis on the 28th showed much albumin but otherwise nothing abnormal. In spite of digitalis, the œdema increased somewhat, and by April 15 some ascites had made its appearance. Urine analysis at that date showed no albumin and no casts. I regret to say a quantitative analysis of urea was not made. But the case is probably one of general arteriosclerosis, with cirrhotic kidneys. April 16, sixty grains of diuretin (Knoll) ordered during the ensuing 24 hours. But no apparent effect was produced, as he passed but thirty-three ounces of urine. The medicine was then increased to ninety grains, with like want of effect. It was not until the remedy was increased to one hundred and twenty grains daily that its characteristic action became manifest.

With reference to Case II, I should like to add that, since the foregoing report of her experience with diuretin was penned, I have been obliged to order it for her again, and the effect upon her pulse and general condition is wonderful. Two days ago the radial pulse was extremely weak and arrhythmic, the integument over the sacral region was œdematous, her abdomen greatly

distended with ascites and tympanites, producing constant pain, and every half-hour or so she would pass into a state of unconsciousness and rigidity, the pulse becoming almost imperceptible at the wrist. This morning the pulse was fairly full and regular, she had passed a tolerably comfortable night, the œdema of the back had disappeared, and she was free from pain. In short, she had passed, from a state of great discomfort to one of comparative ease.

Conclusions.—1. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy.

2. Not increasing arterial tension, it is likely to succeed where digitalis, caffeine, and their congeners fail.

3. In cases of cardiac dropsy, with great feebleness of the pulse and arrhythmia, it will strengthen and regulate, rather than depress, the heart's action.

4. It appears to cause no irritation of the stomach or kidneys.

5. It requires to be given to the extent of from ninety to one hundred and twenty grains daily, and preferably in small doses frequently repeated.

6. It is best administered either in solution in warm water or in gelatin-coated pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the theobromine.—*N. Y. Med. Jour.*,

NAPHTALENE IN DYSENTERY.

The Berlin correspondent of the *Provincial Med. Jour.*, states, that among the uses of naphthalene we have now to reckon its employment against dysentery. Very excellent results have been yielded by it when applied in the form of suppositories, made as follows:

R. Naphtalene, gr. viij-xv
Ol. theobromæ, ʒijss. M.

Fiat. supposit.

It may also be advantageously employed in the form of an enema with oil, according to the appended formula:

R. Naphtalene, ʒi
Ol. olivæ, ʒiv M.

Sig. Use several times a day at first.

The hydrocarbon has also proved useful against oxyuris vermicularis. For children a clyster is prepared in somewhat different proportions, thus:

R. Naphtalene, gr. xv
Ol. olivæ, ʒx-ʒxv M.

It may also be pointed out that naphthalene has been recommended against thread-worms in children. In doses of two grains, internally it is said to be safe and reliable.—*St. Louis Med. and Surg. Jour.*

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MONTREAL, DECEMBER, 1891.

AN HONOR TO CANADA.

We learn with a great deal of pleasure that the Council of the British Medical Association, the most influential medical body in the world, has invited Dr. Hingston of Montreal to read the address on surgery at its next meeting. This honor, which is held in great esteem by the profession in Great Britain, is generally conferred upon the leading surgeons of London, Edinburgh, Glasgow, Dublin, or other great cities, last year devolving upon Professor Chiene, of Edinburgh. We congratulate the association upon the choice it has made and can assure it that it will be appreciated not only as an honor to Montreal, but to the whole of Canada, between which and the Mother country it will add one more to the many bonds of affection already existing. As the surgeon-in-chief of the oldest, as it is one of the largest hospitals in Canada, Dr. Hingston has for nearly a third of a century enjoyed a position which may be said to be unique on this continent, and if his address deals at all with his experience we venture to predict that it will prove both interesting and instructive even to such a large body of the ablest surgeons of the day, as will be found in the surgical section of the British Medical Association.

CHANGES IN THE MEDICAL ACT.

At a recent meeting of the Canada Medical Association there was a generally expressed feeling that the present four years of six months was not a sufficiently lengthy period for the learning of the greatly increased amount of knowledge which the practitioner of to-day is obliged to possess. There is also a growing feeling among medical men that the time is rapidly approaching when any great increase in the proportion of practitioners to the community at large would lead to a serious struggle for existence, and that the best way to keep the number of physicians within a safe limit would be to raise the standard required both for admission to the study and also to the practice of medicine. To this salutary provision there are always ill-advised objectors who raise the cry that elevating the standard, which means increased cost of obtaining a medical education, would shut out many able but poor young men. If these gentlemen would push their argument a little further they might say that the course should be reduced to one three months' session; for then certainly a great many more poor but able men might enter our ranks. But of what use is it to admit all those poor but clever young men if there are no patients for them to exercise their skill on. For us we can only see one result from reducing the standard and the cost and that is the flooding of the country with *doctors* who are far from *learned*, who would prefer to earn their living honestly if they could, but failing that must earn it in any way they can. When a man is starving we cannot ask him to be very particular how he obtains bread. We regret to say that the sacrificing of the welfare of the whole profession for the sake of obtaining another fifty students is seen most, not among the teachers of small colleges who work without any pay, but among the well paid professors of the larger schools. For this reason the establishment of a central examining board to be

