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The Canada Medical Record.

MONTREAL, JULY, 1879.

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Original Communications.

Cases occurring in Practice. By CARR HOLSTOK ROBERTS, L. R. C. P. L., M. R. C. S. E., L. S. A., late Medical Officer of Health, Alderbury Union, England.

On the 13th June last, I was called in a great hurry to see Mrs. B., a lady living close by. I found her in bed, having been confined a fortnight before of a fine healthy baby, for a week previous to which she had been obliged to keep her bed from excessive pain in her back (attributed, no doubt erroneously, to the impending labor) and constant diarrhoea of a pale yellow color. For some days past she has "felt something in the back passage," and at last succeeded "in hooking out with her fingers" from the anus a large stone measuring five inches in circumference, four inches in diameter and weighing five drachms. The urine is normal. She is not and never has been jaundiced, has suffered occasionally from what she considered her liver, pains in her back and shoulders, but with that exception and shortness of breath, due probably to a fatty heart, has enjoyed good health. She quite embodies Byron's remark, "fat, fair and forty." Her brothers (four) all died at an early age from phthisis, and all were above six feet. She is now at the time of writing (9th July, 1879) apparently quite well, and is about her household duties. The stone is now in the possession of my friend, Dr. Ord of St. Thomas' Hospital, for examination, &c., &c., but it presents all the usual characteristics of an ordinary gall stone. I have on several occasions seen gall stones of a large size which have been discovered on a post-mortem examination,

but never any approaching to the size of such a "star of the first magnitude;" the marvel is that it should have been spontaneously passed with so little constitutional disturbance, and I think my patient is to be congratulated on having successfully effected and survived the birth of such twins.

In September, 1877, when residing in Shrewsbury, I was requested to visit W. F., a man residing in a village about three miles away, and who had been engaged on the railway for some years as a carriage cleaner. I found him in bed, a man thirty-five years of age, short in stature and lymphatic in complexion; had always enjoyed good health until some months previously, when he found, without any ostensible cause, "his legs begin to fail him," and they are now utterly useless. There is complete loss of motion but not of sensibility, he is unable to lift or draw them up from the bed. He had never met with any accident, although he might occasionally have "bumped his back" in getting up from under the carriages. Had been wet through several times, and allowed his clothes to dry on him, but had never experienced any inconvenience or ill result from that. Has been in one or two infirmaries without deriving any benefit whatever, and from one he was sent home with the comforting (?) assurance that nothing could be done for him as the paralysis would gradually spread upwards, and that his would be a living death.

A careful examination failed to detect any pain or tenderness along the spine, or in fact in any part of the body; he had perfect use of his other limbs, and there appeared to be no appreciable cause for such a state of affairs. His bowels were very sluggish and obstinate, his urine was clear, free from albumen and apparently normal, but on examination under

the microscope there appeared to be spermatozoa floating in it, and this further examination placed beyond question. Following up this clue I elicited that he had for several months experienced an almost constant desire for sexual intercourse, with a gradual diminution of power and an increase until they became of nightly (and frequently in the night) occurrence, of seminal emission whilst asleep. There was no priapism, and the testes appeared normal. He is a married man and the father of three living children. His wife states that for a long time he has been always wanting to, but quite incapable of discharging his marital duties. Now what was to be done in a case of this kind which appeared to be hopeless? I felt inclined to despair, but remembering a case which occurred to me at Salisbury, and which was reported in our number for April, 1876 (and which patient was by the way discharged perfectly cured), I determined to take the case in hand. He was ordered to be well purged twice a week with calomel and colocynth at bed time and sulphate of magnesia in the morning; galvanism was applied night and morning to the back and legs; he was held up every morning in a bath with his feet in warm water whilst the cold shower bath was administered for two or three minutes, afterwards increased to five, and eventually to fifteen minutes, and was given thrice daily five minims of tincture of nux vomica and five minims of the tincture of sesquichloride of iron in an oz. of water (this dose of each was after an interval doubled, then trebled and eventually quadrupled, and this larger quantity he took daily without any intermission for twelve months and upwards); all attempts at sexual intercourse were strictly forbidden, and he was ordered as good and as nourishing a diet with stout, wine, &c., &c., as their circumstances would permit. This plan of treatment had a most charming and satisfactory result; in a few weeks he was enabled to get out of bed, and holding by the bed hobble round it; he became able to walk with crutches, then with one and a stick, then with two sticks, and for some weeks before I left in February, 1879, he walked down to me many times, a distance (both ways) of nearly seven miles, without any assistance whatever, although he always carried a stick. The spermatozoa disappeared entirely from his urine, and he was allowed and enabled to perform his marital duties in moderation and with success. His mode of progression when he first began to walk was most peculiar, he would lift his leg up very high and describe nearly a circle before putting it down again

very, very slightly in advance of the place from which he took it; it was quite impossible for him to put his leg behind, and then from a straight line to in front of him; as he described it they would "go round the corner." His wife during the latter part of the time caught a severe attack of typhoid fever whilst out nursing and was laid up for weeks, this I believe had a great effect in retarding his recovery. When I left he was about resuming his ordinary occupation. He must have taken some quarts of iron and the nux vomica; the latter never once caused any specific effect although carefully watched for.

4 Cambridge Terrace, Westbourne Park,
London, England.

Progress of Medical Science.

A CASE IN WHICH A BILIARY CALCULUS WAS REMOVED BY OPERATION FROM THE GALL-BLADDER AND A CURE RESULTED.

Mr. Bryant read notes of this case before the Clinical Society of London. The patient was a single woman, aged 53, who was admitted into Guy's Hospital under Mr. Bryant's care in July, 1878, with two discharging sinuses of three years standing, following an abscess, which had been previously forming for two. At first the sinus was laid open, and pus alone escaped; but, subsequently, as bile flowed in quantities from the wound, an exploratory operation was performed, and, at a depth of two inches, a biliary calculus, one inch long, turned out of the gall-bladder. Everything went on well after the operation; and, although bile continued to escape from the wound for about two weeks, the parts quite healed in about four months, and the patient left the hospital cured. The author brought the case before the Society as an encouragement to surgeons to apply their art in like or allied cases, for he was well prepared to support the suggestion of Dr. Thudicum, made twenty years ago, "that gall-stones might be removed from the gall-bladder through the abdominal walls;" and he pointed out that, under certain circumstances, the operation was justifiable when the sinuses by their presence were setting up inflammatory and suppurative changes about the gall-bladder, without any obstruction to the bileducts, as well as in that more serious class of cases in which the cystic or common bile-duct was obstructed, and dropsy of the gall-bladder, with jaundice, complicated the case, as shown by the cases of Dr. M. Sims and Mr. G. Brown—Mr. Hulke said there was no shadow of doubt as to the propriety of the treatment in Mr. Bryant's case. He simply rose to say that the whole question had been exhaustively treated in an early number of the *Mémoires de Chirurgie* of the year 1706. In a case there discussed, the stone was withdrawn by the forceps, and the author drew an analogy between

it and the operation of lithotomy.—*Brit. Med. Jour.*

WHEN THE HYPODERMIC SYRINGE MAY BE USED

Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed into a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects supersede the old-fashioned way of administering medicines.

In cases of unconsciousness, delirium, strangulation, or other condition in which the patient cannot or will not swallow, the proper remedy, in nicely graduated quantity, injected hypodermically, answers just as well as if taken into the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been used:

Ununited Fractures.—Glacial acetic acid, five to ten minims between the ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock.—Quinine, six grains, hypodermically, with one-third grain of morphia.

Urticaria.—Saturated solution of bisulphite of soda, injected directly into the part affected.

Haemoptysis.—Sclerotinic acid, substitute for ergotine, 5 per cent. solution injected in the neck or arm.

Tumors.—Just before removal, hypodermic of half grain morphia, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform Poisoning.—One-tenth grain of digitaline, hypodermically, followed an hour afterward with one-tenth of grain of atropia in similar manner, has been successful.

Erysipelas.—*Carbolic Acid.*—3 per cent. solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also, salicylic acid in same manner.

Carcinoma.—Acetic acid, one part to three of water, injected into the cancer, has proved successful in shrivelling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hiccough.—In an obstinate case, resisting all other means, three-eighths of a grain of chlorhydrat of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions.—Chloral, subcutaneously, has been pronounced better than when swallowed.

Foreign body in Oesophagus.—Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting: apomor-

phia, one-tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia Poisoning.—Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia.—*Veratrum viride*, two to four drops of the tincture, subcutaneously; as required to keep the pulse down to about sixty; pilocarpin, two per cent. solution, is also recommended.

Trichinosis.—Tinct. of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin diseases caused by animalculæ; sulphuric, carbolic, salicylic or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus.—Carbolic acid, one part; glycerine, four parts; twenty drops sunk into the tumor by means of hypodermic syringe, effectually dissipated the polypus in case reported.

Eczema.—Arsenate of sodium, hypodermically, in solutions of one-fifth, one-half and one per cent., commencing with ten minims of the weaker, and gradually increasing, is recommended.

Nocturnal Enuresis.—Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup.—Sulphate of atropia, one per cent. solution, has proved successful in a desperate case, injected in the neck, on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills.—Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy or whisky.

Goitre has been successfully treated by subcutaneous injections of ergotine, one-third, gradually increased to one grain.

Membranous Croup.—Equal parts of water and sol ferri perchlor injected into trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution; the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should ensure caution.

Hæmorrhages.—Hæmoptysis, hæmatemesis and uterine hæmorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night Sweats.—Atropine has given good results in injections of about one-fortieth of a grain at bedtime.

Tetanus.—Chloral hydrate is recommended in conjunction with chloroformization, alternating with other powerful anodynes and antispasmodics.

Infantile Convulsions.—Morphia, subcutane-

ously, with inhalations of five drops of nitrate of amyl immediately following, have proved successful.

Retention of Urine.—From paralysis of bladder, accompanying typhus, variola and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration.—Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium Poisoning.—Quite rapid recovery is reported to have followed warm hypodermics of fl. extr. coffee, in thirty minim doses. Caffein citrate, and sulph atropia are also considered antidotes to opium.

Suspension of Salivary Secretion.—Pilocarpin, used as heretofore explained, excites salivation.

Chorea.—Curare, in hypodermics of from one-tenth to one-twentieth of a grain, daily, has been found valuable in this disease.

Obstruction of the Bowels.—Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia.—Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the centre of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Convulsions.—Saturated tincture gelsemium, 10 to 15 drops, has acted as a powerful antispasmodic in arresting convulsions, injected subcutaneously.

Hemorrhoids.—Iodine, carbolic acid, perchlor iron, and other preparations have been used successfully—a few drops of ether injected into each pile—usually operating on only one at a session, waiting several days before repeating.

Dysentery.—Morphia, in one-third grain doses, hypodermically, has been found more rapid in relieving tenesmus than any other opiate.

Epilepsy.—Curare, in solution, seven grains in seventy-five minims of water, with two drops of hydrochloric acid. About once a week inject eight drops beneath the skin. It has cured cases of several years standing within two months.

Snake Bite.—Ammonia, brandy, carbolic, or salicylic acids, are all recommended, hypodermically, in case of snake poison, and have been injected with benefit directly into a vein.—*National Medical Review, Washington.*

ACONITE IN THE TREATMENT OF ACUTE INFLAMMATION.

We make the following extracts from Mr. James S. Spark's article in London *Practitioner* of March :

There are many inflammatory affections where its effects are literally marvelous, not only from the efficacy, but also from the rapidity of its action. The most remarkable as well as the most valuable effect of aconite is its power of *aborting* inflammatory action, if prescribed sufficiently early. I say the

most valuable, because although it is a great matter to be able to control inflammation, it is of much greater importance to be able to arrest or prevent it.

The first disease to which I direct your attention as to the abortive power of aconite is pneumonia. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but of course the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. The pain frequently begins to subside from the first, the skin becomes moist, the breathing more natural, and the patient appreciably better and more comfortable after each dose. I have used it frequently both in children and adults, and have never seen it fail to produce most satisfactory results. The dose I have generally employed for an adult is five minims (Fleming's Tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated from any cause, it must be prescribed cautiously, as I have seen it cause considerable alarm by producing delirium, nor are the beneficial effects of the drug any more, if so much, seen when it acts too powerfully. . .

In cynanche tonsillaris I have found it exceedingly useful, both as an abortive and as a controlling or modifying agent. If properly administered during the inflammatory stage it will seldom fail to cut the attack short, and, if given at the very beginning, to abort it. If duly administered it not only cuts short the present attack, but after a time it seems to reduce or remove the liability to quinsy in persons subject to periodical attacks of it. It would take a considerable deal of evidence to establish this last fact, but I have seen it sufficiently often to warrant my referring to it. Ringer says that the good effects of it in the catarrhal form of croup are as conspicuous as in quinsy. Its use in fevers, especially in those of an inflammatory character, has been found very advantageous. It reduces the temperature and produces a very soothing effect from its action on the skin..... There is no doubt of its efficacy in erysipelas, especially in that form which is occasionally consequent upon vaccination, which I have seen it cut short in a few hours. There was a case lately quoted in the *Practitioner* where its administration in frequently-repeated doses aborted milk abscess in twenty-four hours.

We have no better illustration of the efficacy and rapidity of the action of aconite than in common cold, "cold all through one," or "cold in the bones," as it is variously popularly described, when one feels as if he had been put "through a thrashing mill." Ringer states that one or two drops taken at bedtime will enable a person in such a state to rise quite well in the morning; and certainly in the doses I have mentioned it affords very speedy relief. It relieves that disagreeable affection, ringing in the ears, in many cases after a dose or two, and is said also to remove earache. In the acute stage of gonorrhoea,

when there is much pain and uneasiness, it affords marked relief.

There is one precaution in the use of it. It is contraindicated in inflammatory affections where the temperature of the body is not above natural.

THE TREATMENT OF HEMORRHAGE IN ABORTION

Prof. W. T. Lusk, in *Med. Record*, March 8, has an article on this subject, which we regret not to be able to produce entire. We quote his conclusions:

1. In the first two months an abortion needs no special treatment. The hemorrhages of early date are amenable to the same principles of treatment as those from the non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes.

