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Vol. LX.

HALIFAX, NOVA SCOTIA, JUNE, 1897.

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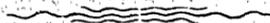
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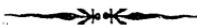


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Vol. IX.

HALIFAX, N. S., JUNE, 1897.

No. 6.

Original Communications.

EXPERIMENTAL RESEARCH ON THE PROPERTIES  
OF ANTIPYRINE.\*

By ANDREW HALLIDAY, M. B., C. M., Shubenacadie, N. S.

Of the antipyretics, antipyrine may be taken as the type, and in this paper it alone is dealt with.

The antipyretics may be classified according to their chemical composition or their clinical action.

*Les Nouveaux Remedes*, (1895), divides them into the following six classes: (1) Phenols. (2) Aromatic acids. (3) Anilides. (4) Phenylhydrazin. (5) Quinolin. (6) Pyrrol.

LABORDE divides them into (1) Fundamental analgesic and (2) True antithermics, which are also antiperiodics.

The following extract from the *British Medical Journal* (March 1894), expresses so very fully the usually accepted views regarding the physiological action of antipyrine that I quote it at length.

"All the aromatic compounds have a definite action upon protoplasm, and to this, as SCHMIEDEBERG points out, the influence upon the temperature and metabolism in febrile states is probably related. Antipyrine acts on the cerebro-spinal nervous system, in moderate doses effecting a fall of temperature, and slightly raising the blood pressure. This action on the heat mechanism has received widely different interpretations, and experiments have only yielded contradictory results. WOOD and others hold it is due to decreased heat production, while GOTTLIEB, from calori-

\*Abstract of paper read before the Nova Scotia branch British Medical Association, Halifax, March 19, 1897.

metric observations, affirms that antipyrine quickens the heat dissipating mechanism. However that may be, large doses depress the nervous system and lower the blood pressure, and symptoms varying from an unpleasant diaphoresis to severe collapse have been met with after administration. \* \* \* Marked palpitation and disturbances of the heart's rhythm are not uncommon, and while these symptoms are referred with some probability to changes in the vaso-motor system, we cannot altogether exclude a toxic effect upon the cardiac muscle. This should be borne in mind in acute pneumonia, where cases of death after antipyrine have been recorded. Again the cardiac and respiratory systems may be influenced directly through the medullary centres, or on the other hand secondarily from changes in the hæmoglobin of the red blood corpuscles, resulting in methæmoglobinæmia. This is seen in various degrees of cyanosis, which is so common \* \* \* In small doses antipyrine acts as a stimulant to the nervous system, and, like quinine and salicylic acid, may induce a slight rise in the body temperature. This action is sometimes present after moderately large doses, and instead of the anticipated fall there is a rise in the temperature curve with an exaggeration of symptoms already existing. This has been explained by vaso-motor changes leading to dilatation of capillaries in the thermogenic centres. GOTTLIEB's experiments shew that, while loss of heat is much increased after antipyrine, heat production is likewise stimulated, and it is possible therefore to account for these anomalous results by assuming the failure of the former action."

WHITLA states that antipyrine produces convulsions in the lower animals, that it paralyses the frog's heart, that it alters the color of the blood, and that it diminishes heat production by its action "upon the heat centre situated in the corpus striatum."

In this paper the subject will be treated of in three divisions:—(1) Experiments on frogs. (2) Experiments on rabbits. (3) General observations regarding the action of the drug.

## I. EXPERIMENTS ON FROGS

1. Antipyrine in a toxic dose injected into the dorsal lymph sac causes paralysis. This begins in the posterior extremities, and gradually extends upwards. At first the hind legs are dragged when a leap is accomplished, but ultimately the frog is perfectly unable to accomplish a leap and when placed on its back is unable to regain its normal position. Tapping the spine, or making a sharp sound, will cause a spasmodic kick

when voluntary motion is lost. Spectroscopic examination of the blood gave the distinct bands of oxyhæmoglobin and never those of methæmoglobin.

2. Fifty minutes after injecting a dose of antipyrine, a muscle-nerve preparation was made and the muscle curves taken in the usual way with a recording drum and electric current. Both "make" and "break" contractions were obtained—a large with the "break" and small with the "make." In another half hour the small contraction was gone, and the large much diminished, although it was a fair size an hour later.

3. Antipyrine was injected into a frog, and muscle-nerve preparations were made of both legs. The left was brushed with normal saline solution, and the right with a 4 per cent. antipyrine solution. The left gave contractions, but the right gave neither a "make" or "break" curve.

4. Preparations were made of both legs of a frog to which no antipyrine had been administered. The sciatic nerve of one was allowed to lie for five minutes in an antipyrine solution, and the other in normal saline. The one treated with antipyrine gave a "make" contraction only, while the other gave both "make" and "break"—strength of current, direction, etc., being the same in both instances.

5. A frog was anæsthetized and one leg amputated, and a preparation made of it. The frog was then poisoned with antipyrine and a preparation made of the other leg. Both legs gave a contraction of about equal magnitude, but with the poisoned one the period of latent stimulation and also the period of contraction was much prolonged.

6. The cerebral lobes of a frog were removed and the reflexes of the cord were tested by Turck's method before and after poisoning. The average time before was about 10 seconds, and half an hour after administration it was about 2 minutes.

## II. EXPERIMENTS ON RABBITS.

General symptoms of poisoning. In a short time after administration of the drug, the gait of the rabbit becomes ataxic, and when sitting still it has a swaying movement as if due to a want of equilibrium. The eyelids are partly closed and the pupils contracted. The hind legs get spread out (just like the frog's) and in a very short time the animal falls over on its side and goes into active clonic convulsions. These always commenced in the hind legs. The whole four limbs now make regular purposive movements like those of swimming. They move very rapidly.

The body after a short interval is also convulsed, and thrown backwards (opisthotonus). The legs gradually become less rapid in their action and remain to some extent in a state of tonic contraction, but the depressors of the lower jaw and protruders of the tongue exhibit the clonic convulsions just as the limbs had previously done. Cyanosis is distinctly evidenced by the color of the lips and tongue. Slight stimulation, such as blowing the breath gently on the surface of the body, greatly intensifies the reflex movements and convulses the animal.

The experiments on rabbits are in two classes: (1) Those in which the thermal centres were intact and (2) those in which they were destroyed. These may again be subdivided into calorimeter and incubator experiments.

#### A. *Experiments with Thermal Centres Intact.*

1. *Calorimetric experiments.*—These experiments showed that normal rabbits on an average raised the temperature of 14 litres of water  $1^{\circ}\text{F}$ ., whereas when antipyrine had been injected less heat was given off, the water being raised only  $0.5^{\circ}\text{F}$ ., even although the temperature of the rabbit fell still less.

This series of experiments went to show that the actual amount of heat generated by the rabbit was less when antipyrine had been administered, and it is only fair to assume that since all the other conditions were the same, antipyrine was the agent to which this was due.

2. *Incubator experiments.*—The temperature of rabbits was taken, and they were put into an incubator and their temperature thus raised artificially by it. These were repeated, but with the difference that antipyrine was administered to show if it prevented or checked the rise. In some cases it seemed to prevent it rising so rapidly or so high, but in others it seemed absolutely without any effect.

3. *Incubator and Calorimetric Observations Combined.*—In this series the temperature was artificially raised and the animal was then put into the calorimeter, and the heat given off estimated. The experiment was varied by administering antipyrine before putting the animal into the calorimeter.\*

The general conclusions arrived at were that thermogenesis was actually checked.

\*All these experiments were frequently repeated, as given in detail in the original paper.

*B. Experiments in which the Thermal Centres were Destroyed.*

In such a class of experiments as this it is very difficult indeed to exclude error and fallacy. We have to remember that the shock of the operation itself has a decided effect on the temperature. A test experiment was first tried, and the conditions were as far as possible maintained the same in all the cases. The skull was trephined and the area between and encroaching on the optic thalami and corpora striata destroyed with a needle. The rabbits were then put in the calorimeter with and without the administration of antipyrine; also into the incubator under like conditions.

It actually did seem as if even then antipyrine diminished the quantity of heat produced. Thus in one case the following results were obtained and corroborated on several occasions, although not always:—

A rabbit's temperature after the operation was 100° F. It was put into the calorimeter for an hour and the temperature of 14 litres of water was raised 2° F., while the rabbit's fell from 100° F. to 84° F.

Antipyrine was then administered and after another hour the water was raised 1° F., but the temperature of the rabbit fell from 84° F. to 80° F.

From this it would appear that 15.5 calories were given off in the first hour and 7.7 calories in the second, and this with a greater reduction of temperature in the first case (16° F. as compared with 4° F.)

### III. GENERAL OBSERVATIONS ON THE ACTION OF THE DRUG.

1. *Effect on the Protoplasmic Elements.*—A frog-plate experiment was performed, the mesentery being drawn out, thus allowing the movements of the corpuscles to be observed under the microscope. I was unable to determine that even a strong solution of antipyrine had any effect one way or another on the leucocytes. I am persuaded, however, that it has an effect on the red nucleated corpuscles of the frog, and that it will prevent and arrest diapedesis when applied locally in a strong solution.