called the University of Canada, as first proposed in the columns of the CANADA MEDICAL RECORD, is a consummation devoutly to be wished for. No one can doubt for a moment that a course of study extending over five years of ten months each would make a better qualified practitioner than one who has only studied during five years of six months each. In its present crowded condition it is more than ever necessary that candidates for admission to the study should be *gentlemen* who have received a liberal education, and who after admission to practice will have some little means to support them until they can honorably acquire a practice. For these reasons we are totally opposed to admitting graduates of foreign schools unless on examination they shall have reached the standard set up for our own candidates. Let the money-making corporations of Great Britain provide for the unfortunate graduates whom they are launching out by thousands without any prospects of earning a living, and let us see that we do not manufacture more than our own country can support.

BOOK NOTICES.

A B C OF THE SWEDISH SYSTEM OF EDUCATIONAL GYMNASTIC. A practical hand-book for school teachers and the home. By Hartvig Nissen. With 77 illustrations. Price 75 cents nett. Philadelphia and London: F. A. Davis, publisher, 1891.

REPORT OF THE SANITARY STATE OF THE CITY OF MONTREAL; Also an account of the operations of the Board of Health and the vital statistics for the year 1890. By Louis Laberge, Medical Health Officer. Montreal: Eusebe Senecal & Fils, Printers, 20 St. Vincent Street, 1891.

ON DERMATOL, A PROPOSED SUBSTITUTE FOR IODOFORM—ITS USE IN SURGICAL PRACTICE. By Charles A. Powers, M.D., Surgeon to the Out-Patient Department New York Hospital; Instructor in Surgery New York Post-Graduate Medical School and Hospital. From The Medical Record, October 17, 1891.

RUPTURE OF THE CAPSULE OF BOTH LENSES, WITH OTHER DAMAGE TO THE EYE, FROM PLEURO-PNEUMONIC COUGH. By Casey A. Wood, C.M., M.D., Pathologist to the Illinois Eye and Ear Infirmary; Ophthalmic Surgeon, Alexian Hospital; Professor of Ophthalmology, Chicago Post-Graduate Medical School. Reprinted from the Montreal Medical Journal, August, 1891.

A CLINICAL REPORT OF OPERATIVE SURGERY IN THE SERVICE OF DR. WILLIAM T. BULL, at the New York Hospital during October and November, 1889, and from February to June 1890. By William B. Coley, M.D., late House Surgeon. Reprinted from the *New York Medical Journal* for April 18 and 25, May 2 and 30, June 20, and August 29, 1891. New York: D. Appleton & Co., 1891.

AGE OF THE DOMESTIC ANIMALS. Being a complete treatise on the dentition of the horse, ox, sheep, hog and dog, and on the various other means of determining the age of these animals. By Rush Shippen Huidekoper, M.D.

This work presents a careful study of all that has been written on the subject from the earliest Italian writers. The author has drawn much valuable material from the ablest English, French, and German writers, and has given his own deductions and opinions, whether they agree or disagree with such investigators as Bracy Clark, Simonds (in English), Girard, Chauveau, Leyh, Le Coque, Goubaux, and Barrier (in German and French). The illustrations have been mainly taken from these authors, and it would be extremely difficult to improve upon them. There are, however, a large number of original illustrations on the horse, cattle, sheep, and pig. There are, perhaps, very few men as fully equipped and as thoroughly qualified as Dr. Huidekoper for giving to those interested in the subject a work so complete and trustworthy as this one.

HANDBOOK OF MATERIA MEDICA, PHARMACY, AND THERAPEUTICS, including the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription writing, with thumb index in each copy, including over 600 formulæ. By Sam'l O. L. Potter, A.M., M.D. (Jeff'n), M. R. C. P. (Lond.), Professor of the Theory and Practice of Medicine in the Cooper Medical College of San Francisco; author of "Quiz-Compend's" of Anatomy and Materia Medica, "An Index of Comparative Therapeutics," and "A Study of Speech and its Defects." Late A. A. Surgeon, U. S. Army, and Brigade-Surgeon, N. G. of California. Third edition. Revised. Price \$4 cloth; \$5 in full leather. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1891.

"Dr. Potter's Handbook will find a place, and a very important one, in our colleges and the libraries of our practitioners. It contains almost everything that can be found in the larger works in a more concise form and brought up to a rather more recent date..... The section on pharmacy and prescription writing is very carefully prepared all the pharmaceutical processes are described, and the composition of the official preparations is given. Under the head of prescription writing considerable attention is paid to the subject of incompatibilities, and the student will here find many valuable hints for his guidance in this difficult subject. Besides this there are, under the head of special therapeutics, very many formulas for the treatment of particular diseases and abnormal conditions, arranged alphabetically for easy reference. This will be especially valuable to young practitioners, and will frequently save the trouble of looking through large works and monographs for suitable formulæ in the treatment of special cases. This department is fuller in this book than in any with which we are acquainted."