When the membranes rupture previous to expulsion, and hemorrhage takes place, immediate removal should be attempted, provided the cervix be sufficiently dilated to admit the index-finger. When the cervix is closed, the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion, retained portions should be removed by the finger or the curette. When the ovum is decomposed, no dilatation of the os is usually necessary. When the ovum is fresh, the preliminary use of sponge-tents is usually demanded if manual delivery is resorted to.

4. Fibrinous polypi, when situated near the os internum—a rare occurrence, indeed—arrest the involution of the lower portion of the uterus. The os is therefore open in the rule and permits the passage of the finger. When the polypus is attached to the fundus, the cervix is usually closed. Small, smooth, slippery bodies, like fibrinous polypi are rarely to be detached unless the finger operates from above, so that the choice of hands depends on the side to which the polypus is attached.

5. In immature deliveries (fourth to seventh month) hemorrhage can usually be controlled without the tampon, by compression of the uterus, and, in cases of delay, by the manual extraction of the placenta.

ENEMATA OF CHLORAL IN SICK HEADACHE.

Dr. J. Seure (*Bulletin Gen. de Therap.*) recommends this treatment very highly. He says that a patient of his, a lady, who is subject to severe attacks of migraine after shopping, etc.,

is accustomed, on her return home, to take an enema consisting of a glass of warm water, with a tablespoonful of the following mixture: ℞ chloral, gr. xlv.; aq. destillat., f. 3 x.—M. She then reclines upon a sofa, with closed eyes. Within a few seconds she begins to taste the chloral in her mouth, and at the same time she experiences a sensation of numbness. Little by little the headache disappears, nausea is allayed, and half an hour later nothing remains but a slight discomfort in the head, with a little torpor.

Within an hour and a half this lady finds herself able to sit down to dinner, and by the time the meal is over she has forgotten all about her headache and is able to entertain visitors during the evening. In this case twenty grains of the chloral are enough, but in the case of men thirty to forty grains are required. Dr. Seure has noticed that the relief gained is more prompt if a tablespoonful of brandy or whisky is added to the enema. The enema has one disadvantage, that is, the slight burning pain which it causes in the rectum. This may be avoided by the use of a glass of warm milk instead of water, or better by beating up the yolk of an egg in the water. In the case of individuals who retain enemata only with difficulty, a smaller amount may be injected, and a drop or two of laudanum may be added. Dr. Seure regards this treatment as almost infallible for the arrest of an attack of sick headache, and as decidedly preferable to the administration of remedies by the mouth. It has the advantage of not disturbing the stomach. Chloral also acts very promptly, its absorption by the rectum being almost instantaneous, as is proved by the effects on the general system, and also by the exhalation of chloroform by the lungs within a few seconds after the enema has been taken.—*Phila. Med. Times*. W. C. C.

COUGH MIXTURE.

In any severe cough, when the tongue is red or the throat is sore, the following is recommended by Dr. Powell, of London:

℞ Potassii. chloratis.....grs. xl.
Morphia muriatis.....grs ij.
Glycerinæ.....℥ ss.
Syripi.....℥ iijs. M.

Sig. To be taken undiluted and slowly, for both its local and constitutional effect. Dose, one teaspoonful three or four times a day.—*Br. Med. Jour.*

NIGHT SWEATS.

℞ Ext. prun. Virg.; ext. hyoseyami; ext. ergotæ, fl., aa 3 ss; acid. sulph. aromat; Tinc. kino, aa 3 iij. M. S. Half teaspoonful in water thrice daily.—*Ohio Med. Rec.*

ON THE DIAGNOSIS OF TUMORS OF THE GROIN.

Extract from a lecture by Christopher Heath, F.R.C.S., in *Medical Times and Gazette*.

DIAGNOSIS OF INGUINAL TUMORS.

Hernia.—Impulse on coughing; reducible with gurgle; clear on percussion if intestine; feels like intestine, or knotty, if omentum.

Hydrocele of Cord.—Impulse on coughing; apparently reducible; dull on percussion; elastic feel, like small elongated bag of fluid.

Iliac Abscess.—Impulse on coughing; non-reducible; dull on percussion; elastic, and possibly fluctuating.

Lymphadenoma.—No impulse on coughing; non-reducible; dull on percussion; Hard, well-defined, not tender unless inflamed.

Testis.—No impulse on coughing; non-reducible; dull on percussion; obscurely elastic, and characteristically painful.

DIAGNOSIS OF FEMORAL TUMORS.

Hernia.—Impulse on coughing; reducible with gurgle; clear on percussion if intestinal; feels like intestine, or knotty, if omentum.

Psoas Abscess.—Impulse on coughing; irreducible; dull on percussion; elastic or fluctuating.

Fatty Tumor.—No impulse; irreducible; dull; lobulated.

Cyst in Canal, or Lymphadenoma.—No impulse; irreducible; too small for percussion; hard and ill-defined.

REDUCIBLE SCROTAL TUMORS.

Hernia.—Impulse on coughing; percussion clear if intestinal, dull if omental; ring and inguinal canal occupied, spermatic cord obscured; intestine to be felt, and returned with gurgle, and remains up till effort is made; opaque; any age.

Congenital Hydrocele.—No impulse unless combined with hernia; percussion dull; ring and canal clear; fluid to be felt, and readily returned when patient lies down, and reappears slowly when he stands up; translucent; childhood.

Varicocele.—Impulse on coughing when large; percussion dull; ring occupied by enlarged spermatic cord; feels like a bag of worms when small, but like intestine when large—can be reduced by pressure, and fills again while pressure is made on ring; opaque; young adult, and on left side.

IRREDUCIBLE SCROTAL TUMORS.

Hernia.—Sausage-shaped; intestine clear, omentum dull; intestinal or knotty; opaque; sudden.

Hydrocele.—Pyriform; dull on percussion; elastic or fluctuating; translucent; chronic.

Hamatocele.—Globular; dull on percussion; tense or doughy; opaque; sudden.

Sarcocele.—Irregular; dull on percussion; more or less induration; opaque; chronic.

Strangulated Hernia.—Suddenly produced, or if present before strangulated, thus: pain in groin and about abdomen, with considerable constitutional depression and anxiety of face; tumor tense, and giving the sensation of intestine when manipulated—skin normal; impulse on coughing to be felt along the groin, in which there is more fullness than usual, but ceases abruptly at the point of strangulation; percussion over tumor gives a clear sound unless the protrusion is omental; vomiting probably present, continuous, and eventually stercoraceous.

Hamatocele.—Suddenly produced by some external violence; pain in scrotum and constitutional disturbance, slight after the first few minutes; tumor tense and heavy, globular in shape, and not translucent—skin often bruised; no impulse in groin, which is perfectly normal; percussion gives a dull note; vomiting immediately following the accident, but not continued.

Orchitis.—Developed a few hours after a blow or following gonorrhoea; pain in scrotum and along the cord to the loins—feverish disturbance of system; tumor excessively tender to the touch—cord thickened—skin reddened; no impulse on coughing; percussion gives a dull note; nausea and faintness, but seldom vomiting.

THE THERAPEUTIC VALUE OF CROTON-CHLORAL.

Dr. R. Riddell speaks, in a paper printed in the *Dublin Journal of Medical Science*, favorably of this new remedy. He says, after quoting his first instance—

Since that time I have used it largely—sometimes failing, sometimes relieving—till, by keeping an account of all my cases, it began to dawn on me which were benefited by the drug. Since then the number of cases relieved (some permanently) has increased. These cases are—headache in females, arising from mental distress; those cases of headache so frequent at the menopause—in fact, all those called neuralgic, except a few arising from internal mischief, are benefited, and, in many instances, cured. In that distressing species of neuralgia called tic-douloureux, I have found it in many cases acting like a charm. Of course I do not include any arising from cranial or intercranial causes. I have tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate, but in some cases, where the loss of, or inability to sleep, is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the cir-

ulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses, to produce the same results, than singly. In this I pushed it from ten to thirty grains every three hours, with drachm and two-drachm doses of the infusion of digitalis. In pain arising from caries of teeth, I have found it useless in most cases, and in all inferior to Richardson's "tr. gelsemini;" but in one case, of a nervous young lady, by giving her two ten-grain doses, I was able to extract a tooth next to painlessly, to her great satisfaction. You will notice in all these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service you must give the drug in far larger doses than prescribed in the Pharmacopœia—for adults, five grains, three or four times daily, gradually increasing if required; if stimulants are wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids, give glycerine. If anæmia exists, combine it with iron, or, which I believe better, arsenic; then gradually lessen the chloral. In all cases I have found it better to give it in solution than in powder or pill.

DAMIANA AS A NERVE TONIC.

My views on damiana as a sexual tonic are known to a very large number of the members of the medical profession. Further experience has strengthened the high appreciation I have expressed of its value in sexual debility, and given me, I think, some new ideas as to its physiological action and position as a remedial agent. It is pre-eminently a nerve tonic, impressing the brain and nerve centres very much in the same manner that strychnia does. While, however, void of poisonous properties, it excites nerve cell nutrition, and enables the nerve cell to assimilate its proper pabulum from the blood.

For the medulla oblongata and the medulla spinalis, it has an especial affinity. The motor nerves seem more impressed by its influence than are those of sensation. Hence I inferred that it would prove valuable in paralysis. Opportunities offering, I tested the accuracy of this inference in two cases—one hemiplegic, the other paraplegic. In both, damiana proved of unquestionable efficacy; the advantage was as unequivocal as I ever witnessed from the use of strychnia and ergot.

If my theory of its *modus operandi*—that it acted as an invigorator of the primordial nerve cell—be correct, it is easy to understand its true place in the treatment of certain forms of paralysis, as well as other nerve lesions in which deficient cell nutrition plays an important part. Damiana, by its direct action as a nerve tonic, by removing the morbid condition or stimulating the cells in inactive conditions, supplies a great want in therapeutics.

If impotency has accrued in the male from inability to secure the necessary erection to convey the seminal fluid into the female, and to produce in her the very important yet not absolutely essential orgasm for impregnation, this remedy, in the absence of organic or structural change, will almost invariably overcome the difficulty. It accomplishes all, and even more effectually, the results attained by combinations of iron, strychnia, ergot and cantharides.

In several cases of nervous exhaustion, I have found the organismal hypophosphites to give rather negative results, on account of the nerve cell being unable to imbibe its proper pabulum. In such cases I have used damiana alone with evident benefit; but the two agents together are almost magical in their effects.

I have recently used these two agents in combination with extract of malt, and the result has exceeded my fondest expectations in several cases of mal-nutrition and general cachexia. I have also noticed that the capacity of both physical and intellectual labor is increased by the use of this combination.

Recently I have used damiana in a case of obstinate constipation, and found the trouble entirely removed; and this after having used a multitude of remedies. Whether the result in this case was a mere coincidence, or will again occur, I shall determine by future trials. I believe damiana can be advantageously used in all cases in which strychnia is now employed.

The preparation I have used is the fluid extract, either prepared by myself by cold repercolation, or by Dr. F. O. St. Clair. I abstain from heat in making it, as high temperature is as fatal to damiana as it is to wild cherry. May not the rise of heat in the manufacture explain the reason why so much of the fluid extracts found in the market is utterly worthless, and has brought so much reproach, to be shared by the properly prepared and valuable article?

Damiana, like ergot, isolated phosphorous compounds, podophyllin and other valuable agents, has had its good name traduced, and at it has been hurled the usual remedy of the weak, ridicule; but truth, as it always will, has triumphed, and this agent is, no doubt, destined to an official position in our pharmacopœia.—*C. G. Polk, in Virginia Medical Monthly. Atlantia Medical and Surgical Journal, Feb., 1879.*

TO HASTEN THE ACTION OF QUININE.

Dr. Starke, *Berliner Klin. Wochenschrift*, advises that before swallowing powders or pills of quinia, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinia, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug:

LUMBAGO.

The treatment of the acute form of lumbago is very simple and very effective. Perhaps the best treatment at first is the application of scarifying cups to the muscle, or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol and applied directly over the scarified parts. There are various stimulating and anodyne liniments which are really excellent in their way—such as turpentine, ammonia, camphor, etc. If opiates are to be employed they should be administered early in the course of the attack. The best form in which to administer opium is in the shape of Dover's powder. This may be given in ten grain doses. It is usually very efficient in affording relief to the pain, and at the same time is very likely to produce copious diaphoresis. Where a rapid effect is desired the opium must be given hypodermically in the shape of morphia.

In most of the cases of lumbago which are encountered in private practice the patient will be found to object seriously to the use of scarifying cups unless all other remedies are found to be in vain. In fact, you will most of you find in time that the use of this most excellent remedy must be limited to hospital and dispensary cases. Where scarifying cups cannot be employed the best treatment is that by morphia hypodermically, and Dover's powder by the mouth. (In the University Hospital the great pain accompanying lumbago is at once and very often permanently stopped by the hypodermic injection into the affected muscle of a solution containing one-eightieth of a grain of atropia and one-eighth of a grain of morphia. Great care being always had in the administration of morphia and atropia to nursing women, as belladonna is the most powerful antigalactagogue known, and as too large doses of morphia not infrequently affect the child through its mother's milk.—REP.

Another most valuable drug in the treatment of lumbago is the iodide of potassium which would seem to be clinically proven to have a peculiarly beneficial influence over rheumatism of the lumbar region—more influence over this form of rheumatism in fact than over any other. Dr. Graves, of Dublin, is the first one reported to have made use of iodide of potassium in lumbago, and he tried its effects upon his own person. He found that in doses of from five to ten grains given every three or four hours, its effects were truly wonderful.

This clinical fact—I refer to the peculiar influence of the iodide of potassium upon rheumatism of the lumbar muscles—is very difficult of explanation, but it is undoubtedly true. The iodide has been tried in the treatment of muscular rheumatism of other parts of the body, and its effects in such cases have been found to be not by any means so immediately successful.

In the chronic form of lumbago the condition is one of great obstinacy and is very difficult to treat. Such cases are very apt to persist in disappointing your hopes of cure. The most useful class of reme-

dies here are of course the various forms of counter-irritants, such as blisters, sinapisms, the actual cautery, etc., etc. Thoroughly and conscientiously applied local friction and *massage* may do good in some instances where counter-irritants have signally failed.