2. *Effect on the Blood.*—HENOCQUE, at the French Congress of Internal Medicine, held at Bordeaux in August, 1895, communicated on the action of antipyrine. He claims for it a local hæmostatic action, and then states that the action of the antipyretics when given in toxic doses is to change the oxyhæmoglobin into methæmoglobin, and when the elimination of the latter is hindered cyanosis is the result. He says that these phenomena may be studied hæmato-spectroscopically.\*

\**British Medical Journal.*

BARTHOLOW (7th edit. p. 381), says:—"Antipyrine diffuses into the blood promptly, and when the quantity is sufficient, brings about important changes in its constitution; the corpuscles are altered in form, the hæmatin separates, and the whole mass of the blood assumes in consequence a chocolate tint."

I have made many observations on the blood, after poisoning, both microscopically and spectroscopically. I have made cover-glass preparations of the blood before and after poisoning, and cannot detect any change in the form of the corpuscles.

I have also examined the blood of the frogs spectroscopically, and never got anything but the distinct bands of oxyhæmoglobin, even with blood taken from the liver, cavities of the heart, and elsewhere. Blood was also taken from the cyanosed lips and other parts of a rabbit both ante and post mortem. The rabbit had 50 grains of the drug and died from its toxic effects, yet the spectrum of methæmoglobin was certainly not present. Last November I was unfortunate enough to have a temperature myself of 102°. I took antipyrine and examined my blood spectroscopically every ten minutes till the temperature was reduced to 99° but still I got no spectrum of methæmoglobin.

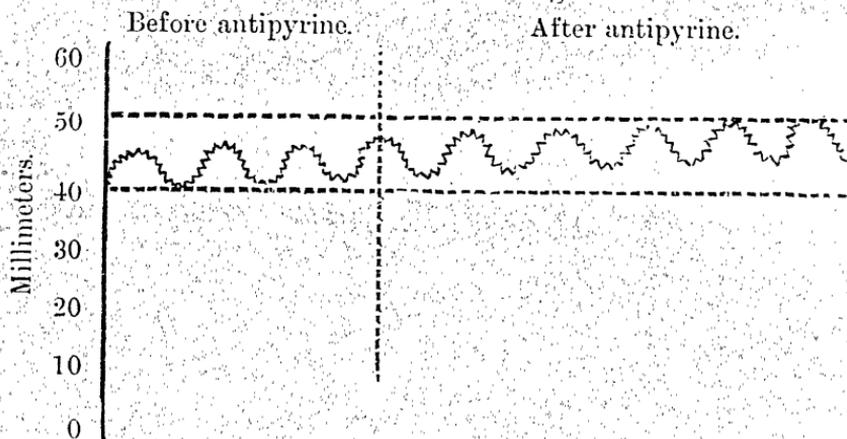
Thus, then, I am forced to the conclusion that while acetanilid and other congeners of antipyrine may change the blood, antipyrine itself does not in clinical doses, and I doubt very much if it does in toxic ones.

Dr. WILKINSON, from the Pathological Laboratory of University College, Liverpool, gives a report in the *British Medical Journal*, Sept. 26, 1896, on "The action of drugs on the leucocytes of the blood." He states that the drugs he used, of which antipyrine was one, caused first a diminution and then an increase in the number of leucocytes—the polynuclear relatively more than the mononuclear.

I took the drug myself and examined frequently the blood stained (eosin and hæmatoxylin) and unstained. I cannot say I noticed the diminution Dr. WILKINSON speaks of, but I can corroborate the fact of the increase in the leucocytes and that particularly as regards the polynuclear forms.

3. *Effect on the Blood Pressure.*—I took the drug myself and then made sphygmographic tracings of my pulse at frequent intervals, and did not find the blood pressure in any way diminished with a 15 grain dose.

I also took the pressure directly from the carotid of a rabbit to which the drug was administered, with the following results:



A perfusion experiment through the heart of a frog was also performed with an antipyrine solution, and it certainly did not depress but rather stimulated it to more active contraction.

4. *Effect on the Urea.*—Antipyrine was taken on three consecutive days, grs. 40, 60 and 60.

	Sp. gr.	Quantity Urine.	Solids.	Total urea.	Urea per cent
1st day	1016	1155 c.c.	43.058 grms.	21.945 grms.	1.9
2nd day	1013	1320 "	39.982 "	18.320 "	1.4
3rd day	1020	1080 "	60.580 "	20.288 "	2.0
Average		1168 "	47.873 "	20.184 "	1.76
Average after 3 days on same diet without drug.		1342 "	49.05 "	29.230 "	1.52

We thus see that antipyrine decreased the total urea by 9 grammes.

5. *Effects on the Nervous System.*—LANGLOIS and GURBAND gave graduated doses to animals in which the spinal cord had been divided below the medulla oblongata, and distinguished several stages of poisoning. They conclude that "antipyrine has an eclectic action on the higher centres and this explains why its sedative action is more marked in head affections than in spinal."

I have endeavoured to repeat their experiments, and have entirely failed to observe their somewhat arbitrary division or stages of the nervous phenomena. Neither does my description of the phenomena accompanying the death of a rabbit from a toxic dose quite agree with their classification.

From my observations of the action of the drug on frogs and rabbits and also clinically, I am led to the opinion that the *primary action* of antipyrine is, in moderate doses, essentially sedative to the cerebro-spinal system. I have shown that it has a sedative action, or at least a depressing one, on the motor nerves themselves.

I notice in a late issue of the *Therapeutic Gazette*, an author very highly recommending the administration of antipyrine in cases of whooping cough. Its benefit in such cases might therefore be explained by its action on the motor nerves.

The effect on the sensory nerves is more difficult to determine. I tried several experiments with this object in view, but they were so unsatisfactory that I have not given them or used them in any way. But the very fact that the drug is analgesic is in itself a proof, and if we take into account the existence and structure of the neurodendron and also its sedative action on the individual nerves, we can thus have a fairly accurate idea of how the effect of the drug is produced.

It probably has a sedative action on the spinal cord when given in properly graduated doses. This is borne out by the fact that it is of such great benefit in the neuralgic pains of locomotor ataxia.

Again, while one large dose may exalt the condition of the spinal reflexes, as seen from the experiments, it may be given in increasing doses without these appearing. Dr. MCCALL ANDERSON gave grains 25, 30, and even 40, thrice daily, to patients of the ages of 9, 13 and 12 years respectively, and thus claims to have found almost a specific for chorea.

*G. Antipyretic or Antithermal and Other Effects.*—These have been taken up already under the various series of experiments, so I shall not add anything further here.

One point of very great interest physiologically is this: With the centres destroyed it was very difficult indeed to raise the temperature in the incubator, while when these were intact the temperature would rise rapidly, and this indeed with a lower temperature of the incubator. Thus, the temperature of one rabbit rose to 105°F. with the incubator at 104°F., but in a case in which the centres had been destroyed, and with the incubator at 112°F., the rabbit's temperature was only raised 1°F. This, then, shows that such are not merely "cooking experiments," as PETERS, of France, characterized such when performed by BERNARD, because the incubator must after a time have raised the temperature of a dead rabbit to one uniform with its own.

Again, we see how rapidly the temperature falls. If it is not due to increased dissipation of heat, it must mean diminished metabolism, and this again diminished thermogenesis, which would point to the theory that the nerves, anabolic and katabolic, are intimately connected with the heat regulating centres.

Another interesting fact is that the centres, if such be admitted, are more easily exalted than depressed from the normal. It would seem that they keep up a constant watchful action over the vital processes in the body, and when irritated they cause an intensified activity of the same. Their action seems to be somewhat analagous to that of the motor centres, maintaining as they do a certain degree of muscular tonicity, and yet causing an intensified action when irritated.

Shock itself is probably, among other things, depression of the thermal centres.

In considering all such experiments, however, it must be remembered, as Dr. WESLEY MILLS so well points out and insists on, that the results must not be taken alone, for they do not always represent the whole facts, since physiological isolation is more or less impossible.

And while there may be thermal centres presiding over the production and regulation of heat in the animal body, nevertheless thermogenesis is ever, and always must be, co-extensive with life itself.

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CROUP AND DIPHTHERIA.—A writer in an exchange declares that during twenty years with a large experience he has never yet lost a patient from either of these maladies, simply because he used the juice of ripe pokeberries and alcohol, equal parts, giving ten drops in a teaspoonful of water every thirty minutes. We would like very much to see this statement substantiated.—*Medical Age*.

*Coryza*.—

R Uranium acetate . . . . . gr.  $\frac{1}{2}$ —iss  
 Finely powdered roasted coffee . . . . .  $\frac{1}{2}$ iss.

M. Sig.—A pinch to be snuffed up the nostril two or three times a day.—

*La Medicine Moderne*.

*Sciatica*.—

R Nitroglycerine alcoholic solution (one per cent) . . .  $\frac{1}{2}$ ss.  
 Tinct. capsici . . . . .  $\frac{1}{2}$ iss.  
 Aq. menth pip . . . . .  $\frac{1}{2}$ iii.

M. Sig.—Five drops thrice daily in a tablespoonful of water for the first three days, and ten drops thrice daily on the following days.—TROUSSEVITCH.

HÆMORRHOIDS.—ARTAULT prescribes tincture of horse-chestnut in doses of from twenty to thirty drops, twice daily, in hæmorrhoids, and claims it is a specific.—*New York Polyclinic*.

## THE DUCTLESS GLANDS IN THERAPEUTICS.\*

By L. M. SILVER, B. A., M. B., C. M., Professor of Physiology at the Halifax Medical College.