TRAITÉ PRATIQUE DE MATIÈRE MÉDICALE DE THÉRAPEUTIQUE ET DE TOXICOLOGIE. Par H. E. Desrosiers, M. D., Professeur de Thérapeutique à l'Université Laval, Professeur de Matière Médicale au Collège de Pharmacie de Montréal, Médecin de l'Hôpital Notre Dame. Large Octavo volume of 800 pages. Price, cloth, \$5.00; full leather, \$6.00. Montréal: J. M. Valois, Libraire-éditeur, 1626 Rue Notre-Dame, 1892.

The treatise on *Materia Medica* and Therapeutics which our esteemed confrere Dr. Desrosiers has just published and which consists of his lectures in the Medical Faculty of Laval University, Montreal, delivered between 1880 and 1891, has been expected for some time. When the work was nearly ready for printing a fire broke out in the publishing house and destroyed all the plates. Neither this nor many other difficulties were sufficient to make the author or publisher lose courage for they speedily set to work again and now the result is before us. It is the first work of the kind ever published in Canada and we are proud to say that it is one which any country might be proud of. In fact this work of Dr. Desrosiers and that of Dr. Wesley Mills on physiology will place Canadians, as far as they have gone, in the front rank of medical authors. Dr. Desrosiers' treatise is divided into five distinct parts. In his preliminary remarks he has studied absorption, the action and elimination of drugs in general, those which act similarly and dissimilarly, the mode of administration and dose. The study of these general principles we have always contended were necessary for the comprehension of their application to each drug in particular. Then comes classification based both on the physiological action and the therapeutic effects, a drug being placed for instance in the category of depresso-motors, not only because it possesses a depresso motor action, but also because it is employed in the treatment of diseases characterized by excito motor power, such as convulsions and spasmodic affections. Then comes the study of *Remedies* in the order of this classification. In this part the practitioner and student are shown the action and the mode of action of the different classes and sub-divisions, those which affect the nervous system, hypnotics, anaesthetics, those which affect the circulation. This part will prove of great utility to students in helping them to study treatment as a whole and enabling them to undertake with comparative ease the study of remedies in particular. As for the latter by placing them in their alphabetical order the author has saved the readers the annoyance of hunting all through the work in order to learn all there is to be known about any particular drug. The chapter on each drug is complete in itself. We are glad to see that the author has left out all the pure pharmacology, devoting all his space to the action of the drugs on the organism and their application to the treatment of diseases. In this section the reader will find all the new remedies such as antipyrin, antifebrine, aristol, spermine, phenacetine, microcidine, ural, analgine, etc., while the good old standbys mercury, arsenic, and iron have not been forgotten. The doses are given in ounces and grains as well as in grammes, the standard being that of the British pharmacopœia. A useful chapter on toxicology treats of all the poisonous drugs and the management of cases of poisoning by them. The last part of the work is devoted to applied therapeutics, comprising an alphabetical list of 255 diseases or important symptoms with their appropriate treatment. This will be of the

greatest value to the physician who often requires a speedy means of refreshing his memory in the presence of an urgent case. By a very simple arrangement of the printing one can see at a glance whether any given drug is of greater or lesser importance, all the drugs of recognized value being printed in large type while those of lesser or doubtful value are printed much smaller. We might take this opportunity of saying that the paper and printing are equal to the best of any American or European work. Taking it altogether Dr. Desrosiers' book is one that every Canadian physician or student who has the good fortune to understand French should at once procure, as the edition is limited and already a large number have been sold.

ACKNOWLEDGMENT.

VINOLIA SOAP.—We have much pleasure in acknowledging the receipt of a sample of this soap which we have tried and found very satisfactory. It is pleasantly scented and being superfatted so as to contain no free alkali it is beneficial instead of injurious to the skin, as are many other soaps. The relation of impure soap to skin diseases is not generally known, but any one desiring information on this subject can obtain it on application to the proprietors, Messrs. Blondeau & Co., corner Watts and Greenwich Streets, New York.

AMERICANS IN THE RIVIERA.

The *British Medical Journal* of Dec. 5th, 1891, says:—"Dr. Wendt has been commissioned to visit the Riviera and the health resorts of the south of France in order to study and to report on the healthy conditions and the sanitary (or insanitary) arrangements, municipal and domestic, of the towns and hotels at such places as Cannes, Nice, Pau, Hyeres, Mentone, Monaco, San Remo, Alasio, Bordighera, Florence, and Naples. He will find much to exercise his industry and acumen—much to blame, something to encourage, and many causes for warning to his countrymen. American visitors to the Continent are particularly liable to typhoid—of which the frequently recurring and sad examples are probably the main cause of this journalistic tour of inspection. Part of this special liability probably arises from their habit of drinking iced water. So long as, following the advice of Dr. Herman Weber, they confine themselves to natural mineral waters of recognized purity, they are safe. But these are not always at hand, and all do not yet understand that icing or aerating polluted water detracts nothing from its risks, and that even ice itself made from impure water is a source of danger. Where only "local drinking water" is to be had in the Riviera or anywhere on the Continent of Europe, it should always be first boiled and then filtered, as Dr. Gowers advises.