Of all remedies, however, for chronic lumbago, I am accustomed to rely mostly upon the influence of tepid water upon the affected parts. The action of water, though slow, is a very permanent one. The water may be applied either in the shape of wet compresses kept in constant contact with the part, or you may use a douche and allow a stream of water to fall steadily upon the rheumatic muscles for some time from a height of from eight to ten feet. This use of water does great good in all forms of muscular rheumatism no matter where located. After the treatment by douche, or by wet compresses, the parts should be briskly rubbed with a coarse cloth or a skin brush, and then covered with cotton, or wool, or a piece of India-rubber cloth.

I have occasionally derived very advantageous and rapid results from the use of a metallic brush, rubbing the affected part briskly with it. This rubbing acts of course as an electric stimulus, and always gives immediate, if not permanent relief, though my experience has been that the use of the electric brush afforded permanent as well as immediate relief.

Very often I advise tying a cloth over the lumbar muscles and ironing them thoroughly, two or three times every day, and then following up the ironing with the application of some stimulating liniment.—*Hospital Gazette and Archives of Clinical Surgery.*

TREATMENT OF EPILEPSY.

A. McLane Hamilton, M.D., in the *New York Medical Record* says:

I would recommend, in the first place, a most careful observance of those hygienic rules which are of so much importance, and influence to such an extent the progress of all the neuroses; and, in the second place, would suggest the use of two or three remedies which seem to possess great virtue in this disease.

The bromides have received deserved popularity, and if used within proper limits, and in combination, will sometimes cure cases of moderate duration, especially if the case is uncomplicated and is not the result of traumatism.

I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each; and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is, if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown-Séguard, will produce wonder-

ful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character.

I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat-making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any apparent effect upon the disease) not only to materially diminish the number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt, or linseed oil—but to decidedly improve the general health of the patient.

Should the cases in which we have satisfied ourselves that there is no exciting cause to be removed resist this plan of treatment, we may resort to the use of the actual cautery, or apply repeated blisters to the back of the neck. But in many cases even these remedies do but temporary good, and the result of our treatment must be discouraging.

From recent trials it would seem that curare is indicated in these obstinate cases, and a standard solution, acidulated with dilute hydrochloric acid, may be hypodermically injected every fifth day in doses of one-third of a grain until five or six doses are given. In the lighter forms of the disease the use of the fluid extract of ergot in dram doses, three times a day, alternated with tincture of belladonna in five-drop doses and gradually increased in quantity, afford very satisfactory results when the bromides are apparently inert.

Cannabis indica has also been recommended and successfully used by Sinkler, of Philadelphia.

If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and, in fact, nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical. It is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially, a disease, as I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

TREATMENT OF OBSTINATE VOMITING BY SMALL DOSES OF IODIDE OF POTASSIUM.

Having noticed in the *Record* of March 15th, under the above heading, an article taken from a statement made by Dr. Fornica Corsi in the *Gazette Obstetricale*, and having a patient suffering from obstinate and intractable vomiting arising from spinal inflammation, and having exhausted all the remedies ordinarily employed as anti-emetics, without the least amelioration in the symptoms, I determined to try the iodide in the minute doses recommended by Dr. Corsi. The vomiting had occurred immediately after taking food of any description, quantity and quality making no apparent difference. Vomiting occurred with very little effort, nausea persisting for only a short time after the contents of the stomach had been entirely rejected. This state of things had existed for at least two months, in which time she had retained only an occasional mouthful of food. After the use of injections of beef tea and egg for several days, during which time nothing but a little drink was allowed by the stomach, one or two meals were retained, but the vomiting commenced again, and continued up to the time of the administration of the iodide. I gave it in solution, in doses of $\frac{1}{36}$ grain, repeated every hour and a half; and since then—now fourteen days—she has retained every thing she has taken, excepting one or two meals, when she had omitted the drug for a few doses at my request, as a test.—George Huntington, M.D. in *Medical Record*.

THE TREATMENT OF INDOLENT ULCERS BY MEANS OF SHEET LEAD.

A good deal of attention has been attracted during the past year to the American treatment of indolent ulcers by means of Dr. Martin's India rubber bandages, and the reports received on all sides as to the value of this method are eminently satisfactory. I would, however, urgently request that a trial be given to the system which I was in the habit of adopting in all such cases at St. Bartholomew's Hospital, Chatham, some thirteen years ago, viz., the application of sheet lead, molded to the shape of the leg, and kept on by an ordinary calico bandage. The size of the lead should be sufficient to cover the ulcer completely and lap it a little over the whole skin; the edges and angles should be well rounded, so as not to chafe or irritate; it should be about an eighth of an inch in thickness, and moulded very accurately to the shape of the leg, so as to allow of no indent being apparent on the surface. After it has been carefully fitted, the leg should be bandaged from the toes upward, and all that then need to be done is to uncover the ulcer night and morning and allow some water from a sponge to trickle over it. The granulations should never be touched with the sponge itself. I believe that the rationale of this treatment is pressure, the same as in the case of the elastic bandage, though there may be also some action produced by the secretions upon the lead, as is said to

take place when the lead nipple-shields are used. The great advantages of the system proposed are simplicity and cheapness, though, as regards the former, I think it must yield the palm to the elastic bandage. It would appear that in some parts of Africa the natives use sheet copper, and with some success, but I cannot say I have ever tried it myself.—*F. P. Atkinson, M.D., in London Practitioner.*

ON NIGHT COUGH.

Dr. R. E. Thompson says, in the *Practitioner*—

There is a very persistent and harassing form of cough which accompanies many forms of pulmonary disease—phthisis, bronchitis, and others—which appears to be an undeveloped, modified form of asthma.

The patient complains of being much disturbed, at night especially, or early in the morning, and it is generally worse when the patient lies down and goes to bed. No narcotics in ordinary use for cough appear to have any effect and it is only by asthmatic remedies that any relief is obtained. Many cases of this kind have now come under my notice which formerly used to trouble me not a little from the constant complaint that was made as to the distress arising from this obstinate night cough, and the ineffectual result of opiates. In all those cases of this kind which I have lately investigated, there was a decided history of inherited asthma; but it will be sufficient if I quote two cases out of the number.

A lady, who had been confined three weeks, consulted me about a very persistent and harassing cough which kept her awake through the night. For this various remedies had previously been tried, opiates chiefly, without the slightest alleviation. A year before this her younger sister had applied to me for advice for a fully developed asthma, which was treated successfully by asthmatic specifics. The remembrance of this gave a clue to the case, and investigation proved that asthma had been inherited from a grandparent, the father and mother of the patient having been perfectly free from pulmonary complaints. Relief was at once obtained by Joy's cigarettes, which are often extremely useful in like cases.

A young lad, aged nine, was brought to me for advice respecting a persistent cough with which he had been troubled since an attack of measles, eight months before. On examining him, I found a thickened condition of the alveolar tissue and harshness of respiratory murmur, which appeared to depend upon an old condition of broncho-pneumonia. I ordered him some cod-liver oil and lactuca for his cough, but finding that the cough was still very troublesome, especially at night, I conjectured that the case was one of undeveloped asthma, and on investigation I found that the grandfather had been subject to asthma. In this case the burning of nitre-papers removed the cough at once.

LATE SUGGESTIONS ON OZÆNA.

Dr. Frankel, in Virchow's *Archiv*, volume LXXXV, gives a number of cases which he thinks will confirm the views of those who believe that ozæna always owes its origin to a dyscrasia—two of his patients were pythical, two syphilitic—but does not believe, though admitting the frequent coincidence of ozæna with pharyngitis sicca, that both the diseases are in causal connection with each other.

In an Italian contemporary, Dr. Massei, starting from the theory of a parasitic origin of ozæna, recommends the following treatment: *a.* Gradual dilatation of the obliterated nasal passages by means of elastic bougies; *b.* Clearing and disinfection of diseased regions by a very weak solution of salicylic acid (1 part 500 parts of water), applied by means of a syringe; *c.* Modifying local medication, by blowing calomel powder through a nasal speculum on the ulcerated surfaces. The author says that there is always an arrest in the process of healing at a certain period, but advises strongly not to give up this treatment, but to continue it patiently until total cure is obtained.

In the *Memorabilien*, Dr. Dawosky describes his successful treatment of that form of ozæna called *punaisie* (in German, *stinknase*). He carefully removes all crusts, washes the mucous membrane with a two per cent. solution of silver nitrate, and every evening tampons the nostril with a plug of charpie as thick as the finger, moistened with glycerine and that thickly dusted with powdered alum. In the morning this is removed and nostril washed with injections of permanganate of potash or zinc, in weak solution. The odor soon disappears, and by persistence a cure is effected.

COUGH MIXTURE.

J. Milner Fothergill says hydrobromic acid, with spirit of chloroform and syrup of squill—and if the case be that of a very agreeable lady, and a favorite patient, a few drops of spirit of nutmeg be added—constitutes an excellent and palatable cough medicine.—*Western Lancet.*

CHOLERA INFANTUM.

During the summer of 1873, I was called to prescribe for a child two years old, supposed by the physician in attendance to be dying, the disease being diagnosed as cholera infantum. My prescription was one ripe strawberry every hour till better. The child speedily recovered. Three months after, I was asked to prescribe for another child aged eleven months. The disease this time was really cholera infantum. One-half strawberry every hour proved a successful treatment. This child had also been given up to die.—*Boston Journal of Chemistry.*

HYDRATE OF CHLORAL AND BROMIDE OF POTASH ENEMATA IN THE VOMITING OF PREGNANCY.

Recently having had a very favorable result from hydrate of chloral by enema, given in a case of gastritis where vomiting had occurred almost incessantly for three weeks, we gladly give further publicity to the following note, in the American Journal of Obstetrics and Diseases of Women and Children, by D. B. Simmons, M.D., Chief Surgeon to Ken Hospital, Yokohama, Japan:

I published in the Medical Record of May 15, 1874, the history of four cases of severe vomiting during the first month of pregnancy, as relieved by the administration of chloral hydrate by the rectum, in portions of from twenty to thirty grains, dissolved in gum water. I call the attention of the profession again to this method of treating these often very distressing cases, because I am more and more convinced of its great value, from repeated trials of it since. The Japanese physicians, whom I have instructed in its use, also report very favorably on it. In fact, they confidently inform me that it rarely fails. Since the first few cases in which I advised its use, I have learned that the bromide of potash, in equal proportions with the chloral, adds to its efficacy. I have also learned that in some cases the remedy must be pushed to a moderate degree of narcotism in order to secure the desired result. The amount of each portion of the drugs and their frequency of administration depends, therefore, on individual susceptibility to its influence, and must be prescribed accordingly. I also advised its use in obstinate vomiting from other causes. Following this suggestion, it was administered by one of my colleagues, Dr. Stewart Eldridge, in a case of vomiting from local peritonitis which had resisted all other modes of treatment. The result was most satisfactory, indeed, almost magical. I stated, in the article referred to, that I had nowhere seen the use of chloral for this particular purpose mentioned. Neither have I been able to find it since. I shall therefore claim to have first used and recommended it, till some prior claim is established.

A NEW ANTISEPTIC.

A new antiseptic agent has appeared in Germany, which, if the statements regarding it are true, is one of the most important yet discovered. It is a double salt of borate of potassium and sodium, and is made by dissolving in water equal quantities of chloride of potassium, nitrate of sodium, and boracic acid, and evaporating to dryness after filtering. Its cost is about twenty-five cents a pound, and its use in foods, etc., does not in the least injuriously affect them, and gives no taste or smell to substances. It has been extensively employed already by butchers, sausage makers, tanners, etc.; but its most important use is at present in the manufacture of butter and

cheese from sweet milk. When butter is made from sweet milk in the ordinary manner, the milk must be kept very cold; when the "preserving salt," as it is called in Germany, is used, the milk may be kept at ordinary temperature without souring; the remaining sweet milk may be worked up into a superior quality of cheese. If fifteen grains of the salt are added for each quart of milk, the latter will keep sweet for at least a week. Fresh meat, game, etc., may be preserved by dipping it into a solution of one pound of the salt in six pints of water. When the meat is intended to be kept for a long period it is rubbed in well with the powdered salt in the proportion of one and one half drachm to each two pounds of meat. In twenty-four hours the impregnation is completed, and it only needs to be dried. A piece of meat prepared in this manner in January, 1877, was in perfectly good condition in January, 1879. For pickling, the meat is prepared in the same manner, and then placed between layers of a mixture of two pounds of common salt, one half pound preserving salt, and one fourth pound of sugar. In this way the largest hams can be salted in four days. For preserving skins, from one half to two pounds are used, according to size. Eggs are placed for fifteen minutes in a solution of one ounce of the salt in a quart of water. To preserve beer, wine, etc., it is sufficient to rinse the bottles, previous to filling them, with a solution of the salt in the proportion of one to ten, and adding to the beverage itself eight grains per quart. For fish, lobsters, oysters, fruit, and vegetables, the preparation has also been used with the best success. — *Boston Journal of Chemistry*, May, 1879.

TURPENTINE AS AN EXTERNAL APPLICATION IN SMALL-POX.

Dr. Farr, of Lambeth, ascribes great value to turpentine as an external application in small-pox. He claims that it at once relieves any smarting or irritation, effectually corrects the unpleasant odor given off in the more confluent form of the disease, and seems in a marked degree to arrest pustulation, thereby modifying and sometimes entirely preventing pitting. In consequence of its powerful antiseptic and disinfectant properties, it tends, moreover, to prevent the spread of the infection. Mr. Farr uses it in the proportion of one part of rectified spirits of turpentine to three or four of olive oil, and applies it night and morning by means of a feather. — *The Lancet*, May 11.

ANTI-TOOTHACHE.

Mr. James Merson, L.D.S., writes to the *Brit. Jour. Dental Science* that acute pain can often be suppressed by pungent aromatics, just as we know essential oils are popular remedies for toothache, as are creosote, peppers, spirits, etc. But, better still, he tells us that, combined with chloroform and acornite, they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the

pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, etc. :

R. Chloroform, pur.....	3 drachms.
Tr. aconiti (Fleming's).....	3 drachms.
Tr. capsici.....	1 drachm.
Tr. pyrethri.....	$\frac{1}{2}$ drachm.
Ol. caryoph.....	$\frac{1}{2}$ drachm.
Pulv. Camph.....	$\frac{1}{2}$ drachm.

Mix.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument must be warmed. This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the propriety of using warm instruments. For toothache, a pellet of cotton wool soaked in the above, may be introduced into the cavity, and is said often to give speedy relief.—*The Doctor.*

ORIGIN OF DIPHTHERIA.