Up to a few years ago the ductless glands were supposed to exert no physiological action in the body. The peculiar condition of myxo-lema, which followed total excision of the thyroid gland for surgical affections, was the first indication that this gland carried on any special functions in the body. Since that time evidence has been constantly accumulating to show that the thyroid as well as the thymus (as long as it is active) and the supra-renal capsules are of equal importance to the body as those glands which empty their secretion by visible ducts into different parts of the body.

The secretion of the ductless glands is more or less continually being absorbed into the blood or lymph, and so each is able to manifest its particular action on the body.

The function of the thyroid secretion, shortly seems to be to maintain the nervous system in a normal and healthy state, as in atrophy or after excision of this gland, the intellectual faculties fail, the patient becomes dull and apathetic and takes many minutes to comprehend a simple question. In congenital atrophy, which produces cretinism, the intellectual faculties never develop.

Its influence on metabolism is no less important. When the gland is non-active there is a large deposit of mucous tissue in the face, eyelids, and body generally. It also seems to hasten the metabolism of fats. After excision, as in myxo-lema, the temperature is always below normal, as oxidation is not going on so actively in the body as normally.

Such being the most obvious functions of the secretion, it has been utilized therapeutically in different conditions.

In myxo-lema, its use is well known to remove the remarkable symptoms of that disease. In cretinism, which results from congenital atrophy of the gland, the good results are very striking. In obesity, the administration of thyroid extract in many cases hastens the metabolism of fats; in some cases it apparently has little effect. In goitre, it notably affects the size of the neck in about 75 per cent. of the cases tested.

With reference to the cases in which it should be used, I do not think that so far any rules can be laid down; in some cases it relieves in others it has no obvious effect.

\*Read before the Nova Scotia branch British Medical Association, Halifax, March 5, 1897

There is one variety of goitre in which the administration of thyroid extract does nothing but harm—that is, exophthalmic goitre. It intensifies the symptoms, usually to a marked degree. The pathology of this disease has at last been made out with reasonable certainty.

If a section of a gland in this disease is examined under the microscope, the spaces containing the secretion are seen to be increased. The symptoms of this disease are now attributed to over-activity of the gland. That this is correct there can be but little doubt—over-dose of the gland in healthy subjects produces the symptoms of exophthalmic goitre in a mild degree—protrusion of the eyes, rapidity of the pulse, dyspnoea, tremors, etc.

Up to a short time ago pathologists were looking for some lesion in the medulla or sympathetic nervous system, but no lesion was ever found in these places.

According to our present theory, we can understand why belladonna not unfrequently does good in this disease. Belladonna paralyses the secretory nerves of the body, no doubt including the secretory nerves for the thyroid secretion—thus, in exophthalmic goitre, diminishing the secretion, with corresponding alleviation of the symptoms.

The same pathology of the disease enables us to understand the good results which some German operators have lately reported from partial excision of the gland.

While thyroid extract renders the symptoms of exophthalmic goitre more marked, numerous observers are reporting favorable results from the administration of thymus extract in this disease.

On first thoughts there seems to be no reason for this treatment, but observations are continually on the increase to show that the thymus secretion, in part at least, antagonizes the thyroid secretion. Exophthalmic goitre has never been observed while the thymus is active—that is, up to the twelfth year. Thymus extract retards tissue change, and patients while taking it gain weight. The thymus gland seems to have an inhibitory power over tissue waste. Thus it is active during youth. It has long been known to be persistent in hibernating animals and to increase in size during each hibernation, when metabolism is reduced to a minimum. On the nervous system it has probably a depressing effect, as during hibernation the cerebral functions are suspended and the vital centres in the medulla are depressed.

These facts suggest that the thymus gland has an antagonistic effect, in the body, to the thyroid gland, and explains why in over activity of

the thyroid gland, thymus extract should prove of service. Many observers in England and America report more favourable results from this treatment than were ever obtained before.

As regards the supra-renal capsules, their function is obscure, though like other ductless glands they supply something to the circulation absolutely necessary to the body. An alkaloidal substance has been extracted which has an enormously stimulating effect on the heart. The effect of digitaline is small in comparison with that of this alkaloid. It is a well recognised fact that in disease of these bodies, the heart is very feeble: the heart sounds being scarcely audible, and the apex beat impalpable. These symptoms are no doubt in a great measure due to the normal secretion not being supplied to the circulation.

Addison's disease is usually regarded as the result of disease of these bodies, the most pronounced symptoms being deposit of pigment in mucous membranes and skin, anaemia, loss of flesh and prostration. But the pathological condition found in this disease is rarely limited to the supra-renal bodies. Almost always there is some degeneration of the great nerve plexus in this region. So there is a conflict of opinion as to whether the disease is due to destruction of the supra-renal bodies or to disease of the great nerve plexus or partly to both. The destruction of the supra-renals is often due to tubercular deposits breaking down, thus further complicating the pathology of this disease.

The theory that Addison's disease is due to destruction of the supra-renal secretion is a likely one, and pathologists are leaning more to that view since the pathology of the thyroid has been established.

The results from administering an extract of the gland are encouraging when the fatality of the disease is taken into consideration. Many observers report a disappearance of the pigment and marked improvement in the other symptoms.

BRAMWELL, lately fully reported a case treated with supra-renal extract. The patient had marked Addison's disease, and was unable to exert himself in the least. After a year's treatment he was able to walk eight miles. Unfortunately he developed a severe attack of influenza which quickly proved fatal. A post-mortem examination showed that the supra-renal glands were replaced by fat.

There was no tubercular deposit, and this may explain the favourable result in this case. There was no tubercular disease: merely a suppression of the normal secretion. In very many cases of Addison's disease there is no improvement from supra-renal extract. These cases are likely to present tubercular change in the glands or degeneration of the nerve plexus in that region, and would probably be more benefitted by anti-tubercular treatment.

Probably only a few cases are amenable to supra-renal extract, and they are cases of simple fatty degeneration or fibrous change. This extract may, however, prove to be of service in some diseases of the heart and circulation.

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## Clinical Reports.

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### DIPHTHERITIC CROUP. ANTITOXIN. INTUBATION. RECOVERY.

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By M. CHISHOLM, M. D., C. M., L. R. C. P., Lond., Professor of Clinical  
Medicine and Therapeutics at the Halifax Medical College,  
Physician to the Victoria General Hospital.

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At 3 o'clock on March 22nd, Mr. D., called at my office, stating that his son, aged 5 years, was dying of diphtheritic croup; that the doctor in attendance had given the child till morning to live; that taking the case in his own hands he ran to a drug store for some croup remedy to make the child vomit; but that a stranger there remonstrated with him and prevailed on him to apply for further medical aid.

As the case seemed urgent I drove to a drug store and secured one bottle of B. & W's antitoxin which I was sorry to see bore the date February, 1896—over a year old. On seeing and examining the patient a very little I hesitated about doing anything. The pulse was very weak and rapid, the face and fingers blue, the breathing very laboured, and but little air was entering the chest, over which several dry rales could be heard. The child was very fat, soft and flabby, and it was quite evident that without assistance he could not live till morning. It was also clear that antitoxin alone could not save him since strangulation would supervene before antitoxin could exert its softening effect upon the membranes. To antitoxin would have to be added operative treatment—either tracheotomy or intubation.

I chose the latter, and began treatment by giving a whole bottle, 600 units, of antitoxin. I prescribed liquor strychnine (two minims) with one drachm of wine of iron, every two hours, as a tonic and respiratory stimulant. This was about 5 p. m. At 10 p. m., I saw the child again. He was now so low that I at once sent for Dr. JACQUES, and with his assistance intubated the larynx. The relief was instantaneous and marvellous. I left orders to give the child stimulating enemata, but nothing whatever by the mouth, not even water, lest it should get into the lungs through the tube.

Next morning I found the child sitting up in bed cutting paper. But his pulse was yet very weak and fast and his general condition shewed marked exhaustion, insomuch that I despaired of his recovery, knowing that in a few hours the softening influences of the antitoxin would shew itself in detachment of membrane and choking-up of tubes. I warned the parents to lose no time in sending either for Dr. JACQUES or myself should the child begin suddenly to choke, and in the event of not being able to find either of us, I instructed the father as to how to withdraw the tube.

At noon I was suddenly summoned from the hospital. I found the little patient all but gone. I introduced the gag, got the father to hold it, and by catching hold of the string attached to the tube, tightening it a little, and running the index finger of the other hand under the string back to the larynx, I lifted and secured the tube without any difficulty.

The relief now was more marked than on introducing the tube. There seemed to be no want of breathing space, the cough was soft and the patient in a fair way to recovery.

That night, however, the cough "tightened," and became more croupy. Fearing a new formation of membrane, I sent the father for some antitoxin of a more recent production, by a different firm. Of this Dr. JACQUES injected about 300 units. The cough after this got no tighter, and the patient rapidly recovered.

It is not often that cases of diphtheritic croup are snatched from death, though under recent treatment the recoveries are happily becoming decidedly more frequent. If they are seen early, antitoxin alone will often save. Or even if they are seen later, if the progress be not very rapid, and the child have good vitality, antitoxin may save two or three days after the occurrence of croup. One can hope much from antitoxin if the child lives twenty-four hours after its administration. But in all urgent cases the larynx should be intubated. The operation itself is not formidable by any means. It can scarcely do any harm and the relief is so great that even on the score of kindness, to say nothing of its prophylactic effects, the tube should not be withheld.