Diphtheria is believed to have originated in Egypt more than two thousand years ago. It prevailed in Egypt and Asia Minor, to which it extended, during the first five hundred years, and hence was early called an Egyptian or Syriac disease. Having invaded Europe, the disease appeared in Rome A.D. 330, and, being highly contagious, in its fifteen hundred years' transit on the continent of Europe it affected mainly rural districts and garrisoned towns. It extended to Holland, in which it was epidemic in 1337; to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and 1835, and in England, the United States, and Canada from 1856 to 1860, and more or less ever since.

MASSAGE OF THE TONSILS.

M. Quinart describes, in the *Archives médicales belges*, a method of treating hypertrophy of the tonsils that has proved very successful in his hands. The method, which is only applicable after the inflammatory period has passed, consists in massage of the gland, and is carried out as follows: He covers his index finger with alum, introduces it into the mouth, and brings it to bear directly on the tonsil, which is manipulated, with gradually increasing force, over as great an extent of its surface as can be reached. The operation is at first painful and disagreeable; but the discomfort is readily allayed by an emollient gargle. After a few repetitions, it ceases to be painful, and the patients readily learn to practise it themselves.

JABORANDI IN NIGHT SWEATS.

ED. PHILADELPHIA MED. AND SURG. REPORTER :

About one year ago, Dr. Charles H. Weikel, then Resident Physician in the Philadelphia Hospital, told me that they had been using in that

institution jaborandi for the purpose of stopping the night sweats of phthisical patients, and almost invariably with success. Since then I have prescribed it with the same intention in four cases, and Dr. S. Mason McCollin tells me that he has employed it lately in three of his cases. In all these cases, with the exception of one, the night sweats ceased after the first dose, almost totally. As mentioned, it had no effect in one of my cases, but here I think its employment came too late, as the individual died a few days later. The way I used it was the following:—

R. Extracti jaborandi fluid., f. ʒ ss
Tinct. cardamomi,
Syrup. pruni. virginian., ā ā f. ʒ ij. M.

SIG.—One teaspoonful, in half a wineglassful of water, the first night, then half a teaspoonful every following night, until cessation of sweats.

It will rarely be necessary to give the medicine oftener than four consecutive nights. If, after some weeks, the sweats should return, which is frequently the case, one or two of the smaller doses have, in my cases, been sufficient to stop them again. If, after repeated trials, and a larger number of observations, the fact should be established, that jaborandi in small doses always has the effect of suppressing that which it produces when administered in larger quantities, and especially if it should prove, as it seems to do, to be specific against the night sweats of phthisical patients, then we would have one remedy more to alleviate the sufferings of those unfortunate beings who fall a victim to the tubercular diathesis. The remedies we know, so far, to stop these night sweats have all some kind of drawback. Sulphuric acid disturbs rapidly the digestion; the external application of tonic astringents is of no use, and atropia produces such a disagreeable dryness in the throat, and after a few doses, frequently, such an exhaustive diarrhœa, besides its effects on the eyes, that we would have won in jaborandi a really very valuable addition to our stock of palliative remedies, besides its usefulness in many other diseases where a strong diaphoresis or increase of the salivary secretions is our object. What dose of the muriate of pilocarpia, hypodermically, might be necessary to stop these sweats I am not able to say, having found no occasion yet for using jaborandi in this form, but I should judge one-thirty-second of a grain might answer the purpose.

There is another remedy which is often used in the Philadelphia Hospital, and which, outside of that institution, is very little employed, and almost considered obsolete. That is the fluid extract of hamamelis. According to my experience with this drug, it is far superior to ergot, gallic acid, terebinthine, cupri sulphas, plumbi acetas, and all others recommended against hæmoptysis. The fault that it might have occasionally disappointed in its effect, lies in the dose and not in the medicine. In cases of hæmoptysis I give two teaspoonfuls of the fluid extract of hamamelis right away, and repeat the

dose every half hour till the severe bleeding stops, and continue it later, in the dose of one or half a teaspoonful three times daily, until all signs of the spitting of blood have disappeared. I have seen no remedy yet so certain in its effect as hamamelis, and I mention it here to induce others to try it. If hamamelis is used in the following way, patients like to take it:—

R. Extract. hamamelis, fluid, f. ℥ iij
 Tinct. radiceis aconiti, aa ℥ xv
 Acid. hydrocyanic., dilut., f. 3 ss
 Extract glycyrrhiz, fluid, f. 3 vij. M.

SIG.—One or two teaspoonfuls, in water, three times daily, or as directed.

HUGO ENGEL, A.M., M.D.

319 North Fifth street, Philadelphia.

TREATMENT OF PUERPERAL AND OTHER HYPER-PYREXIAE BY COLD.

Dr. Wiltshire (*British Medical Journal*, May 18, 1878), gives notes of two cases of puerperal hyperpyrexia treated by means of dry cold,—the patients being surrounded in their beds with bottles, etc., filled with ice. This reduced the temperature for the time being, usually, but not invariably. The relief experienced by the patients was at times great and palpable, but they could not sleep during the applications, possibly because none were made to the head. Dr. Wiltshire prefers the dry packing as obviating the necessity of removal from bed. In the same number of the journal, Dr. Waters gives an account of a case of acute rheumatism and one of typhoid fever successfully treated by cold baths.

A PHYSIOLOGICAL HINT TO PHOTOGRAPHERS.

Discomfort, amounting in many persons to actual distress, is experienced in sitting for a photographic portrait. The eye is fixed on a certain spot, and, whilst staring at this, vision becomes indistinct, surrounding objects especially being lost in a thickening mist. A feeling of giddiness, and even of faintness, is apt to follow if the sitting is at all prolonged. Whilst undergoing an ordeal of this kind the idea was suggested to Dr. Buzzard (*Lancet*, April 20) that a diagram of a clock-face some four inches in diameter, and posted about eight feet in front of the sitter, would be a more agreeable object to look upon. He tried the experiment, allowing his eye to rest first upon the figure XII, then upon I, and so on around the circle. While this slight change rested the eye, and preserved the brain from fatigue, the photographer found that it produced no indistinctness in

the picture of the eye, even the iris being well defined. It is evident that the plan described is likely incidentally to prevent to a great extent the staring expression which the face assumes when the gaze is long fixed upon an object, for it combines a certain amount of free play of the eyes with accuracy of photographic definition. Dr. Buzzard says, "A somewhat larger circle, I have no doubt, may be employed with even greater advantage; and printed words, pictures, or other objects may replace the figures. For children, and others who do not easily follow directions, a disc with a single aperture towards its edge might be made to revolve, in the direction of the hands of a clock before another disc prepared with pictured objects of some kind or other, so that one would appear at a time at short intervals of space, and attract the eye. Various other modifications indeed, at once suggest themselves as feasible; so long always as the figure towards which the gaze is directed presents a succession of objects arranged in a circular form."

NASO-PHARYNGEAL DISEASE—IODOFORMED WOOL.

In diseases of the nose and post-nasal region the curative influence of iodoform requires to be more extensively known. In cases of rhinitis, ozæna, post-nasal catarrh, and hyperplastic deposits, whether simple or syphilitic, iodoform exercises quite a specific influence. As regards the best method of using it topically in these sensitive regions, the objection to the ethereal solution is its extreme painfulness. This defect—a very serious one in the case of delicate females—is due entirely to the solvent employed, iodoform itself having a distinctly anodyne influence on the tissues to which it is applied. Allowing the ether to evaporate somewhat from the sponge or brush employed modifies its unpleasant effect; but even then I have observed patients shrink from its application with expressions of the greatest dismay. I have, therefore, sought for some vehicle for iodoform which, while free from the objections due to the ether, will enable it to be maintained in contact with the tissues to be influenced by it. Finely carded cotton wool appears to supply this requirement; an "iodoformed wool" has been prepared for me by Messrs. Bullock & Co., which has yielded very satisfactory results in practice. Each drachm of the wool contains a drachm of iodoform, with which it is very intimately blended. For use it is simply necessary to pass on a probe a small portion of the wool to that part of the nasal cavity which may be diseased. Here it will remain for a period varying from one to twenty-four hours, its presence being unrecognized by the patient.—*Dr. E. Woakes, Braith. Ret., No. 77.*

NEW EXPERIMENTS IN ANÆSTHETICS.

The Paris correspondent of the *Lancet* writes—An experiment of considerable practical interest was performed a few days ago by MM. Labbé, Bert, Preterre, Lafont, and Regnaud, for the purpose of testing the practical applications of Professor Bert's researches on the anæsthetic properties of mixed nitrous oxide and oxygen *under tension*. You are doubtless aware of the character of M. Bert's researches, which were communicated to the Academy of Sciences in one of its recent sittings. But the experiment to which I allude was a practical one, applied to a human being. A chamber with compressed air having been prepared, the experimenters entered it with a young woman of twenty, who was to be operated upon for that most painful operation, ingrowing nail. As soon as the barometer marked an increase of pressure equal to 0.17 centimeters, M. Preterre, the well-known dentist, applied the apparatus which he is in the habit of using. There was a sudden cessation of breathing, which lasted about fifteen seconds. Then a long inspiration followed, and after ten seconds there was complete insensibility. Dr. Labbé now proceeded quietly and leisurely with the operation, followed by the dressing. All this took in about eight minutes, during which time the patient slept quietly, with a regular pulse, and a clear, rosy complexion. On waking she immediately felt the pain, and had a sort of short hysterical fit, with crying. But she declared when it ended that she felt quite well and very hungry as she had not had anything yet to eat. The assistants were struck with the way in which she recovered her normal condition, as she was able to walk immediately, and to resume her habits. The value of this anæsthetic mixture of about eighty-five parts of nitrous oxide and fifteen of oxygen, administered *under tension*, and discovered by Prof. Bert, therefore promises to be very useful and practical. With this mixture, employed in compressed air, the patient does not get blue in the face, and the natural complexion, pulse, and breathing seem to be preserved. Moreover, it is not preceded by the period of agitation which often proves so tedious and troublesome, and is not followed by the stage of reaction which often upsets a patient for several consecutive hours.

HYPODERMIC INJECTIONS OF TINCTURE OF ERGOT FOR RETENTION OF URINE.

Mr. Luton, of Rheims, employs a mixture of one part of tincture of ergot in five parts of alcohol at 90° by hypodermic injection, in the treatment of inorganic retention of urine. The dose he employs is from seven and a half to thirty drops, fifteen drops of the solution being equal to three grains of powdered ergot. He has used it in the paralysis of the bladder accompanying typhus, confluent variola and acute hydrocephalus. He makes the injection in the fossa

behind the great trochanter. Within half an hour and sometimes within a few minutes, a complete and forcible evacuation of the bladder takes place. He has never observed an eschar of the skin or a gangrenous abscess after the injection.—*Le Lyon Medical*.—*Southern Medical Record*.

INJECTION OF WARM WATER INTO THE VAGINA IN CERTAIN CLASSES OF LABOR.

Mr. W. J. Kilner says that, although meddling midwifery is rightfully deprecated, yet any assistance which can be given without coming under this designation will be certainly appreciated not only by medical men, but also by the patients themselves. The examples given by him show how injections of warm water into the vagina in properly chosen cases accelerate the labor without causing any increase of suffering to the mother. The only instrument required, besides a bowl of warm water, is a Higgins syringe fitted with a vaginal tube; but this apparatus can be improved by the addition of a yard of india-rubber tubing three-eighths of an inch in diameter, joined to the vaginal tube so as to carry off the water direct from the vagina into a receptacle, thus avoiding wetting the bed. The water should be as warm as the patient can comfortably bear, and in practice it is advisable not to begin with water raised to the full temperature, but gradually to add boiling water until the temperature of about 105° F. has been attained. The injection requires to be continued from five to twenty minutes, according to circumstances. But there is one thing which must be borne in mind, that, unless the injection be given with a due regard to temperature, it is totally useless; so that, to avoid disappointment, it is better to administer it oneself rather than to leave it to a nurse, unless she can be fully relied upon. The effect caused is the relaxation of the maternal soft parts, and sometimes in addition the labor pains seem to be increased. Besides this, the patients generally say that the injections make them feel more comfortable. The cases to which this treatment is specially applicable are those in which the os uteri is thin and rigid and the perineum unyielding.—*Lancet*, vol. i., p. 439.

CITRATE OF CAFFEINE AS A DIURETIC IN CARDIAC DROPSY.

Dr. Lewis Shapter reports four cases of the successful use of this remedy for the relief of dropsy in advanced disease of the heart. Prof. Gubler first drew attention to this property of caffeine. In the case reported the dose of the drug was limited to three grains once in four hours, owing to its tendency to cause nausea and vomiting in larger doses. The quantity of urine was increased from one pint to three or four pints in twenty-four hours, the action of the heart improving in strength and regularity. Digitalis had been used in some instances without benefit.—*Boston Med. and Surg. Journal*.

TREATMENT OF GASTRIC ULCER.

Dr. C. Hertzka, of Pesth, has employed chloral hydrate with excellent results in the treatment of ulcer of the stomach. He was led to try the drug because, in addition to its hypnotic and anæsthetic powers, it has been demonstrated that it coagulates blood, favors the healing of ulcers generally, acts as a disinfectant, and, in particular, prevents the lactic acid fermentation, and finally, retards the functional action of the stomach and lessens the appetite. To a man, 48 years of age, who had been treated without success by the most various remedies, he administered every evening from forty-five to sixty grains of chloral largely diluted. This quantity was administered in three doses, at intervals of two hours, and at the same time Carlsbad water was freely given. On the third day the pains and vomiting ceased, and did not again recur. On the eighth day the patient was able to leave off the morphine injections, to which he had become accustomed. The chloral caused a severe burning sensation in the stomach, and produced a state of nervous depression, which ceased as soon as the treatment was discontinued (after fourteen days). Subsequently a feeling of burning and constriction in the œsophagus appeared at irregular intervals. Hertzka ascribed this feeling to the traction on the nerve-fibres by the contracting cicatrix in the stomach. For its relief subcutaneous injections of morphine had to be employed.

In a second case the chloral caused burning and vomiting. To prevent these unpleasant symptoms a morphine injection was administered two hours before the chloral, and large quantities of Carlsbad water were given after it. In future cases, Dr. Hertzka proposes to use smaller doses more frequently repeated.—*Centralrat blfumed. Wissen.*

ON A NEGLECTED PROXIMATE CAUSE OF DYSPEPSIA.

In a recent paper on this subject, Dr. Leared, of London, argues that in a large proportion of dyspeptic cases the fault does not lie with the gastric juice *per se*, but with the muscular structures of the stomach. Owing to nervous debility, the peristaltic movements of the organ are more or less diminished, or even arrested. The result is that the food, not being duly submitted to the action of its solvent, in part ferments, and the gas evolved distends the stomach. This distention tends to impair the tonicity of the muscular fibres still more, so that, in some cases, the stomach may be said to be paralyzed. The remarkable way in which stirring aids the solution of soluble substances in water was adduced by the author in proof of his position. Although the revolution of the morsels of food

was graphically described by Dr. Beaumont, from actual inspection, he failed to grasp their importance in relation to pathology. Instead of the old division of atonic dyspepsia and dyspepsia dependent upon gastritis, Dr. Leared proposed to divide dyspepsia into that from impaired motion and that from defect of secretion; and he maintained that by further subdivision all varieties of true functional dyspepsia might be ranged under these two heads. The difference in origin of the proximate causes was also pointed out, and the treatment of impaired peristalsis was explained at some length. Diet was held to be of great importance; and among remedies, strychnia was foremost. This drug, properly handled, the author affirmed to be almost a specific for relaxation of the gastric muscular fibres.

CHOREA AND ITS TREATMENT.

Dr. Hayden says, in the *Dublin Journal of Medical Science*—

The attack is, in most instances, directly traceable to fright or other emotional excitement of a depressing character, operating upon a nervous and feeble constitution, and at a period of life when the receptive faculties are most sensitive. If I must have a theory of chorea, I should say that the attack commences with vasomotor paresis, resulting from a profound emotional impression, and that the essential symptoms are due to defective polarity or dynamic instability of the motor nerve tracts, both intracranial and spinal. On this hypothesis the vascular congestion, central and peripheral, of the brain and cord, with occasional extravasation, and in inveterate cases, central sclerosis, noted by Dickenson, might be explained.

The history of most cases of chorea, and the success attending a nutritive and tonic plan of treatment, might also be adduced in support of this view of its pathology.

Reasoning from the foregoing premises, I concluded that phosphorus and strychnia combined—the former a nerve nutrient of recognized value, and the latter a nerve tonic of great potency—might prove efficacious in the treatment of chorea. As yet my experience of this plan of treatment has been very limited, extending only to three cases, but so far it has been eminently satisfactory, and I venture strongly to recommend it for further trial. The first of the cases above reported would inevitably have been lost under any other treatment known to me, and death was close at hand, when phosphorus and strychnia were given, in the last resort; under the use and through the efficacy of these agents the child was, within the short period of fourteen days, cured of the disease, which had previously defied treatment.

Both strychnia and phosphorus are already

familiar to physicians in the treatment of chorea. Trousseau had great confidence in the former, pushed to its toxic limits; and the latter was given many years ago by Radcliffe, and is, I believe—or its equivalent, hypophosphite of soda—still given, and strongly recommended, by that eminent physician; but I am not aware that strychnia and phosphorus combined have been previously administered for the cure of chorea. This is, however, a matter of minor importance, in view of the therapeutic result.

TREATMENT OF COLIC.

Phare's method consists in *inversion*,—that is, simply in turning the patient upside-down. Colic of several days' duration has thus been relieved in a few minutes. The patient may take the elbow-knee position, or may lie (face down) on the edge of the bed, with his head and shoulders hanging down. Complete inversion, however, is best. The mechanical aid, in giving vent to gases, is perhaps the most efficient element in the cure.—*Jour. des Sci. Méd.*, 1879, No. 3.

THE ACTION AND USES OF BELLADONNA.

Extracted from a paper by J. R. Gasquet, M.B., in *London Practitioner*:

1. It relieves pain, sometimes very considerably, and I think it will be found that this is usually of local and peripheral, not central, origin. Thus it is often useful in toothache (less markedly, however, than gelsenin,) and in rheumatic or gouty pain; while it has no effect, so far as I know, upon neuralgias of hysteria or other centric affections. Perhaps its effect upon epilepsy is due to its arresting the centripetal stimulus producing the fit. Whether this be so or not, I am inclined to think it has been too much neglected since the use of the bromides; and that, sometimes at least, it has an effect when these fail. It may be advantageously combined with them.

2. Belladonna relaxes spasm of the involuntary muscles. Its effects on the eye belong to a subject which is too special for me to handle; its power of dilating the os uteri, and relieving tenesmus of the bladder and rectum when applied locally, is equally important, but perhaps less well known. A further example of this mode of its action is its influence on constipation, which Trousseau first made prominently known. This action upon involuntary muscles is frequently increased by the anesthetic effect simultaneously exercised by belladonna upon the afferent branches of nerves which originate spasm, as in the cases of whooping-cough and spermatorrhea; in this latter condition I have found it, on the whole, more reliable than the bromides.

3. The power of checking sweat is sometimes very valuable. Dr. Fothergill has recently insisted very

strongly upon the value of belladonna as enabling us to arrest the exhausting sweats of phthisis, and I am quite satisfied that, as a rule, this is beneficial. My own very limited experience, however, leads me to doubt whether it is always an unmixed good to check the sweating of phthisical patients, at any rate when the pyrexia is high and the perspiration seems to be of service in reducing temperature.

I have repeatedly tested the efficacy of belladonna in checking the abundant salivation to which some lunatics are subject, and have always found it act with great rapidity. Its arresting the secretion of milk* and the collection of pus in an abscess are instances of the same kind.

4. I now come to the power which belladonna has of arresting inhibitory action. In medicinal doses it sets the heart free from the controlling action of the vagus, without any other effect upon its innervation. It may therefore to some extent replace or assist digitalis, and may be preferred, if we do not desire to act upon the muscular structure of the heart or to increase the blood-pressure by contracting the arterioles. It seems to be particularly indicated in cases of pure inhibition, and under this head I venture to recommend its trial in the following conditions: In collapse from shock it seems likely to be very useful, and has been recently strongly recommended by an American physician. It would probably be equally successful when the heart's action fails from sun-stroke, or, on the other hand, from exposure to intense cold. So far as I know, no explanation has yet been suggested for those fatal cases of scarlatina, small-pox, and other infectious diseases in which the patient is, as it were, knocked down at once, and dies speedily, often before the rash has appeared. I can not go into the reasons which lead me to think that here, too, we have to do with an instance of collapse from shock; if so belladonna or the hypodermic use of atropin is well worth a trial, and may succeed where all else has failed. Dr. Harley urged its use in the adynamic stage of the infectious fevers, finding it then act as a powerful stimulant; here, also, I suppose it would set the heart's action free. I can less readily understand how it should speedily relieve acute local inflammations, as Dr. Phillips asserts, of tonsillitis and meningitis.

There is another important therapeutical property of belladonna, which is probably due to its checking inhibitory action; I mean its power of neutralizing some of the effects of opium. Without discussing the whole question of the antagonism of these two drugs, I may mention the following cases in which it is useful: When added to a hypodermic injection of morphia it often prevents the nausea and vomiting which this may produce; and when given with an opiate in phthisis it not merely prevents sweating, but appears to keep up the activity of the heart and lungs.

* I have had no personal experience of this effect of belladonna, but considerable doubt was thrown upon it in the course of the discussion which followed.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND.

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MONTREAL, JULY, 1879.

THE LONGUE POINTE LUNATIC ASYLUM.

In our last issue we felt it to be our duty to defend Dr. Howard, the visiting physician to the Longue Pointe Lunatic Asylum, against the charge which in reality had been made against him by certain of the daily press of Montreal. We did so upon the broad ground that Dr. Howard had stated that the patients discharged at that time (and which it was said were discharged from notions of economy) were those whom, in the exercise of his judgment, were either not fit inmates for the institution or were convalescent, and that his high professional standing entitled his statement to belief. We are glad to know that the opinion we then expressed has received the unanimous approbation of the medical profession not alone in the city of Montreal, but throughout the country. In the course of that article we took occasion to say that heretofore, in our opinion, Dr. Howard occupied an anomalous position, he was simply a prescribing physician; he had no authority either to admit or to discharge, in fact, without authority of any kind, and we now have good reason to believe that it was the altering of his status which led to the subsequent excitement. It is a fact beyond dispute that, since the establishment of the Longue Pointe Asylum, the number of insane persons who have received Government support have increased at an alarming ratio. From the eighty persons or so who were confined in the temporary (so-called) asylum at St. Johns, they multiplied rapidly till nearly 900 patients were supported by the public at the Longue Pointe Asylum. This was, of course, simply the outcome of our abominable farming system, which is a disgrace to civilization, and therefore to our province. In fact, things had reached such a point that, if we are not misinformed, almost one-tenth of the entire revenue of the Province of Quebec was consumed by the Beauport Asylum, and the one now under consideration. It had been going on gradually, the limit of endurance had been gradually stretching, and at length the time arrived

when it snapped. Burst it must have, we think, quite irrespective of party. The result was that the officer of our local administration, whose duty it is to supervise this portion of our Provincial system, could not shut his eyes to the crisis which was upon him. He naturally turned for advice to Dr. Howard, a public officer of the Government, whose experience of twenty years as a mental specialist pointed him out as one who could speak with authority. To suddenly change the entire system in the present financial condition of the Province was perhaps an impossibility, but yet it was possible to so alter things as to put forward the best side of it. One of the first things to be remedied was to prevent the admission of patients to the Asylum without the consent and the sanction of the Medical officer. This was accomplished by the Government issuing an Order in Council that all declarations concerning a patient must be attested before a magistrate; that the papers must be submitted to the Medical officer, and if his approval is received the patient is to be admitted, the contrary if his approval is not secured. Two other Orders in Council were also issued, and their importance and necessity will be admitted, we think, without question when we epitomize them. The first is to the effect that in the first week of every month, the Medical officer is bound to inspect every patient in the Asylum, and make report to the Government of those fit to be discharged, and the Government is accordingly to direct their discharge. The second directs the Superioress of the Asylum to show every three months her list of patients to the Medical Officer, who is directed to examine every patient with the vouchers for admission, and, on his certificate, the quarterly government payment is to be made. We need say but little more. That these orders were wise, and that they established Dr. Howard in the position which he should have occupied from the very first, is the opinion of the Medical profession, and they are the most competent judges beyond a doubt. Legislation on the subject is now an order, and we are glad to notice that the Hon. Mr. Chauveau has introduced a Bill before the Quebec Legislature which embraces all the points of the Orders in Council, and which will soon become law. We may then hope things will go on more satisfactorily, but, till we abandon farming out our lunatics, what we call our Lunatic Asylums will, in spite of all precautions, continue to be in some degree—what they have in the past been to an enormous extent—simply Houses of Refuge.

University of Laval at Montreal.—The *L'Union Medicale du Canada* says:—We learn that the understanding that was signed 15th December, 1877, between the University of Laval and the School of Medicine and Surgery of Montreal no longer exists (continues). From the difficulties which have lasted for more than a year, and, moreover, public discussions of the winter, the University of Laval, it appears, thought it necessary to exact that such of the professors as taught in the school have chosen a determined manner between the School and the University Institute, giving them the liberty of appointing professors simultaneously in the two institutions.

The following gentlemen not having chosen the University have ceased to be part of the Faculty of Medicine: Drs. Munro, Trudel, Bibaud, Coderre, D'Orsonnens, Hingston, MacDonell, Desjardins and Beaudry. New professors have been named, with the approbation of the Bishop of Montreal, to fill the vacancies: Messrs. Chs. M. Filiatrault, N. Favard, E. Berthelot, Sévère Lachapelle and H. Derosier. It is also said that Messrs. Azarie Brodeur and A. A. Faucher, now at Paris, and Mr. M. S. Duval are going to join the Faculty.

We hear as we go to press that it was understood with the Bishop of Montreal, before His Lordship's departure, that the Faculty thus re-organized will commence its courses this autumn on the first of October.

THE CANADA MEDICAL ASSOCIATION.

The annual meeting of this association was last year arranged to be held on the 3rd of next September, in London, Ont. Numerous representations having been made to the President that the presence of the Governor General and the Princess Louise in Toronto at that time would prevent many from attending who desire to be present, it has been decided to postpone the meeting till the 10th of September. We direct particular attention to the change of date, and hope that this will be a successful meeting.

DIFFERENTIAL REGISTRATION FEES.

At the late meeting of the Ontario Medical Council, a by-law was passed making a general registration fee of \$400, and granting a rebate of \$350 to Canadian graduates. This is intended to prevent British graduates and Canadian M.D.'s possessing British qualifications, from practising in Canada,

except on payment of a registration fee of \$400. We question, however, very much, whether such an arrangement as this will hold water. We believe it is *ultra vires*. The Act provides that all who have received their qualifications prior to the 1st of July, 1870, shall be admitted on payment of a registration fee of \$10, and no differential registration fee was contemplated.—*Toronto Lancet*.

HONORS TO A SURGEON.

The London *Gazette* of the 17th notifies that the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on Surgeon-major James Henry Reynolds, Army Medical Department, "for the conspicuous bravery, during the attack at Rorke's Drift on January 22 and 23, 1879, which he exhibited in his constant attention to the wounded under fire, and in his voluntarily conveying ammunition from the store to the defenders of the hospital, whereby he exposed himself to a cross-fire from the enemy both in going and returning."

THE ABORTIVE TREATMENT OF BUBO.

The following plan is that adopted by the French surgeon, Malplaquet:—

The cuticle over the swelling having been removed by blistering fluid, to the extent of a shilling piece, a scrap of lint steeped in a saturated solution of perchloride of mercury was applied to the raw surface, with a linseed poultice over all, and left for about twenty-four hours. When again seen, a grayish eschar was found to have formed, and we had occasion to notice that the firmer was this eschar the more certain and speedy was the good result. After two or three days' poulticing, a clean, shallow, granulating depression only remained for treatment, and readily healed by simple means, the swelling itself having meanwhile quite disappeared.

CASES IN PRACTICE.

Dr. W. A. Duckett of Montreal, assisted by Dr. Nelson, removed at one sitting 99 ounces of serous fluid from the right lung sac of a man recently. Relatives would not consent to tapping until the last moment. Patient is now doing very well. Quantity above mentioned was carefully measured. Erichsen reports having removed 90 ounces.