Then as to removing the tube, I believe more lives will be saved by removing it in 18 hours than by leaving it longer. After eighteen hours the membrane begins to soften, and may become detached and block the tube without any warning.

With antitoxin and intubation our power over diphtheritic croup has become, I consider, immeasurably extended.

## RECURRENCE OF RASH IN SCARLET FEVER.

By L. R. MORSE, JR., M. D., Lawrencetown, N. S.

The rash of scarlatina is always considered diagnostic and is one of the important features of the disease. Relapses are uncommon, and one attack usually confers immunity. So that when a second rash, together with an exaggeration of all symptoms, appears in the course of an attack of ordinary severity and conventional in all respects, it becomes puzzling. The question then arises, to what is this late appearing rash due? It was not hæmorrhagic in character nor appearance. Was it from septicæmia?

The following case presents this interesting conditions :

On February 11th, M. H—, aged 4 years, was taken ill with vomiting in the evening, and when I saw her next morning had furred tongue, reddened throat, fever, and other symptoms of a mild case of scarlatina. She continued comfortable, with good appetite, looking bright, for six days. Her sister was convalescing from a severe attack in the same room. An erythema appeared on second day, spreading over neck, shoulder and chest, but very little was seen on the abdomen and legs. It was unmistakably the scarlet rash. It lasted several days and desquamation was going on, when on seventh day the throat symptoms became prominent and she was worse generally. P. 140; R. 52; T. 104° F. Her condition is seen in the following notes from my case book :

February 19th.—Condition much the same as yesterday, but seems drowsy. P. 150; R. 50; T. 103.4° F. There have appeared on the flexor surfaces of the arms and legs large blotches, irregular in outline, about the size of a half-dollar piece, but some larger and others smaller. Color is a dusky red. They faded slowly on pressure and look like the blotchy rash sometimes seen in scarlatina. They are not purpuric. Throat locks badly: intense angina, almost impossible for child to swallow. Tonsils and soft palate are covered with a thick layer of dirty yellow pultaceous exudate which when removed leaves a bleeding surface. No appearance of membrane. Breath is very offensive and the odor pervades the whole room.

February 20th.—Pulse imperceptible at the wrist. R. 60; T. 104.2° F. Very weak generally. Blotches have extended over the whole body. Seems drowsy. Is strong in her struggles against swabbing the throat.

February 22nd.—Condition about the same. Rash is still spreading. The next few days the pulse and respiration improved under strychnia, ammonia, etc., when rash began to fade a little. It had now continued seven days, having appeared on the eighth day of the disease. She suddenly became worse and died of broncho-pneumonia on eighteenth day of the fever.

THE  
MARITIME MEDICAL NEWS.

VOL. IX.

JUNE, 1897.

No. 6

**Editorial.**

**DR. HALLIDAY'S PAPER.**

WE have pleasure in presenting to our readers, in this issue, an abstract of the lengthy and comprehensive report upon his researches with reference to the physiological action of antipyretics, recently read before the Nova Scotia branch of the British Medical Association by Dr. ANDREW HALLIDAY, of Shubenacadie. A perusal of this abstract gives but a small idea of the immense amount of experimental work performed by Dr. HALLIDAY, which was gone into in detail in the original paper. All who were privileged to hear the reading of his paper were much impressed with his methods of investigation, and with the industry and energy with which he carried on his work. On previous occasions Dr. HALLIDAY has favored the branch with reports upon his original work on the diuretics, and on the cardiac tonics. These contributions to our knowledge are all of a high order of merit, and coming, as they do, from one busily engaged in a large country practice, should prove excellent stimuli to those who are more favorably situated for carrying on original investigations.

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**MARITIME MEDICAL ASSOCIATION MEETING.**

WE would again direct the attention of our readers to the meeting of the Maritime Medical Association to be held in St. John on Wednesday and Thursday, July 21st and 22nd. We would like to see a good representation of the profession from Prince Edward Island and Nova Scotia. It goes without saying that New Brunswick will be well represented. The results of these meetings are always to help the practitioner. While truth is always the same yet no two regard it from the same point of view. It pays to get away from the dull routine of

every day practice, and to see how our brother physicians are meeting the difficulties which are common to all. We would advise all to complete arrangements at once to go to the meeting at St. John. The time of year is favorable for a trip, and the hospitality of the profession in St. John is proverbial. The bill of fare, while not yet elaborated, will no doubt be ample and sufficient.

The attendance at these meetings is not always what it should be. Some are unavoidably detained, others have no such excuse. Our advice to all would be to attend if at all possible.

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## BRITISH MEDICAL ASSOCIATION.

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### MONTREAL MEETING.

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BY an order in council, the provincial government has subscribed \$2,000.00 for the purposes of the association. Altogether, therefore, through the public spirit of the Dominion government, provincial government and Montreal city council, \$10,000.00 has been granted towards the expenses of the meeting. This, with a guarantee fund which is being obtained from members of the profession in Montreal, and with private acts of hospitality on the part of the citizens, should be ample.

Sir DONALD A. SMITH, the High Commissioner, has invited the members of the association and its guests to a reception at 1157 Dorchester St., upon the Wednesday evening of the meeting. Other leading citizens are offering afternoon entertainments. The Montreal Golf Club has also thrown open its links to members during the meeting, and in very many directions generous help is being offered by those unconnected with the profession.

All this activity is, we are glad to learn, being met by a very promising condition of affairs upon the other side of the Atlantic. We learn that several steamship companies already have their best berths engaged by members, while some have already a full complement of prospective travellers. The invitations to the leading members of the profession in the United States have already been forwarded, and now the various sections are busy preparing their programmes.

We last month published the provisional programme, which, of course, being provisional is liable to modification. The reception to be tendered by Sir DONALD SMITH on Wednesday evening takes the place of the reception at the City Hall or Sohmer Park, mentioned last month.

## Society Meetings.

### SAINT JOHN MEDICAL SOCIETY.

APRIL 19.—A paper on "Tuberculosis of the Hip-joint" was read by Dr. KING. The pathology, symptoms and treatment were dealt with.

APRIL 26.—Dr. G. A. HETHERINGTON reported the results obtained by two months treatment of epileptic cases by the starvation and diet method. The report was based on twenty-eight patients, treated in the lunatic asylums. The average improvement was ten per cent. less of seizures in the two months. In nine cases there was no change, three were worse, and fourteen were improved, seven showing marked improvement.

MAY 3.—The President, Dr. J. H. MORRISON, introduced the subject of "Creosote in Tuberculosis." He found creosote, especially that of beechwood, of very great value. Its action seems to be somewhat secondary, not producing an effect on the bacilli but improving the resisting power of the patient. It has a tendency to decrease the elevated temperature. It can be given by the stomach, rectum, hypodermically and by inhalation. The irritating effects on the stomach can be largely overcome by giving it in large quantities of water. Ten drops can be dissolved in a pint of water and taken in three or four draughts the first day of administration: the dose to be increased one minim each day until the patient can tolerate as high as eighty minims.

### NOVA SCOTIA BRANCH OF THE BRITISH MEDICAL ASSOCIATION, HALIFAX.

MARCH 5, 1897.—Dr. CHISHOLM exhibited a vermiform appendix, which had been removed a few hours previously, showing a minute perforating ulcer in its wall.

#### REPORT OF COMMITTEE ON NEW REMEDIES.

Dr. HATTIE, being called upon, explained that the committee on new remedies had assigned the work as follows: To Dr. GOODWIN, gastro-intestinal diseases, to Dr. M. A. B. SMITH, chest diseases, to Dr. ROSS, skin and genito-urinary diseases, to Dr. WALSH, infectious diseases, and to himself, nervous diseases: while Dr. SILVER would contribute a digest on the uses of animal extracts. Proceeding to deliver his portion of the

report, Dr. HATTIE mentioned that the advance in the therapy of nervous diseases had by no means kept pace with the advance in the normal and pathological histology of the nervous system. It seemed as though, for the time at least, men were devoting themselves almost entirely to the study of causes and conditions, and little attention was being given to treatment. He mentioned the growing favour of hydrotherapeutic measures, exercise, massage, electricity, etc. With each of these, the question of dosage should receive the same consideration as would be the case when administering a drug.

Lumbar puncture as a means of diagnosis and treatment was briefly considered. Reference was made to the use of strychnine in massive doses, in conditions characterized by loss of tone. The dose might be increased to one-sixth or one-quarter of a grain, twice a day, hypodermically. He then referred to the intraneural injection of osmic acid solution in neuralgia, the pressure treatment in sciatica and traumatic neuritis, the place of organic extracts in neurology, etc. Speaking of hypnotics, trional is steadily coming to the front, while sulphonal is falling rapidly into disrepute. Chloral is again being regarded with favour and should be looked upon as the most dependable of the hypnotics, if opium be excluded.

Dr. SILVER contributed a paper upon the therapeutic applications of extracts of the ductless glands. His paper is published elsewhere in this issue of the NEWS.