THE EFFECTS OF THE USE OF QUININE ON HEARING.

The belief is general among the laity that the prolonged use of quinine affects the hearing. Medical men have generally disbelieved this, and attributed the notion to prejudice. Dr. Roosa, of New York, has been examining the evidence, such as he can procure, and is inclined to believe that in some cases there is a permanent nervous affection of the ear produced, which justifies the opinion of the laity.

W. H. SCHIEFFELIN & CO.'S SOLUBLE PILLS.

Among the pharmaceutical preparations of the day the "soluble-coated pills and granules" of W. H. Schieffelin & Co., of New York City, deserve a high position. The coating is an inert soluble compound, dissolving upon the tongue in all cases within thirty seconds, entirely tasteless, perfectly transparent and colorless, thus disclosing to the eye the exact color and appearance of the pill-masses. We have examined a number of varieties and can recommend them.

THE VOICE.

"The Voice" for July contains a paper on "Stuttering" written by the editor and read before the Albany Institute, which is the first learned society in America before which the subject has been brought. The causes, effects, manifestations, cure and early history of the malady are treated in an able manner, and speech-sufferers will find in the address much valuable information. It should be read by every person afflicted with defective utterance. The remarks of the members of the Institute are interesting.

Mr. Robert M. Zug contributes a paper, "Curing Stuttering," it being the results and experience obtained by the treatment of 150 cases. The special notice of persons professing to cure stuttering is called to this article.

The careful consideration of the medical profession is asked for the chapter from Klencke, who says that all the stutterers he has met were tainted more or less with scrofula. Published at Albany, N. Y., \$1 a year; sample copy, 10 cents.

JOHNSTON'S FLUID BEEF.

The value of this preparation above all others of like character has been generally acknow-

ledged by the Profession, the Food Analyst to the British Government declaring it to be the most perfect Food he ever examined. Mr. Johnston is at present engaged in filling an order from the British Government (for some \$25,000 worth of his Preparation) for the use of the troops engaged in the Zulu war. While the intrinsic value of such order is no unimportant feature, Mr. Johnston may be congratulated more especially upon the fact that it signifies approval of his preparation by, admittedly, the most fastidious Commissariat in the world. The London *Lancet*, speaking of Johnston's Fluid Beef, says:—"The peculiarity of this preparation is that the ordinary Extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the Beef Tea is greatly increased by this admixture, and the medical profession have now a Fluid Meat which is comparable in nutritive power to the solid. The new preparation is excellent in flavor, and we cannot doubt that it will be very extensively used. We have used this preparation largely, and with good results, and have much pleasure in heartily recommending it.

Dr. Godfrey has resigned the Professorship of Hygiene in McGill College Faculty of Medicine. Dr. Gardner, Professor of Medical Jurisprudence, has accepted the appointment of Lecturer on Hygiene, and will lecture on both branches. The Professorship of Hygiene has been therefore abolished.

PERSONAL.

Dr. Robitaille (M.D., McGill College, 1860) has just been named Lieutenant-Governor of the Province of Quebec, in place of His Honor Luc Letellier de St. Just, removed.

W. Manley Lory, L.S.A.L., M.R.C.S., Eng., of Buddle Park, Exwick, Exeter, Devon, England, has visited Montreal twice this summer as surgeon of the S.S. "Texas," of the Dominion Line. Mr. Lory will enter the Royal Navy soon.

Dr. Herbert L. Reddy (M.D., McGill College, 1876) has just returned to Montreal after nearly three and a half years absence,

being engaged during that period in the study of his profession, the last twelve months being spent in Vienna. He purposes practising in Montreal.

Dr. Vineberg, the gold medalist of McGill College, Session 1877-78, who began practice in Montreal a little over a year ago, sailed for England in the S.S. Brooklyn of the Dominion line, the end of July. From England he proceeds to Australia, in the hope that the voyage and the climate may restore him to health, which on his departure was far from strong. Should such be the case, he may possibly select our sister colony as the sphere of his future work. Dr. Vineberg leaves Montreal carrying with him the best wishes of all who have known him.

John B. Lawford, M.D., C.M., McGill University, 1879, passed his primary professional examination before the Royal College of Surgeons, of England, for the diploma as member, on the 9th inst.

David F. Gurd, M.D., C.M., McGill University, 1879, passed before the Royal College of Physicians of London, and received the License of the College on the 9th inst.

REVIEWS.

Essays in Surgical Anatomy and Surgery.

BY JOHN A. WYETH, M.D. New York:
WILLIAM WOOD & Co. Montreal: JOHN M.
O'LOUGHLIN.

This volume, which is neatly got up, consisting of upwards of three hundred pages, is a compilation of five papers written from time to time by the author, and for three of which he has obtained prizes. The first two essays are entitled "the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; and the Surgical Anatomy and History of the Innominate and Subclavian Arteries."

These essays show a vast amount of original research, as may be judged from the single fact that the branches of the external carotid artery were accurately measured and defined in the enormous number of 121 dissections. Statistical tables of ligations of the great vessels of the neck are also given, all with a view to formulating certain deductions regarding operations on these vessels in various surgical conditions. Thus the important conclusion is arrived at, that the operation of tying the common carotid, as ordinarily recommended for lesions of the

external carotid, is not justifiable when this last vessel can be ligatured; that is, when there is sufficient room for the application of the ligature between the lesion and the bifurcation of the primitive carotid. The author feels justified in taking this strong ground, in view of the startling fact that the death rate from ligature of the common carotid is (forty one) 41 per cent; while that of the external carotid is only (four and one-half) 4½ per cent. As to the method of tying the external vessel, the ligature may be applied in one of two positions, namely, between the origins of the superior thyroid and lingual about one-quarter inch above the bifurcation, or between the facial and posterior auricular, about one inch and a half above the thyroid cartilage. When the artery is normal in course and distribution it might be well to place the ligature nearer the lingual than the bifurcation, and as a precautionary measure, tie the lingual separately. It is remarkable, when we take into account the number of branches given off by this vessel, how few cases of secondary hemorrhage are recorded, as following ligature of the external carotid.

As to the internal carotid artery the author concludes that, in the majority of cases, it will be sufficient to ligature this vessel alone in all intracranial lesions involving it or its branches. Moreover that aneurism of the internal carotid should be treated by ligature of this vessel alone, providing there is sufficient space exists between the tumor and the bifurcation to admit the ligature with safety. In cases of wound of this trunk in the neck a ligature should be placed above and below the lesion, a secondary hemorrhage is very liable to occur by means of the circle of Willis.

In certain forms of epilepsy the author would suggest deligation of both vertebral arteries, with a view to arresting the flow of blood through the medulla oblongata, the arterials and capillaries of which ganglion are thought by Niemeyer and others to be constantly dilated in this disease.

Further Dr. Wyeth suggests that, in persistent and exhaustive neuralgia of the fifth nerve, when everything else has failed, ligature of the common carotid may be practised. In hemiplegia or headache however, this is not justifiable. Under no circumstances should both common carotids be ligatured simultaneously, an interval of one week at least being allowed, the danger being less as the interval is greater.

Speaking of the surgical history of the arteria innominate, the author believes "that judicious

venesection, persistent and perfect rest in bed, restricted diet, careful medication, combined with a determination on the part of both patient and surgeon to succeed, is safer and more certain of success than either nature or the ligature."

A very large space is devoted to the literature of the subclavian artery. From it we glean that, in aneurisms of the axillary region, the ligature (which is fatal in 40 per cent.) should not be attempted until a persistent trial is made of digital or mechanical pressure, combined with the other measures adopted in such cases. Simultaneous ligation of the subclavian and carotid arteries for relief of aneurism on the cardiac side of these ligatures is thought to be of questionable propriety, although, if determined upon, the carotid should be first tied, and, after an interval of some weeks, the subclavian in its third division.

The remaining essays on the surgical anatomy of the Tibio-tarsal Region, of the Obturator Artery, and of the Hip-joint, are certainly excellent, but pale before the brilliancy of their associates. The first-mentioned has special reference to amputations at the ankle joint, the conclusions being deduced from eighty-seven consecutive dissections. The author goes to some trouble to prove that the incision in Syme's amputation, which interferes least with the blood supply of the heel flap, is one a little in front of that which would be represented by a line drawn from the tip of one malleolus to the other. The objection which has always been raised against such an incision is the great difficulty experienced in dissecting so long a flap over the uneven and often much elongated os calcis.

The volume undoubtedly contains much to interest and instruct the surgeon, and the deductions have been reached after such a series of careful dissections, that one feels perfectly safe in accepting them.

American Health Primers.—No. 1: Hearing and How to Keep it. By CHARLES H. BURNETT, M.D. No. 2. Long Life and How to Reach it. JOSEPH G. RICHARDSON, M.D. Philadelphia, LINDSAY & BLAKISTON; Montreal, DAWSON BROS.

We some time ago announced that a series of American Health Primers were to be published during the year by Lindsay & Blakiston, and the two volumes above titled are the first of the series. Their designation is certainly attractive, and must

captivate the public eye, for who does not want to have good hearing, and know how to preserve it, but above all, "who does not wish long life," and what more valuable than to know "how to reach it."

Both volumes are exceedingly well written, the first, perhaps, too scientific for the general public, but the subject cannot well be brought down to the actual level of the masses. The second volume appeals directly in almost every page to the common-sense of the reader, and is, therefore, the most interesting of the two. Such books cannot be too widely circulated, and we ask our subscribers to engage in the work of their distribution by recommending them to their patients.

Physics of the Infectious Diseases. Comprehending a discussion of certain physical phenomena in connection with the acute infectious diseases. By C. A. Logan, A.M., M.D. Chicago, Jansen, McClurg & Co., 1878.

This is one of those books that must be read very slowly and carefully to be appreciated. We believe we have read it in this way, small sections at a time, and have enjoyed it amazingly. We have, moreover, gained a very large amount of information concerning a vast extent of country of which we hear but comparatively little, and know still less—we mean South America. Its medical features are a *terra incognita*. Dr. Logan, having been appointed United States Minister to the Republic of Chile availed himself of a several years' residence to work out, or at least attempt to work out, ideas which he had previously entertained, as to the effect certain electrical conditions of the atmosphere—especially when they are constant—have on the presence and course of infectious diseases. To attempt to illustrate the views he holds is impossible within the limits of our notice. We may, however, indicate its course by stating that that portion of the Continent is remarkably free from all epidemics—it is seldom free from the effects of strong electrical influences, indeed in some parts, were it not that the inhabitants are in the habit of killing each other in revolutions, the longevity would be extraordinary. Each section of the country is briefly reviewed, and some interesting and amusing facts are given concerning some of its principal cities and ports. Speaking of the town of Payta on the coast of Peru, Dr. Logan, says:

"Payta is but a port for the interior, and for the commonest necessaries of life is dependent upon the back country and the ships which visit it regu-

larly. The soil is composed entirely of sand; and vegetation in any natural form does not exist, if we except the small forms of vegetable life which have an ephemeral existence after a phenomenal rain. An amusing incident grew out of this circumstance, which the *Paytaguinos* appreciate as highly as the traveller who visits them. Several of the inhabitants having died, from time to time, of old age and violence, it was thought necessary to have a graveyard; and accordingly a small piece of ground was fenced in with close-boards. To relieve the natural lack of verdure, an artist was employed to paint trees and shrubbery on the fence, which he did with much skill, and greatly to the admiration of the people. An unforeseen difficulty, however, soon presented itself. The entire mule population of the vicinity made a rush for the shrubbery, and inflicted great damage by constantly gnawing the fence. Their forays were prevented, at length, by painting the foliage of a blue color; and the board fence and blue trees are the first objects the traveller now witnesses, upon approaching Payta from the sea."

We commend the book as being an interesting and instructive one—capable of suggesting many thoughts—the practical value of which is very doubtful.

The Laws of Therapeutics or the Science and Art of Medicine. By Joseph Kidd, M.D. Philadelphia, Lindsay & Blakiston, Montreal, Dawson Brothers.

This is a clearly written volume upon a subject of much interest to all who desire to place the Science and Art of Medicine on a sure foundation. The various medical doctrines which at different times have governed medical practice are described, and their attendant history given. He recognises two therapeutic laws, *contraria contrariis* and *similia similibus*, and into the description of them he enters at some length. He does not seem to be a blind follower of either, but, like a practical physician, seeks out the cause of disease and attempts its removal. These various laws are illustrated by many cases, which make up not the least valuable part of the book.

The Transactions of the American Medical Association. Vol. XXIX, 1878.

This is a ponderous volume of fully twelve hundred pages, well printed, and produced in good style. To critically examine its contents is impossible within a reasonable period and not necessary. It reproduces in extenso the proceedings of the Association, with all the papers read at the meeting held at Buffalo in May, 1878. This is admitted to have

been one of the most successful meetings that the American Medical Association ever held. If we add a word more, it is simply to draw attention to the Necrological Section which, with much profit, might be abbreviated. It is absolute nonsense, and sheer waste of time and good paper and printer's ink to state how many times a deceased member was married, how many children he had by each wife, who they married, and how many children each had; yet many pages are occupied by this kind of information. The volume is a ponderous one, and might be diminished a little by the omission of that kind of information.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, June 13, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, R. P. Howard, Molson, Kennedy, Wm. MacDonald, Richard McDonnell, Osler, Baynes, Loverin, Vineberg, Smith, W. H. Burland, Alloway, Trenholme, Bell, Blackader, Hingston, Proudfoot, Gardner, Roddick, Fenwick, Ritchie, Guerin and Edwards.

The minutes of last regular meeting were read and on motion approved.

The following gentlemen were balloted for and unanimously elected members of the Society: Drs. Spencer, Jenkins, Imrie and Sutherland.

Dr. OSLER exhibited as pathological specimens, 1st. A case of strangulated hernia, a patient of Dr. Fenwick, aged 40. The bowel had passed into the inguinal ring. The patient died from perforation of the bowel just above the point where it was nipped. The patient had undescended and atrophic testicles; the right was near the inguinal canal, the left higher up. There were no traces of spermatozoa in the seminal tubes of the testes nor in the vesiculae seminales, but certain of the coils were filled up with inspicated mucus. The testicles were the size of almonds. Where the bowel was nipped the tissues were in a necrotic condition.