Dr. ROSS, in speaking of new remedies in dermatology said he would refer to but one or two of those lately brought into prominence. Picric or carbazotic acid, in watery and spirituous solutions has long been recognized in France as a useful application for burns, GRANGE having drawn attention to its healing power in 1877, though in Great Britain it has been overlooked, none of the larger works in dermatology even mentioning it. D'ARCY POWER, however, has recently urged its more extensive employment in burns and scalds. He believes the treatment by picric acid to be by far the simplest and most satisfactory. A solution is made by dissolving one drachm and a half of picric acid in three ounces of alcohol, which is then diluted with two pints of distilled water. The clothing over the injured part should be gently removed and the burn or scald cleaned thoroughly with a piece of absorbent cotton soaked in the lotion. Blisters should be pricked and the serum allowed to escape, care being taken not to destroy the epithelial surfaces. Strips of sterilized gauze are then soaked in the solution, and so applied as to

cover the whole of the injured surface. A thin layer of absorbent cotton wool is put over the gauze and then a light bandage applied. The moist dressing soon dries and may be left three or four days. It must then be changed, the gauze being thoroughly well moistened with the solution, for it adheres very closely. The second dressing is applied in the same way and may be left on a week. This treatment deadens the sense of pain, limits the tendency to suppuration, and if a cicatrix follows, the scar is smooth and much superior to the ordinary scar from a burn. It is not an ideal method for it stains the clothes and discolors, but POWER, having used this method for over a year, is thoroughly satisfied with its results, and believes it a great improvement on anything else he knows of. He also used it in three cases of erysipelas, and found it superior to any other local remedy. It arrested the inflammation and prevented the disease from spreading, and much more rapidly diminished local discomfort than carbolic acid, dusting powders, or ichthyol.

A Russian journal has recommended methyl-violet, 2—1000, for burns. It is claimed that after a few hours pain disappears and cure is usually complete in two days. Among other remedies used for burns are gall ointment and acetanilid, formulas like the following being of service:

Finely powdered galls .....	ʒi.
Boracic acid ointment .....	ʒi℥.
GR	
Acetanilid .....	ʒi.
Gall ointment .....	ʒi℥.

Acetanilid has also been recommended for abscess cavities, ulcers, boils, carbuncles, etc., while on chaneroids its results are very marked.

Oxygen gas treatment has lately been advocated for ulcers, lupus and alopecia areata by STOKER. Dr. ROSS spoke of several cases of severe ulcers which he had seen treated by this method in London, and decided improvement followed in a comparatively short time.

Dr. GOODWIN cited a large number of new drugs which have recently come into use in the treatment of gastro-intestinal troubles, and also mentioned new uses of old drugs, such as colchicum in ascites due to obstructive disease of the liver, hydrastis in constipation due to hepatic and catarrhal jaundice, arnica in exhausting diarrhoeas, etc. He referred to the intestinal antiseptics and the indications which they appear to meet. Nuclein he mentioned as being sometimes beneficial in digestive disorders and in typhoid fever. With reference to the employment of stimulants in diarrhoeal affections of children, the conflict of opinion;

among authorities in pædiatrics was noted. Coffee he stated as being held in high esteem by many who think that it does not interfere with digestion, as does alcohol. Cycling was considered from a therapeutic point of view and was praised as meeting definite indications in many cases.

A general discussion on the papers read, followed.

Dr. MURRAY referred to the use of strychnine nitrate in the alcohol and morphine habits. The drug should be used in large doses and continued over three weeks; the first week he advised the dose to be one-fortieth of a grain, second week one-thirtieth grain, third week one-twentieth grain, twice a day, hypodermatically. The functions of the bowels, skin and kidneys should be carefully attended to.

Dr. SILVER also spoke on the same subject.

MARCH 19, 1897.—Dr. HALLIDAY read a most interesting paper entitled, "Experimental Researches on the Properties of Antipyrine." An abstract of this paper will be found elsewhere in this issue.

Dr. STEWART, in discussing this paper, complimented Dr. HALLIDAY on his paper, and referred to a case, formerly reported by Dr. HATTIE, where there was a difference of temperature on the two sides of the body. He thought that this might often be found, the thermal centre being bilateral. He referred to the point brought out that the amount of urea was diminished, this meaning the amount of urea in the urine, but thought we ought to take into account the amount of urea in the tissues and the blood as well. If it be an arrest of metabolism, then we can understand the effect of antipyrine on the temperature. Referring to the causation of fever, he said he believed very strongly in the nervous theory, for we often have fever in no way related to bacteriology, instancing the case of sprained knee, followed by synovitis and rise of temperature. He also remarked on the beneficial effect of fever in many instances.

Dr. GOODWIN referred to the difference of temperature in animals. He mentioned Thomson's theory as to the production of fever in muscles, and would ask Dr. HALLIDAY if, in the experiments made by him, the temperature was higher in the muscles than elsewhere. The therapeutic committee that reported on antipyrine, antifebrine, and phenacetine, had decided that the last named was the safest. It is surprising that considering the frequency with which these drugs are used so few bad results are recorded. He thought many of the bad effects charged against antipyrine were not true, as shown by Dr. HALLIDAY. Its use in chorea and epilepsy were also referred to by Dr. GOODWIN.

Dr. BLACK said the branch was under a deep obligation to Dr. HALLIDAY, and hoped that the paper would be published. He referred to the rise of temperature sometimes due to nervousness and worry.

## Correspondence.

### THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

WASHINGTON, May 6, 1897.

*My Dear News :*

The fourth triennial session of the Congress of American Physicians and Surgeons has just closed here, and I send you some notes of the proceedings.

This is a congress of several societies and associations in the various departments of medicine and surgery. The following were represented, and I give them in the order of the programme. The American Otological Society, The American Neurological Society, The American Gynæcological Society, The American Dermatological Society, The American Laryngological Society, The American Surgical Association, The American Climatological Association, The Association of American Physicians, The American Association of Genito-urinary Surgeons, The American Orthopædic Association, The American Physiological Society, The Association of American Anatomists, The American Pædiatric Society, The American Ophthalmological Society.

The President of the congress was Dr. W. H. WELCH of Johns Hopkins, Baltimore, and the fourteen Vice-Presidents, were the presidents of the respective societies and associations.

The sessions of the congress were held in the afternoons, generally in the Columbia Theatre, and were, as a rule large attended. In the forenoons, the various societies met separately for the discussion of their own programmes. The total number of papers in the various sections amounted to 350, but a large number of these were not read.

I devoted the mornings to the work of the surgical section, which met in the chemistry class-room of the Columbian University. I found no exception to the rule, unfortunately too prevalent at medical societies, of constant noise and interruption. The tramping of many feet through the adjoining corridors, and the loud conversation of members just outside the door was very annoying, as at times the speaker was scarcely audible.

The proceedings began with the address of the president, Dr. JOHN COLLINS WARREN, of Boston, who took for his subject "The Influence of Anæsthesia on the Surgery of the Nineteenth Century," and as might

have been expected of a Boston surgeon, and one bearing the name of him who performed the first operation on a patient under ether, he gave a most interesting address.

The first paper for discussion was by Dr. JOHN HOMANS, of Boston, on "The Indications for, and the Technique of Hysterectomy." The indications are, briefly, as follows: "for intractable hemorrhage, for malignant disease, on account of the presence of fibroids, for uncontrollable prolapse, in cases of infection, to cure puerperal sepsis."

An interesting discussion followed this paper, in which both "progressive" and conservative surgeons spoke.

The next paper was by Prof. J. W. WHITE of Philadelphia, on "The X-rays in Surgery." This paper was illustrated by many very fine radiographs, and the discussion following it was one of great interest, showing that X-ray pictures are likely to take a large part in medico-legal cases. Already several cases have occurred in which medical men were sued for damages in connection with deformity, resulting from fracture or dislocation, and radiographs have been produced in court as evidence. But, as was shown some time ago by an English experimenter, it is easy to produce an appearance of deformity in a normal joint, unless the X-ray apparatus is properly adjusted.

A committee was appointed, on motion of Dr. P. S. CONNER of Cincinnati, to report on this subject at as early a date as possible.

On Tuesday afternoon the various societies met in congress, first, from 2 to 3.30 p. m., under the direction of the Ophthalmological Society, and from 3.30 to 5 p. m., under that of the Otological Society. The subject discussed at the first of these meetings was "The Gouty and Rheumatic Diathesis and their Relation to Diseases of the Eye," and among the readers of papers was Dr. R. A. REEVES of Toronto. The only paper in the Otological Society was by Dr. CLARENCE J. BLAKE of Boston on "The Relation of Otology to General Medicine."

Yesterday morning proceedings in the surgical section began with a paper read by Dr. EDMOND SOUCHON of New Orleans, on "The Operative Treatment of Unreduced Dislocations of the Shoulder." He had made a careful study of the cases recorded by English, French and German writers, and pointed out the dangers and difficulties of operative measures, and the indications for interference. He was able to record cases of his own.

In the discussion which followed, Dr. EWING MEARS of Philadelphia said that six or eight weeks should be the limit for any attempts at

reduction by manipulation or by the ordinary methods. In a case of his own, reported several years ago, he had done a subcutaneous osteotomy with the expectation of obtaining a false joint. The patient, who had been greatly benefited, died a year or two after the operation, and he was able to examine the parts and found there was no false joint, but a union at an obtuse angle.

RANSAHOFF of Cincinnati, was of opinion that in any case, if ordinary manipulation failed to reduce the dislocation, operation should be done; that there should be no delay about operating, if the condition was unsatisfactory; that no operation should be done if a year had elapsed unless there were serious compression symptoms; and that, in early cases a simple arthrotomy might be sufficient, but later on the question of arthrotomy versus resection must be debated. Prof. ROBERTS, of Philadelphia, reported a case in his own practice in which an operation for unreduced dislocation made matters worse, a second operation had to be done and the patient died of hæmorrhage and shock. Dr. TIFFANY, of Baltimore, considered that there was no difference between the shoulder joint and any other joint. He recommended an arthrotomy and careful examination of the conditions present. If the tuberosity were torn off it should be sutured. In old, bad cases he thinks resection infinitely better than any kind of ankylosis or false joint.

The next paper was by Dr. E. P. BRADFORD, of Boston, on "Tenoplastic Surgery," a comparatively recent development of orthopedics, which was suggested by NICOLADONI and has given very good results in the Boston Children's Hospital, in the hands of Dr. BRADFORD and Dr. GOLDTHWAIT. It is especially indicated in some cases of infantile paralysis, where the tendon of a muscle from a non-paralysed group may be grafted on the tendon of a paralysed muscle. For example, a weak tibialis anticus may be strengthened by grafting into its tendon, the tendon of one of the peronei muscles.

I saw a very successful case of this kind in KOCHER'S clinic in Berne in 1894. Dr. BRADFORD states that about 50 cases have been done in the United States, and that the results have been so gratifying as to establish it as an operation of value.

In certain cases the sartorius muscle may be grafted on a weak rectus or quadriceps femoris tendon. BRADFORD and GOLDTHWAIT have each had three cases of this kind. The condition of the muscles should be determined by their electrical reactions.

# SYR. HYPOPHOS. Co., FELLOWS,

## — CONTAINS —

The Essential Elements of the Animal Organization—Potash and Lime.

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slight Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

## NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, in the property of retaining the STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL  
WHOLESALE AGENTS.

A  
Palatable  
Laxative  
Acting without  
Pain or Nausea.

Wyeth's Medicated  
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THE NEW  
CATHARTIC APERIENT  
AND LAXATIVE.

There is no medicine for which physicians feel so great a need as an effective cathartic and aperient, one that will act promptly, without pain, griping or nausea, as some action on the bowels is required with almost every ailment or indisposition.

We make many hundred cathartic formulas of pills, elixirs, syrups, and fluid extracts; and for that reason, our judgment in giving preference to the MEDICATED FRUIT SYRUP, we feel is worthy of serious consideration from medical men.

The taste is so agreeable that even very young children will take it without objection; the addition of prunes and figs having been made to render the taste agreeable rather than for any decided medical effect. It is composed of Cascara, Senna, Jalap, Ipecac, Podophyllin, Rochelle Salts and Phosphate of Soda, being treated separately, enabling us to deprive the vegetable drugs of the bitter and disagreeable taste, inherent in nearly all of them.

The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

It will be found specially useful and acceptable to women, whose delicate constitutions require a gentle and safe remedy during all conditions of health, as well as to children and infants, the dose being regulated to suit all ages and conditions; a few drops can be given safely, and in a few minutes will relieve the flatulence of very young babies, correcting the tendency of recurrence.

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**JOHN WYETH & BRO.,**

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MONTREAL.

Dr. BRADFORD also described an ingenious operation for slipping of the patella.

Prof JOHN B. ROBERTS, of Philadelphia, read an excellent paper on "The Operative Treatment of Suppurative Pericarditis," in which he pled for a free incision and described the method he has adopted of dissecting down on the pericardium, and Dr. C. B. PORTER, of Boston, gave details of a case of this kind in which he had operated with success.

The following are some of the positions taken by Prof. ROBERTS, who has for years urged the propriety of this operation.

"Suppurative pericarditis is rarely curable by paracentesis."

"Incision and drainage should be instituted as soon as the diagnosis is made."

"The prognosis in cases operated upon early is good."

"Resection of costal cartilages may be indicated to obtain access to the distended pericardium without injury to the pleura."

The congress yesterday afternoon had for its subject "Internal Secretions in their Physiological, Pathological and Clinical Aspects."

One of the papers contributed was by Prof. ADAMI of McGill University, and another, dealing with the clinical experience, and well illustrated by lantern views of cretinoid patients "before and after," was by Prof. OSLER of Johns Hopkins. At 5 p. m. the whole congress adjourned to a hall in the Army Medical Museum, near which, in the Smithsonian grounds, a statue was unveiled of the late Prof. SAMUEL D. GROSS, of Philadelphia. The threatening nature of the weather interfered greatly with what otherwise would have been a very brilliant spectacle. The memorial address was delivered by Prof. W. W. KEEN, of Philadelphia, who gave us a vivid picture of the life of a good and great man.

In the evening, the President, Dr. WELCH, gave his address on "Compensatory and Protective Pathological Processes" to a large and distinguished audience, and thereafter held a reception in the parlors of the Arlington Hotel.

A considerable part of the time of the Surgical Association was taken up this morning in executive business. Then a very practical and interesting paper was read by Dr. L. McLANE TIFFANY of Baltimore, on "Cranial Surgery" which was discussed by KEEN of Philadelphia, WEIR of New York, PARMENTER of Buffalo, MIXTER of Boston and others. The next paper was by Dr. CHRISTIAN FENGER of Chicago, on "Ureterectomy," and was largely historical and statistical. Dr. FENGER is a Danish surgeon, who has lived in Chicago for several years, and has won

a high reputation for the skill and boldness of many of his operations. Although, partly no doubt, on account of his foreign accent, he speaks with great difficulty, he was listened to with profound attention.

Of the twenty-three papers on the programme not more than eight or nine were read, owing to lack of time.

In the afternoon the congress assembled under the direction of the Orthopaedic Association to discuss "Deformities of the Hip-joint, especially Congenital Dislocations," a paper read by Dr. BRADFORD, of Boston, and discussed by GIBNEY of New York, and others.

The final session took place this afternoon, when the congress, under the direction of the American Surgical Association, considered the subject of "Acute General Peritonitis." This was certainly one of the most valuable sessions of the whole week. Firstly, Dr. N. SENN, of Chicago, read a paper on the "Classification of the Different Varieties of this Disease," and was followed by Dr. ROBERT ABBE of New York, on "Prognosis and Treatment." In the discussion which followed Dr. ANDREW J. McCOSH of New York and Dr. GEO. R. FOWLER of Brooklyn took part. To my mind, the remarks of Dr. McCOSH were the most valuable contributions, from a practical point of view.

His address was short, but thoroughly practical. He recommends a free incision, and the complete removal of the intestinal coils from the abdominal cavity. The intestines should be received in towels as hot as the assistant's hands can bear. Then flask after flask of hot, sterilized "salt solution" should be poured over them, while a hose of the same fluid, plays in the abdominal cavity. Some of this should be allowed to remain behind. It acts as a heart stimulant, and recent experiments (Durham) as well as clinical experience show that it promotes intestinal drainage. Dr. McCOSH does not claim to cleanse the peritoneal cavity thoroughly, but this method does it as well as possible and the sterile fluid which is left in the cavity dilutes the toxins which may remain.

He objects very strongly to the use of opium. However useful it may be in plastic peritonitis it is the worst possible treatment in suppurative cases.

The great danger is intestinal paralysis with the resulting toxæmia, and in all these cases there is great difficulty of catharsis. Dr. McCOSH now employs in almost every case injections of a saturated solution of sulphate of magnesia. Before suturing the abdominal wound, he selects a loop of ileum, high up and, with a large syringe, an antitoxin syringe will answer, injects one or two ounces of the solution. His success in

these desperate cases has been much greater since he adopted this plan. He stated that from 1887 to 1895 his mortality in these cases of acute septic general peritonitis, was 87 per cent. in 43 cases. Since January 1896 he has had nine cases of this kind, with six recoveries. In all of these but one, twenty hours had elapsed before operation. Seven were due to appendicitis. He considers the danger is past when the bowels have acted. The drainage of the cavity should be thorough and is done best by means of strips of gauze passed in various directions.

Finally, he considers chloroform the best anæsthetic in such cases, and when the operation is over he gives one-tenth grain of calomel.

And now an apparently very successful congress is at an end, and the members are already scattering to all points of the compass.

Among the Canadians present were Drs. REEVES and MCPHEDRAN of Toronto; SHEPHERD, STEWART, ADAMI and LAPHORN SMITH, of Montreal, (Dr. SHEPHERD is a Vice-President of the Association of American Anatomists), and Dr. CHISHOLM of the Victoria Hospital of Halifax.

JOHN STEWART.

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## Books and Pamphlets.

TRANSACTIONS OF THE CANADIAN MEDICAL ASSOCIATION, 29TH ANNUAL MEETING, 1896.

For the first time since the days when Dr. WM. OSLER filled the position of secretary, our national association has produced a volume of transactions. In a book of about 200 pages, the principal papers and a synopsis of the discussions and other proceedings of the last annual meeting are presented to the profession. The papers are all of value, and should be of especial interest to Canadian physicians. The publishing committee, composed of Drs. A. D. BLACKADER, A. H. WRIGHT, A. A. MACDONALD, and A. DE MARTIGNY (Drs. H. B. SMALL, treasurer, and F. N. G. STARR, secretary, being associated with them *ex officio*), are to be congratulated upon having produced so creditable a volume. It can be obtained for the sum of a dollar, by addressing the secretary, Dr. STARR, 471 College St., Toronto.