Dr. FENWICK remarked that at the time of operation he knew there was no testicle in the right side, but had not examined the left. The bowel had been down for four days, and the operation should have been performed earlier but the patient would not consent to it. At the time of operation the bowel looked quite healthy and was passed back easily. One point of interest was the existence of a pouch of peritoneum extending into the ring on the opposite side

without any descent of the testicle. Dr. Fenwick further stated that Mr. Annandale had operated in a case in which the testicle was in the perinæum, returned it into the scrotum and retained it there.

Dr. HINGSTON remarked that we can never regret operating too early in these cases, and thought we should not be afraid of returning the intestine though it looks gangrenous. He cited a case occurring in the practice of Dr. Munro some twelve years ago, where after the operation several inches of intestine sloughed and passed per rectum. The larger the amount out the less the risk, but the time between strangulation and the operation was of the greatest importance.

Dr. FENWICK said in his opinion, if there was the slightest appearance of an unhealthy condition, he would not return the intestine. It is better then to stitch it, open the bowel, and subsequently it could be closed. In this case it was darkish from congestion, but it had not the dull appearance indicative of mortification.

Dr. KENNEDY asked if the atrophy of the testicles was recent or of long standing.

Dr. OSLER said probably of long standing. According to authorities most of the cases on record have been sterile. In no recorded cases were spermatozoa found in the testicles. Many of these have had the power of erection and copulation, but in almost all cases they are sterile. The condition of undescended testicle is very common in horses. In the past sixteen years an Illinois farmer has devoted himself to operating on cryptorchids in horses, with much success. These stallions are not sterile.

Dr. R. P. HOWARD remarked that it was an interesting question why cryptorchid horses possessed the power of procreation while it is absent in man. Testicles lodged within the inguinal ring are often the cause of malignant disease in the same. It is a rule in surgery if there was the smallest testicle present, not to remove it, as the smallest portion will render the possessor prolific. He asked in this case if it was a general atrophy or arrested development.

Dr. OSLER replied that not many of these cases had been dissected, that many may be instances of arrested development.

Dr. ALLOWAY presented a case of cancer of the uterus and read a short account of the case. The patient, aged forty-three, had had fourteen children. Was delicate for the past four years. The last child was born six years ago. She was treated eight

years ago for ulceration of the womb. For the past six years she had had a continued bloody discharge aggravated at the regular terms, and had also in addition some attacks of severe hemorrhage. She was first treated in July last by Dr. Alloway for such an attack. The uterus was at first plugged with a sponge tent dipped in a sol of tr. ferri perchlor.; afterwards the interior of the uterus was cauterized with nitric acid. For a time she was benefited, but attacks of a similar kind followed subsequently, death ensuing. Vomiting was a most distressing symptom throughout.

Dr. OSLER stated that on opening the abdomen at the autopsy the first thing noticeable was a kidney of enormous size, situated on the right side. On removal and examination it proved to be cystic dilatation. The calices were expanded and the cavities distended with pus. This condition had arisen from constriction of the ureter an inch before it enters the bladder, being involved in the fibrous induration about the neck of the uterus. The cervical portion of the uterus is ulcerated. At the neck there is fibrous induration and constriction of the part. There is well-marked cancerous structure in certain parts.

Dr. RICHARD MACDONNELL then read a paper on "Three Cases of Malignant Disease."

Dr. R. P. HOWARD said, regarding the case in the paper of Cancer of the Stomach he had seen it in consultation with Dr. MacDonnell several times, and once with Dr. G. W. Campbell as well. The stomach was not thought of but the colon was the part that was considered diseased. What was supposed to be a tumor in that region turned out afterwards to be merely a mass of fæces. There was never any hæmatemesis, and for several weeks the stools were black. Though on post-mortem examination there proved to be a large ulcer in the stomach, gastric phenomena were entirely absent. He considered it an ulcer which had undergone secondary degeneration. Dr. Howard mentioned a case of special interest, illustrating the wide difference there may be at times in the diagnosis of a case. A relative of his own had been under observation of Dr. G. W. Campbell and himself for six months, their opinion being that the patient was suffering from malignant disease. This patient visited London, and was seen by Dr. Wilson Fox and Sir Wm. Gull, the first gentleman diagnosed leucocythemia, the second ulcer of the stomach. Subsequently Dr. Murchison was consulted and pronounced it abscess of the liver. Death settled the division of opinion.

by revealing a large pancreas encroaching on the stomach.

Dr. TRENHOLME said he had seen three cases of what proved to be cancer of the stomach, showing during life very slight symptoms referable to that organ.

Dr. RODDICK, referring to one of Dr. MacDonnell's cases, stated in his opinion that, where pregnancy exists, and the breast becomes involved, it was well to operate and do so early, as the disease increased rapidly.

Dr. HINGSTON expressed the view that the operation should not be performed on the ground that the disease is growing rapidly and there is a risk of inducing premature labour. He had a case three years ago of scirrhus of the breast during pregnancy at the 5th month. He operated, and the patient was afterwards confined at the usual time and died a few months afterwards, the disease having returned. If it is genuine scirrhus it is sure to return, why, then, should the life of the child be exposed by operating.

Dr. R. P. HOWARD considered that Dr. Hingston's experience condemned his theory, as the women operated on did not die at the time of the operation.

A vote of thanks to Dr. Richard MacDonnell was moved by Dr. HINGSTON, seconded by Dr. TRENHOLME, and carried.

A vote of thanks to Dr. Alloway, was moved by Dr. R. P. HOWARD, seconded by Dr. FENWICK, and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

MONTREAL, June 27, 1879.

A regular meeting of this Society was held this evening. In the absence of the President Dr. Kennedy, 2nd Vice-President, occupied the chair.

There were present: Drs. Kennedy, Ritchie, F. W. Campbell, Wilkins, Roddick, Fenwick, Ross, Smith, Osler, Trenholme, Loverin, Imrie, Bessey, Hingston, Vineberg, W. H. Burland, Guerin, Buller and Edwards, &c.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited:

1st. A specimen of cirrhosis of the liver, illustrating in a remarkable manner one method of collateral circulation in this affection. The large reni, size of

the little finger, passed from the under surface of the liver in the round ligament to the navel. Here it did not communicate with the superficial epigastric veins but joined the deep ones of the left side, which were enormously dilated and opened into the external iliac vein by a trunk, nearly as large as the index finger. The cirrhosis was of an unusual variety, the increase in the fibrous tissue being confined to the larger divisions of Glisson's Sheath, and the resulting constrictions enclosed large smooth projecting areas of the liver substance. The primary divisions of the portal vein were very considerably stenosed, and the vein in the round ligament passed off just in the same direction as the umbilical vein of the foetus.

The woman died of pneumonia after admission to Hospital, and there was no ascites or active symptoms pointing to liver trouble.

2nd case was a still-born child delivered by Dr. Trenholme at the 8th month. The mother had had a fall in January and another in March, the latter rather severe, but no particular symptoms followed. It presents a remarkable series of malformations: 1st. Hydrocephalus; 2nd, spina bifida of superior dorsal region; 3rd, an umbilical hernia in which all the abdominal organs are lodged, with the exception of the kidneys and rectum—the sac was formed of a clear translucent membrane—the cord was attached to the left side; 4th, double talipes varus; 5th, left arm terminates two inches below the elbow in a pointed extremity; 6th, in the circulatory system the right ventricle gave off a vessel which supplied the lungs by two small branches, then formed the descending aorta, giving off first the left subclavian artery; the left ventricle gives off a small, a comparatively small, vessel which breaks up into the right and left carotid and right subclavian. There is imperfection of the ventricular system, and the aortic and pulmonary orifices are guarded by only two valves; 7th, the adrenals are situated at the lower end of the kidneys, and the renal arteries are given off from the mesenteric.

Dr. HINGSTON read a paper on "Sewer Poisoning," with special reference to the sewer system of Montreal.

After some discussion by several members a vote of thanks to Dr. Hingston was moved by Dr. OSLER, seconded by Dr. LOVERIN, and carried.

The meeting then adjourned for one month.

OLIVER C. EDWARDS, M.D.,

Secretary.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The twenty-seventh annual meeting will be held in the city of Indianapolis, Indiana, on the second Tuesday in September (being the 9th day of September), 1879, at 3 o'clock P. M.

Arrangements are being made by the pharmacutists of Indianapolis to get a reduction of fare from all parts of the United States and Canada, and there will, no doubt, be a large gathering.

Indianapolis is of easy access from all parts of the country, a great railroad centre, and pleasantly located. Our friends in the West will give us a hearty welcome, and try and make our stay as enjoyable as possible.

It has been some years since the association held its meeting in a Western city, and we may count upon large accessions to our membership. It is also expected that a large number of our friends from the South and Southwest will avail themselves of this opportunity to attend the meeting, who were unable to be present at the Atlanta meeting in consequence of the postponement of the same, or the unavoidable cause arising from the then but recent afflictions of the Mississippi Valley.

Mr. Eli Lilly, the Local Secretary at Indianapolis, will be pleased to correspond with exhibitors or receive articles for exhibition and make arrangements for the display of the same.

The chairmen of committees, and all members who have accepted queries, or who have observations to communicate, are requested to have their reports ready at the first session, and to communicate with the Committee on Papers and Queries.

Particular attention is directed to the still incomplete centennial fund. The contributions to this fund have been very limited by the members, and yet it is one of great importance to the Association, as well as to the researches of science. Let every member of the Association, and local Pharmaceutical Association as a body, contribute something to this fund, and it will be a lasting monument to the American Pharmaceutical Association, to the generosity of the druggists of Philadelphia, and to the members of this Association.

G. J. LUHN, *President.*

Charleston, S. C., June 10, 1879.

ARTIFICIAL FRUIT ESSENCES.—Prof. John M. Maisch publishes the following article on Artificial Fruit Essences in the *American Journal of Pharmacy* for March:

Fourteen years ago, Kletzinsky published formulas for fifteen different fruit essences which, in 1867, were republished by several journals. Several of these formulas were again produced in the last volume of the *Confectioners' Journal* without any alterations, except that in the essence of apple the quantity of oxalic acid was reduced from 1 to $\frac{1}{4}$

part, and glycerin from 4 to 2 parts; in essence of raspberry, the succinic acid was entirely omitted, and essence of peach was directed to be made of 2 oz. of oil of bitter almonds, 1 oz. of acetic ether and 2 pints of alcohol, but the latter product has evidently the flavor of peach kernels accompanied by a slight fruit odor. The flavor of peach fruit may be imitated by using 5 parts each of acetic-butyric and amylic ether; $\frac{1}{2}$ part (or less) of methyl-salicylic ether (oil of wintergreen); 2 or 3 parts of oil of bitter almonds; and 80 or 100 parts of alcohol.

Kletzinsky's formulas for the extracts of *strawberry* and *raspberry* are much improved by adding from 20 to 10 per cent. of tincture of orris root. If desired the rather acid taste of this tincture may be removed by precipitating the resin, and if solution of acetate of lead is used for this purpose the filtrate should be carefully freed from any excess of lead by sulphuretted hydrogen or by agitation with solution of sulphate of sodium, which salt, being insoluble in the alcoholic liquid, will not impart to it its peculiar saline taste. The tincture of orris may probably be conveniently replaced by an alcoholic solution of the oil of orris, which has been an article of commerce for some years past.

Since several very important errors had crept into the formulas of Kletzinsky as published in 1867, some of which are, however, readily corrected, it has been thought best to republish all the formulas from Wittstein's *Vierteljahrsschrift*, xvi., p. 268. These formulas are given in *parts by measure for 100 parts of alcohol*, and whenever acids are used, they are to be previously dissolved in alcohol.

Essence of Apple.—Aldehyd, 2 parts; chloroform, acetic ether, nitrous ether and oxalic acid, each 1 part; glycerin, 4 parts; amylic ether, 10 parts.

Essence of Pear.—Acetic ether, 5 parts; amylic ether and glycerin, each 2 parts.

Essence of Cherry.—Benzoic ether, acetic ether, each 5 parts; glycerin, 3 parts; cœnanthic ether and benzoic acid, each 1 part.

Essence of Black Cherry.—Benzoic ether, 5 parts; acetic ether, 10 parts; oil of perisco (peach kernels) and benzoic acid, each 2 parts; oxalic acid, 1 part.

Essence of Peach.—Formic ether, valerianic ether, butyric ether, acetic ether, glycerin and oil of perisco, each 5 parts; aldehyd and amylic alcohol, each 2 parts; sebacylic ether, 1 part.

Essence of Apricot.—Butyric ether, 10 parts; valerianic ether, 5 parts; glycerin, 4 parts; amylic alcohol, 2 parts; amylic-butyric ether, chloroform, cœnanthic ether, and tartaric acid, each 1 part.

Essence of Plum.—Glycerin, 8 parts; acetic ether and aldehyd, each 5 parts; oil of perisco, 4 parts; butyric ether, 2 parts, and formic ether, 1 part.

Essence of Grape.—Cœnanthic ether, glycerin, each 10 parts; tartaric acid, 5 parts; succinic acid, 3 parts; aldehyd, chloroform and formic ether, each 2 parts, and methylic salicylic ether, 1 part.

Essence of Currant.—Acetic ether, tartaric acid, each 5 parts; benzoic acid, succinic acid,

benzoic ether, aldehyd, and cœnanthic acid, each 1 part.

Essence of Strawberry.—Butyric ether and acetic ether, each 5 parts; amyl-acetic ether, 3 parts; amyl-butyric ether and glycerin, each 2 parts; formic ether, nitrous ether and methyl-salicylic ether, each one part.

Essence of Raspberry.—Acetic ether and tartaric acid, each 5 parts; glycerin, 4 parts; aldehyd, formic ether, benzoic ether, butyric ether, amyl-butyric ether, acetic ether, cœnanthic ether, methyl-salicylic ether, nitrous ether, sebacylic ether, and succinic acid, each 1 part.

Essence of Pineapple.—Amyl-butyric ether, 10 parts; butyric ether, 5 parts; glycerin, 3 parts; aldehyd and chloroform, each one part.

Essence of Melon.—Sebacylic ether, 10 parts; valerianic ether, 5 parts; glycerin, 3 parts; butyric ether, 4 parts; aldehyd, 2 parts; formic ether, 1 part.

Essence of Orange.—Oil of orange and glycerin, each 10 parts, aldehyd and chloroform, each 2 parts; acetic ether, 5 parts; benzoic ether, formic ether, butyric ether, amyl-acetic ether, methyl-salicylic ether, and tartaric acid, each 1 part.