STROPHANTHUS: A CLINICAL STUDY.—By REYNOLD W. WILCOX, M. D., L. L. D.—Reprint from *American Journal of the Medical Sciences*.

## Matters Medical.

RECURRENT SCARLATINA.—The following extract from the *Medical Review*, contributed to that journal by Dr. E. L. DRAKE, is of interest in association with Dr. MORSE'S paper in this issue of the NEWS.

"I wish to report a case in which the patient had two distinct attacks of scarlatina, exfoliation of the epidermis occurring after each attack. The patient, a little girl aged six and one-half years, a foreigner by birth, was taken sick on July 14, 1896. The mother gave a history of vomiting, and explained that the child "felt hot" and was very restless. When I first saw the case, on the third day of the disease, there was a small patch of exudate on both tonsils, fever, and a typical scarlatinous rash. A culture made from the exudate failed to show the presence of the Klebs-Loeffler bacillus, and by the fifth day the temperature, which never was above 101°F., had returned to the normal. The skin began to exfoliate in good sized patches, and the child was about ready to be discharged when, on the morning of August 29th, she vomited twice. She was put to bed, and by evening her temperature had gone up to 101°F., and a red punctiform rash was noticed over the clavicles. The next morning a highly characteristic scarlatinous rash was noticed, covering the whole body. There was also a small spot of exudate upon the right tonsil, and a beautiful demonstration of the so-called strawberry tongue. The temperature was normal by the eighth day of the second attack, and she at once started to shed the new coat of skin which she had received shortly before. This last desquamation was much finer in character than the first, and it was not until October 20th that the skin had regained its smooth character. The patient developed no complications, and was discharged on the above date."

A SIMPLE METHOD OF DISTINGUISHING DIABETIC FROM NON-DIABETIC BLOOD.—R. T. WILLIAMSON, M. D., medical registrar, Manchester Royal Infirmary (*Medical Press*), describes a simple method of distinguishing diabetic from non-diabetic blood. He has found that diabetic blood is much more powerful than non-diabetic blood in removing the blue color from a solution of methyl blue. The reaction is so sensitive that the difference can be detected by the examination of a drop of blood obtained by pricking the finger. When certain proportions

of blood and a warm alkaline solution of methyl blue are mixed together, the blue color is removed in the case of diabetic blood, but remains when non-diabetic blood is used. The following is the exact method employed: In a narrow test-tube are placed forty cubic millimetres of water (the capillary tube of a Gowers hæmoglobinometer, which is marked for twenty centimetres, may be used for measuring the fluid), twenty cubic millimetres of blood are added, and then one cubic centimetre of a 1 in 6,000 watery solution of methyl blue and afterward forty cubic millimetres of liquor potassæ. The tube is then placed in a capsule or vessel containing water which is kept boiling. At the end of four minutes the blue color disappears and the fluid becomes yellow if diabetic blood has been used: but in the case of non-diabetic blood the blue color remains. In over thirty examinations of diabetic blood (from five cases of diabetes mellitus), the methyl blue solution was always decolorized: while normal blood, and the blood from one hundred patients suffering from the most varied diseases never decolorized methyl blue when mixed in the above proportions. Hence, by this simple method, a drop of blood from a well-marked case of diabetes mellitus may be readily distinguished from non-diabetic blood.

A CASE OF PSYCHO-SEXUAL HERMAPHRODITISM.—Reported by Dr. C. W. ALLEN at a meeting of the New York Academy of Medicine.

Viola Estelle Angell applied to the Home for Friendless Girls in order to have his sex determined. He was born in Nova Scotia in 1874, and at the time of birth some deformity of the genital organs was made out by Drs. MITCHELL and MURRAY, which was supposed to be due to a fright the mother had received during the third month of her pregnancy. He dressed as a girl till he was fourteen years of age, when he changed his attire to that of a boy. A few years later, returning to Halifax, he was followed by a crowd who called out that he was a girl in disguise, and he was arrested. Finding life at home unbearable, he went to Boston, where he worked as a factory girl until he was again arrested for masquerading in woman's clothes. At the age of fourteen he began to have discharges of blood through the rectum and the urethra, which came on at regular monthly intervals and continued for four or five days. Urine has always been passed both through the penile urethra and by way of the rectum.

Examination shows a well-formed penis and testes, with pubic hair of the male type, a rather long perineum, and a rectal opening devoid of sphincter and surrounded by fleshy tabs. A probe could be passed, with

the assistance of a rectal speculum, through what appeared to be a fistulous track, near which, high up, was an ulcerated surface. Manual palpation failed to disclose either uterus or ovaries. The testes have always been insensitive to pressure. The pelvic measurements correspond to the masculine type. The right breast is larger than the left, but has little about it that suggests a gland. One hand and one foot approach the feminine type. The conformation of the limbs is that of the male.

The expression of the face is peculiarly that of a woman. The voice is soprano. The psychical characteristics are predominately feminine. The subject is fond of finery, likes to sew, and, indeed, is essentially feminine in all his tastes and actions. He possesses a somewhat exalted mental condition and a perverted judgment, and is rather indolent. His instincts are those of a woman. The penis has never been in the state of erection, according to his statements, and there has never been any discharge similar to an ejaculation of semen.

There has been sexual intercourse with men, but never any desire or attempt with women.

Dr. GARRIGUES had seen the case, and, after a careful examination, had decided that it was one of sexual perversion, and had nothing about it that pointed to hermaphroditism.

Dr. SCHUELLER, of Columbus, Ohio, had seen the case in the Columbus jail where an examination had revealed the same conditions as described by Dr. ALLEN. The parts were then covered with condylomata.

Dr. TAYLOR thought the best way of treating the case was to have a picture of him taken and shown to all the police, with instructions to arrest him whenever found masquerading. This would soon cure him.  
—*Ann. Int. and Genito-Urinary Diseases.*

**COCA WINE AND ITS DANGERS.**—There is no doubt that the steadily increasing consumption of coca wine is a subject which calls for comment and investigation. We find that coca wine and other medicated wines are largely sold to people who are considered and consider themselves, total abstainers. It is not uncommon to hear the mother of a family say: "I never allow my girls to touch stimulants of any kind, but I give them each a glass of coca wine at eleven in the morning and again at bedtime." Originally coca wine was made from coca leaves, but it is now commonly a solution of the alkaloid in a sweet and usually strong alcoholic wine. According to the Board of Trade regulations a

wine containing a grain of any salt of cocaine in the ounce may be sold without a wine license; this may be the explanation of the frequency with which we see bottles of "coca champagne" exhibited in the windows of the drug store. Not long ago a physician reported that he had experienced considerable inconvenience from taking a glass of standardized coca wine which he had mistaken for an innocuous beverage. Still more recently we have been furnished with the case of a man who, thinking to abjure the use of alcoholic stimulants, drank coca wine so freely that he died of delirium tremens. School mistresses, as a rule, have a deep-rooted belief in the efficacy of the popular drug and give it to their pupils on the slightest provocation, in complete ignorance of the fact that they are establishing a liking not only for alcohol, but for the far more insidious and pernicious poison, cocaine. The child who is the innocent victim of cocainism is wayward in disposition, is restless and disturbed at night, and is incapable of prolonged application. The mania for taking narcotic stimulants is widespread, and is a distinct source of danger to the national health. It is difficult to say at present what steps should be taken, but it is obvious that at no distant date some restriction will have to be placed on the sale of coca wine and its congeners.—*Brit. Med. Jour.*

GUAIACOL IN PUERPERAL ECLAMPSIA.—In the *Boston Med. and Surg. Jour.*, March 18, 1897, APPLEBY speaks of the use of guaiacol in two cases of puerperal eclampsia with happy results. Each patient was a primipara. In one, the convulsions had come on during the third stage: in the other, after delivery. In both the convulsions were powerful and almost continuous. Forty or fifty drops of guaiacol were poured upon the abdomen and gently rubbed in. In a few minutes the pulse became soft, free diaphoresis set in and the convulsions ceased. Both patients recovered perfect health without further convulsions. If these had recurred the writer would not have hesitated to use guaiacol the second time.—*Med. News.*

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Messrs. Simson Bros. & Co. have experienced quite a boom in their surgical instrument department recently. Several of the recent graduates purchased their supplies there.

## Therapeutic Suggestions.

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TREATMENT OF CONGENITAL CLUB FOOT IN THE NEW-BORN AND YOUNG CHILDREN.—P. REDARD in an article in *La Presse Medicale*, calls attention to the importance of beginning the treatment of congenital club foot immediately after birth. This plan has been advocated by American orthopaedic surgeons in opposition to the old method of waiting "until the child is strong enough," and thereby encountering increased resistance. REDARD advises in almost all cases manipulations by the hands of the surgeon or skilled assistant in preference to complicated apparatus.

He makes three grades or degrees: (1) Where the foot can easily be replaced in the normal position. In these cases the deformity should be corrected or over-corrected each day, and the feet held in the new position by means of a roller bandage or adhesive plaster as advocated by SAYRE. (2) When there is more resistance, and the feet, though yielding somewhat, cannot be brought into the normal position. For these cases he recommends daily manipulations directed towards stretching the contracted tissues and bringing the feet into a normal plane. These are to be made gently but firmly, and in the directions opposed to the deformity. (3) When the parts are very rigid, forcible replacement at one sitting and the application of a retention apparatus should be employed. This may be done without anaesthesia. In some cases tenotomy may be necessary, and the age of the child is not a contra-indication.

For immobilization after forcible replacement or tenotomy, REDARD prefers bandages impregnated with a mixture of magnesite and silicate of potash. This apparatus should be kept on a month or a month and a half. Then it may be removed and manipulations employed, with retention of the feet by means of a roller bandage on a gutter splint of aluminum. When the child begins to walk, if there is inward rotation, this should be corrected by apparatus. In this way REDARD believes nearly every case of congenital equino varus can be cured in from three to six months, and the formidable open operations (Phelps), or operations upon the bone, will rarely be required—*N. Y. Polyclinic*.

TIME FOR RUPTURING THE AMNIOTIC SAC IN LABOUR.—1. In multiparæ, rupture when os is fully dilated. 2. In primiparæ, delay until the soft parts are also dilated. 3. In cases of face and breech presentation, delay in rupturing the sac is best. 4. When the pelvis is small and the foetus large, delay rupturing. 5. In premature labour, with a dead foetus, rupture early. 6. Rupture the sac early when the membranes are unusually thick, tough and unyielding. 7. When speedy delivery is demanded, rupture early and dilate with the fingers. 8. Rupture the sac when an excessive amount of amniotic fluid retards labour. 9. When version is necessary, and can be accomplished by bi-manual manipulation, perform this operation before rupturing. 10. Remember that a dry labour is always to be deprecated; hence do not rupture at all, unless for good reasons and the case demands it.—*Atlanta Med. and Surg. Journal*.

A TREATMENT FOR HYDROCELE.—The operation for the radical cure of hydrocele should be performed in the following manner; the sac is punctured in the usual way, and when about one-third or one-half of the fluid has been withdrawn, two drachms of a saturated solution of bichloride of mercury in glycerin are injected and mixed with that which remains, and allowed to rest in the sac for from a half minute to a minute. The whole of the fluid is then drawn off to the last drop. Very little pain is experienced, and unless the patient is nervous and takes an anæsthetic, he is able to move about immediately after the operation. For the next few days he must, as a rule, lie about, but need not in any case be confined to bed, and in a week or less he is quite well. Provided the surgeon is careful that his hands and instruments are clean and free from micrococci when the puncture and injections are made, they produce a uniform result, i. e., sufficient aseptic inflammation to obliterate the sac and nothing more.—*International Medical Magazine*.

TREATMENT OF RETROVERSION UTERI.—“The Results of One Hundred and Forty Seven Operations for Retroversion of the Uterus,” was the title of a paper read by A. LAPHORN SMITH of Montreal, before the American Gynæcological Society at Washington, May 6th, 1897. His paper was based upon ninety-four ventrofixations and fifty-three Alexander's operations. He held that ventrofixation is the only operation that should be entertained in cases of retroversion with adhesions; but it should not be done when the uterus is movable and when there is no

disease of the appendages requiring abdominal section, in which cases Alexander's operation has given excellent results. There should be no death rate to either operation, neither should there ever be hernia, either ventral or inguinal, if the following directions were followed. The two operations are equally easy, although a few years ago the author was opposed to Alexander's operation on account of its difficulty. Now he can invariably find the ligaments, and generally in from half a minute to a minute and a half. He warned his hearers not to do Alexander's operation if there are any adhesions, even if they are loose enough to permit the uterus to be lifted up; because they would be put upon the stretch and would drag so much upon the ligaments as to finally pull them out of their anchorage. In laying down the technique of Alexander's operation he placed great stress upon the importance of putting aside all cutting instruments as soon as the skin, superficial and deep fasciæ have been cut through. Instead of laying open the inguinal canal as advocated by some writers, he advised his hearers not to cut a single fibre of the intercolumnar fascia, which was the principal support of the pillars. Moreover, he said, the slightest nick of the fascia of the internal oblique will lead to a false passage and failure to find the ligament. If no cutting instruments are used, but only a Pœan's forceps to draw out the ligament, there will be no difficulty in finding it, because there is nothing else in the canal but the ligament. In fact with the eyes bandaged it could be found and drawn out, simply by introducing the closed forceps and then opening them, when the round ligament will fall into them and can be drawn out. He advocated the use of fine silk-worm gut which can be thoroughly sterilized and left in permanently. Occasionally he has been obliged to remove a buried stitch. In case any fibres of the intercolumnar or internal oblique should be accidentally cut, great care should be exercised in sewing them up to avoid hernia. He has had only one relapse after ventrofixation and one after Alexander's, which were both subsequently repaired. Several of the cases of ventrofixation have since become pregnant and have had normal confinements. Also several cases of Alexander's have had children. Many of the patients had been bedridden invalids for years before and are now enjoying excellent health. Both operations, each in its proper sphere, have given the greatest possible satisfaction.

**GRANULATING WOUNDS.**—An ointment composed of ten per cent. balsam of Peru in vaseline, to which enough cocaine hydrochlorate to make four per cent. has been added, makes an excellent and most soothing dressing for painful granulating wounds.—*N. C. Medical Journal*,

**FISSURED NIPPLES.**—As a prophylactic measure LEPAGE recommends that the nipples should be regularly washed with the following solution :

Mercuric iodide.....	2 to 4 grs.
Spirits of wine.....	1½ ozs.
Glycerol.....	1 pt.
Distilled water.....	1 pt.

If, after using this for a few days, the ulceration disappears, a solution of boric acid may be substituted. Aristol is also highly recommended by VINAY in an ointment containing 1 drachm to 5 of vaseline. JOISE has observed that cocaine, when applied to cracked nipples, has the power of diminishing the milk secretion, and from this fact he was led to the use of this agent when he desired to complete suppression of milk. He applies a 5 per cent. solution in equal parts of glycerin and water five or six times daily to the nipples. Suppression of the milk is observed in from two to six days. By producing anæsthesia of the nipples, cocaine prevents its erection, and thus favors the decrease in the quantity of milk.—*The Practitioner*.

**POST-PARTUM HÆMORRHAGE.**—Turpentine is a prompt and efficient remedy. A piece of lint saturated therewith should be carried directly into the uterus so as to bring it into contact with the inner surface. In cases where the patient was almost pulseless it seemed to act as a stimulant, but on no occasion did it fail to instantly check the hæmorrhage and produce contraction.—*Lancet-Clinic*.

**CARBONATE OF SODA.**—THUBERT (*Thèse de Paris*, No. 39, 1896-7) points out that, much in the same way as calomel is changed into corrosive sublimate, so the bicarbonate of soda is in the system converted into the carbonate; it is, therefore, better to administer the latter than the former; the whole amount ingested is utilized in the stomach, a smaller dose is required, and less sodium is introduced into the body.—*British Medical Journal*.

**CAMPHOR AS AN ANTI-GALACTAGOGUE.**—Dr. A. HERRGOTT says that he has employed camphor successfully when, for some reason, nursing must be stopped. The results that he has obtained would appear to be such as would highly commend the drug for this purpose. It is prescribed in the dose of twenty centigrams in cachets three times a day for three days. In some thirty cases which were given camphor as thus prescribed, the secretion of milk almost always diminished in a very remarkable manner.—*Annals of Gynecology and Pædiatry*.

RESUSCITATION OF THE NEWBORN.—The Philadelphia *Polyclinic* says that, in some cases, weak anemic children born asphyxiated can best be resuscitated by immersing them in water as hot as can be comfortably borne by the finger. Mustard may sometimes be added with advantage. When the heartbeat is feeble a stream of water, not too hot to burn the skin, should be poured upon the thorax and abdomen. Artificial respiration should, of course be made. Attempts at resuscitation should not be discontinued until no heartbeat can be felt and the infant's body becomes progressively colder. Faradic electricity may form a useful adjunct.

TO PLUG THE POSTERIOR NARIS.—Twist up from three to six loops of stout thread, twelve inches or more in length, leaving one thread hanging, the rest being waxed so as to form a rigid mass, which can be inserted into the nasal cavity as far as the posterior wall of the pharynx. The extremity is seized by means of a forceps through the mouth, and brought outside the lips. The thread is then separated and a cotton tampon attached to fill the posterior nasal orifice. This is placed in position by drawing upon the threads which project from the nostril, with the aid of a finger in the mouth. Leave hanging in the pharynx an end of the thread with which to extract the tampon.—STEPHEN, in *Medical Record*.

A REMEDY IN NERVOUS DISORDERS WHEN CHARACTERIZED BY MELANCHOLIA.—The "Reference Book of Practical Therapeutics," by Frank P. Foster, M.D., editor of *The New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. \* \*

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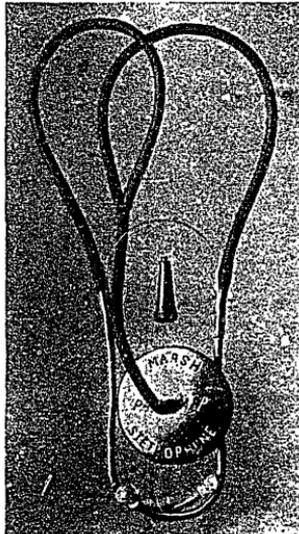
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