Essence of Lemon.—Oil of lemon, acetic ether, and tartaric acid, each 10 parts; glycerin, 5 parts; aldehyd, 2 parts; chloroform, nitrous ether, and succinic acid, each 1 part.

The different manufacturers of artificial fruit essences doubtless prepare them by formulas of their own, and this explains the difference in the flavor, which is particularly noticeable on largely diluting them with water. If the essences have been prepared with a dilute alcohol their odor is more prominent, and they are apparently stronger; but, on mixing a small quantity with a large quantity of water in given proportions, the true flavoring strength may be better discerned.

A fruit essence, which is much employed in the United States, is *essence of banana*; it consists usually of butyric ether, and amyl-acetic ether equal parts, dissolved in about 5 parts of alcohol.

The red color of strawberry and raspberry essence is produced by aniline red (fuchsin), the bluish tint of which is conveniently neutralized by a little caramel. If caramel alone is used for coloring essences a yellow or brown color is obtained, according to the quantity used.

The *Confectioners' Journal* gives formulas also for the following essences:—

Essence of Blackberry.—Tincture of orris-root (1 to 8), 1 pint; acetic ether, 30 drops; butyric ether, 60 drops.

Essence of Nectarine.—Extract of vanilla, 2 parts; essence of lemon, 2 parts; essence of pineapple, 1 part.

GELSEMIUM FOR HECTIC.—Practical experience with gelsemium in small doses has long shown its influence upon the circulation and its sedative effect in certain neuralgias. It has also been shown to have a sedative effect upon the respiratory centres. From these facts it ap-

peared to Dr. Edgar Holden that it should act favorably in the treatment of a respiratory affection characterized by irritation, as Dr. Holden believes the hectic of phthisis is, and having its seat and origin in the pulmonary tissues. In a very large number of cases it has not failed, and Dr. Holden has found that, even after the failure of favorite and well-known remedies, doses of two drops of the fluid extract, or 10 to 12 of the tincture every two hours, will, in most instances, within forty-eight hours, arrest the chill, moderate the cough, and allay the fever. The period of administration, however, is not always so short. It may be used continuously, if necessary, to maintain sedation, and without interference with other medicines or effect upon digestion or the excretions. It should be added that exceptions are likely to occur in cases with mesenteric complications and colliquative diarrhoea, and while, not contra-indicated, it may sometimes disappoint expectations.—*Dublin Journal of Med. Science.*

THERE are now 13,309 registered chemists and druggists in Great Britain, of whom about 28 per cent. have passed the minor examination, showing an increase of 3.85 per cent. for the past two years. Ten per cent. of the total number have passed the major examination, and have thus become qualified to take the title of "Pharmaceutical Chemist." The number of such persons now on the register is 1,346.

SCANDIUM, A NEW ELEMENT.—F. L. Nilson has succeeded in separating from the ytterbium group of earthy metals a new one, which, although not yet obtained in a pure state, has nevertheless been shown to be a new element by its spectrum deviating from that of all other known bodies. The author proposes for it the name *Scandium*, since it occurs in the mineral gadolinite or euxenite, which are only found in the Scandinavian peninsula.—*Ber. d. Deutsch. Chem. Ges.*, 1879, 554.

A NEW PRESERVING AGENT. (H. JANNARCE.)—In the course of a series of experiments made for devising a method of separating the crystallizable sugar from the molasses, a double salt of borate of potassium and sodium was accidentally formed, which exerted an antiseptic influence on the sugar. Further experiment showed this salt to be a most powerful antiseptic agent. It is now being made in larger quantities by dissolving in water equal parts of chloride of potassium, nitrate of sodium, and boric acid, and evaporating to dryness after filtering. The salt obtained is, of course, not a pure borate, but a mixture of potassio-nitric borate, potassium nitrate, and sodium chloride. Its action is very prompt, and continues undiminished for a long time. It has no injurious effect either as regards taste or smell, or healthiness of the substances impregnated with it. It is easily soluble in water, and quite deliquescent, so that it has to be kept in closely stoppered bottles. It is at present sold for 25 cents a pound.—*Deutsche Gew. Zeit. in Scient. Amer.*

ERGOTININE OR CRYSTALLIZED ERGOTINE.—M. Depaul presented to the academy a paper by M. Taure upon a new crystallized alkaloid which he has extracted from ergot, and named ergotinine. This alkaloid constitutes about one hundredth part of ergot, and gives it its hemostatic properties. It has been employed in uterine hemorrhages in doses not exceeding four milligrammes in twenty-four hours, and its action is precisely the same as that of ergot. (*Gazette Obstétricale*).

EUCALYPTUS AS A PROTECTION FROM FLIES.—An Eastern journal says, that if a doctor's horse is rubbed with eucalyptus leaves on those parts liable to the bites of flies, the insects will avoid them. Whether other horses than those of doctors can be so protected, is not mentioned. A writer in the *Melbourne Medical Record* recommends the oil of eucalyptus for the same purpose. He prepares it by saponifying an ounce of the oil with two or three drachms carbonate of soda in a water bath, and adding a quart of water. The animal is sponged slightly with the liquid before harnessing. The scent lasts several hours, during which time no fly will disturb him. The same sprinkled over the pillow by an atomizer protects a patient from flies. If this be so, it would be exceedingly valuable in hospitals.

THE DEGREE OF HEAT FATAL TO TENIA AND TRICHINA.—Professor Edward Perroncito, of Turin, communicates to the *Boston Med. and Surg. Journal* the results of an extended series of experiments on the degree of heat fatal to parasitic helminths and their germs. The cysticeri and scolices of various species of tenia, the trichina free and encysted, the filaria, the strongylus, etc., were made the subjects of careful and repeated observations. He found that they died, without exception, before the temperature of the liquid containing them reached 50° Cent., equal to 122° Fahr. The point of elevation which proved fatal with remarkable uniformity was 48° C., or 118.4° F. Five minutes' exposure to a temperature of 50° C. he regards as invariably fatal. The experiment of swallowing the cysticeorus after exposing it to that temperature, was tried by a number of courageous students, without ever producing a tenia. A much higher temperature has been generally supposed to be necessary for the purpose. But the experiments of the learned professor appear to settle the question of the entire innocuousness of food infested by parasites, after exposure to a degree of heat much below the boiling point of water (so far at least as the parasites are concerned).

HOW TO DEPRIVE IODINE OF ITS STAIN (*Ex. Am. J. Med. Sciences*).—Add a few drops of carbolic acid to the tincture and it will not stain; moreover, the tincture is more efficacious, and its action more certain. M. Boggs recommends the following formula for use in injections: Alcoholic tincture of iodine, 3 grammes; carbolic acid, 6 drops; glycerine, 30 grammes; distilled water, 150 grammes.

ELIOTROPINA.—The eliotropina europœum is an

indigenous plant, and grows in sterile places and among stones. This plant contains a rather sour and corrosive juice, which was once used for corns and warts, and also as a detersive in carcinomatous ulcers and old wounds. It has been lauded as an anthelmintic, emmenagogue, diuretic, and purgative, but fell into complete disuse. Nevertheless, Ballardier, a French chemist, a short time since discovered in it an alkaloid, possessing a febrifuge action very similar to that of quinine. He called it *eliotropina*. It is easily soluble in acidulated water, and also in simple water, and presents astonishingly all the reaction of the alkaloids. It has a bitterness equal to that of quinine, and a very pronounced febrifuge effect.—*Revista Clinica di Bologna*.

FOOD REQUIRED TO MAKE A POUND OF MEAT.—Professor Tanner, in the *Bath and West of England Society's Journal*, makes the following estimate of the increase of weight produced by a certain quantity of food, under proper circumstances of shelter and management:

25	lbs. milk furnish.....	1 lb. meat.
100	“ turnips furnish.	“ “ “
50	“ potatoes “	“ “ “
50	“ carrots “	“ “ “
9	“ oatmeal “	“ “ “
7.1	“ barleymeal furnish... “	“ “ “
7.4	“ bread “	“ “ “
7.4	“ flour “	“ “ “
3.5	“ peas “	“ “ “
3.8	“ beans “	“ “ “

ANTISEPTIC GAUZE.—LISTER'S antiseptic gauze, which is prepared by impregnating a cotton-fabric of loose texture with a mixture of 5 parts resin, 7 parts paraffin, and 1 part of carbolic acid, has the disadvantage of being very stiff and unyielding. Dr. Paul Bruns, professor at Tübingen, proposed to overcome this difficulty by a change in the manner of impregnating the gauze, as well as by a different menstruum. He dissolves 400 grammes of powdered resin in 2 litres of alcohol, adds to the solution 40 grammes of castor oil, and finally 100 grammes of carbolic acid. The whole bulk measures now 2½ litres. This quantity is sufficient for impregnating 2 pounds (about 95 metres) of the gauze (previously deprived of grease). The gauze having been dipped into the liquid and well stirred about, it is removed, and suspended horizontally, when it will dry in about half an hour. Thus prepared it is quite soft and pliable, and contains a 10 per cent. solution of carbolic acid. After having been used, it may be cleansed by boiling in very dilute soda lye, and then be impregnated again.

Improved benzoated or salicylated gauze or wadding has also been prepared by Prof. Bruns. Both of these heretofore suffered from the drawback that on handling they gave off a fine dust of benzoic or salicylic acid, which caused much annoyance to the operator or attendant. Prof. Bruns prepares it by adding 3 to 4 parts of castor oil to the solution—for every 10 parts of benzoic acid. 100 grammes of benzoic acid and 40 grammes of castor oil (or 20

grammes each of castor oil and resin), are dissolved in 2.36 litres (2,360 c.c.) of alcohol, the gauze soaked in the liquid, and then dried. This gauze contains a 10 per cent. solution of benzoic acid. The salicylated gauze is prepared in the same manner.—*Paint, Oil and Drug Reporter*.

TO FASTEN LEATHER ON METAL.—To fasten leather upon metal, you should first wash the metal with a hot solution of gelatine, and steep the leather previously in a hot infusion of galls. Then press the leather upon the surface of the metal and allow it to cool, when it will be found to adhere so firmly that it cannot be separated without tearing.—*Boston Journal of Chemistry*.

BORAX: ITS USES.—The following summary of the uses of borax is taken from an advertisement in a technical journal. It is used by cement manufacturers, in the preparation of the finest cement; candle manufacturers, in the formation of the completely destructible wick; starch manufacturers, in the preparation of starch, giving a beautiful gloss; glass manufacturers, with barytes, sand, and soda; ironfounders and smiths, in dissolving the metallic oxides; dyers and bleachers, as a mordant and purifier; braziers, in welding; potters, for their glazes; tanners, for the quick production of leather; chemists, grocers, and drysalters, for general household purposes; provision merchants, in preserving eggs, butter, hams, and fresh meat of every description; timber merchants, for preserving soft woods, making them hard and durable; dentists, for fluxing purposes; and by medical men, for wounds and internal application.

CHILI SALTPETRE.—Nitrate of soda has become a bone of contention between the republics of Chili and Bolivia. Bolivia has pledged itself by treaty to impose no duties on articles of Chilean produce exported from the coast of Antofagasta during 25 years. In spite of this the National Assembly of Bolivia has imposed a tax of 10c. per quintal on all nitrate of soda shipped from the Bolivian coast. Chili has protested, and threatens to resist the collection of the tax. Bolivia insists on carrying out a measure which she believes is just and legal.

NITRATE OF SODA.—Antofagasta, the focus of the dispute between Chili and Bolivia, contains vast deposits of nitrates which are yearly increasing in importance. The total shipments from Peru during 1878 are stated by the *South Pacific Times* to have been nearly 6,000,000 quintals (quintal = 100 lbs.). During the same period not less than 12,000 tons have been shipped every month from Antofagasta, or 3,500,000 quintals in the year. Should this island fall into the possession of Chili, its nitre production will be pushed into active competition with that of Peru.—*Chemist & Druggist*.

CAPE ALOES.—The amount of Cape aloes exported from the port of Port Elizabeth, Cape of Good Hope, during the year ending December 31, 1878, was 73,214 lbs., valued at 658*l.*, against 3,259 lbs., valued at 40*l.*, in the previous year.

A BELGIAN PATENT TOOTH WASH.—A tooth wash has been patented in Belgium by a Mr. T. L. Smits, the composition of which is thus described:—

	Parts
Water.....	950
Urea.....	12
Uric acid.....	4
Fixed salts.....	7
Urate, oxalate, and oxalurate of lime, cystin, &c.....	8.90

With a little perfume.

As this is a fairly correct analysis of ordinary urine, Mr. Smits' "eau dentifrice" will only need to be named in order to be avoided. The *Chemical News*, in noticing the patent, asks, Is this a new way out of the sewage difficulty?

LOCAL ANÆSTHETIC IN DENTISTRY.

Pulv. camphor.....	3vj.
Æther. sulphur.....	3j.

Apply this to the gum surrounding the tooth to be removed, until the gum turns white, when the tooth can be extracted with scarcely any pain.—*Dental Cosmos*.

PURIFICATION OF SPIRITS FROM FUSEL OIL.—According to the *Brennerei Zeitung*, a single agitation of spirit with the following compound will completely remove the fusel oil from potato brandy, and will leave the fluid beautifully clear:—

	Parts
Sugar of milk.....	1
Starch powder.....	2
Powdered albumen.....	5

About 4 oz. of the powder is sufficient for a gallon of spirits.

That the Germans, generally considered a nation of unpractised dreamers, once in a while, at least, can take a very practical view of things is evident from an advertisement for an assistant, which appeared in *Pharmac. Zeitung*: "A young man, without means, can find an agreeable situation in a country drug store, etc., etc. He might possibly, by marrying in the family, become a member thereof and his future subsistence be secured thereby. Applicants must send in their photographs."

Another curiosity in Germany is that some apothecaries find it necessary to add to their advertisements for clerks a recommendation from their last clerk.

RECENTLY in Norwich a druggist dispensed some brandy as a stimulant in the case of two children who had swallowed some tincture of aconite root by accident. The temperance people now propose to enter suit against the druggist for selling liquor without a license. The *Monthly Review of Medicine and Pharmacy*.

MILK is an agreeable solvent of quinine. Dr. Bratterbury says one grain to the ounce is hardly perceptible, or five grains to the tumblerful lose all their bitterness.