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# The Canada Medical Record

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## Original Communications.

### VALEDICTORY ADDRESS, SESSION 1890-91,

*University of Bishop's College, Faculty of Medicine, delivered at the Convocation held in Synod Hall, March 31st, 1891.*

(By J. Bradford McConnell, M. D., Professor of Pathology and Lecturer on Physical Diagnosis.)

*Mr. Chancellor, Ladies and Gentlemen.*

LADY AND GENTLEMEN GRADUATES,—  
This day marks the culminating point of your educational career. The process of mental training and the acquisition of knowledge, which during a score or more years, in school, academy and university, has been gradually developing your minds, and storing the memory with innumerable facts, has so far progressed that you have become entitled to be invested with the degree of Master in Surgery and Doctor of Medicine, which has just been conferred upon you by the Chancellor of this University. To be the possessor of such a credential is evidence that satisfactory proof has been given of a good general education in literature, languages, history, science, philosophy, etc., that you have attended a four years' course in medicine, and successfully mastered the subjects of its varied curri-

culum which includes besides the regular medical and surgical didactic lectures, practical training in chemistry, microscopic technique and physical diagnosis, and above all that in the different hospitals of the city you have taken advantage of the ample opportunities afforded here for studying diseases at the bedside, and observing the effects of the remedies applied and the methods of operative treatment, and finally by written and oral examination, proof has been given of having attained to a proficiency in all the branches, satisfactory to your examiners, as well as to the assessors appointed by the Board of the Provincial College of Physicians and Surgeons.

Armed with this well-earned parchment, a token of the confidence replaced in you by your Alma Mater, you are now prepared to enter upon the active work of the profession of your choice and become enrolled into the ranks of the vast army of physicians and surgeons whose labor consists in alleviating the physical sufferings of humanity,—pointing out the dangers of pernicious habits, unhealthy pursuits, and unsanitary surroundings and generally indicating to their fellow beings, the course to follow in order to attain unto that perfect state of physical and mental health through the possession of which only can men experience true happiness no matter what their

success may be in their business or professional careers.

The graduating class which I address to-day is unique in this collegiate centre, inasmuch that for the first time in the history of this college a lady member graces its roll. In view of the fact that women have in late years proved their ability to occupy positions successfully in nearly every field of labor, where hitherto men had a monopoly, and accomplish results, whether in mercantile life, literature, art, or on the platform, equal to any proceeding from male intellects; it was not to be surprised that being more especially adapted to the work of the physician and naturally endowed with the elements of character essential to his success, they would ere long seek admission to the halls of medicine, but few portals, however, opened to their rings for admission; special institutions accordingly were established in different centres; and throughout the neighbouring Republic, as well as in the Dominion, as a result, lady practitioners have demonstrated their ability to cope successfully with the demands made upon them in several important departments of medicine.

This Faculty at the earnest solicitation of a number of ladies, decided about a year ago to test co-education in medicine, and some half a dozen ladies were enrolled on the register. The difficulties which were supposed to be inseparable in mixed classes have in the light of this session's experience, proved themselves to be phantoms, conjured in the undeveloped minds of those pessimists whose want of faith in the innate and growing tendency to uprightness in humanity—which we believe to be a law of evolution on this plane just as unceasing, progression characterizes all living processes in other planes—tends to retard rather than hasten the coming of that millennial period for which all the moral forces in the world and in higher spheres are laboring; when even the thought of evil will have no abiding place. In a word, the utmost harmony has prevailed in these mixed

classes, the presence of the ladies has caused no confusion or disconcerting dilemmas, and has not in the least interfered with the manifestation of the natural buoyancy and exuberance of spirits supposed to be characteristic of the medical student, and in no instance has any but the most gentlemanly conduct been displayed towards them by their fellow-students, and the zeal displayed by the ladies in their studies has had its influence in stimulating to greater efforts the other members of the classes, who, from previous reputation were led to regard them as no mean rivals for the position of honor. The results of this session which show that our first lady graduate, Miss Grace Ritchie, has passed a brilliant examination, taking the second highest marks is another instance in proof of the claim, questioned by some, that women are as qualified mentally as men, for the highest class of intellectual pursuits.

It is to be regretted that owing to a technicality requiring at least two sessions attendance in order to compete, she cannot receive the Chancellor's prize to which she is entitled by merit, but we know she will gracefully bow to the unfortunate prescription which render it impossible for her to receive the tangible token of the proud position, which she has honorably won.

That the Medical Faculty of Bishop's College acted in keeping with the times, in responding to this demand from the ladies, few thoughtful people will deny. Co-education in all departments of medical study is now carried on in Paris, Geneva, Zurich, Berne and Basle and in the Universities of Belgium, Spain and Italy, here they work together side by side with only good results and many are even elected as internes in the hospitals, and we learn from a recent letter of Dr. Osler, physician-in-chief of Johns Hopkins Hospital, that their Medical School which will aspire to take the lead on this continent, will admit women on the same terms as men. Cardinal Gibbons says that co-education of the male

and female sex will effect a beneficial influence on the male, and that the prejudice which allows women to enter the profession of nursing and excludes them from the profession of medicine, cannot be too strongly censured, and its existence can only be explained by the force of habit. We find it is only a modern revival of what occurred in the middle ages when the obstetric art was almost entirely in the hands of women, and in the Universities of Salerno and Bologna in Italy, some eight hundred years ago, not only where women admitted as students in medicine, but they also held professorships.

You enter upon your career as practitioners at a time when almost revolutions are occurring in medical science; the last decade has probably witnessed greater discoveries and more solid advance in the development of new facts than any similar period in the history of medicine. The number of competent workers in every department is much larger than at any previous time, doubtless owing to the increasing numbers of those who perfect themselves at the great medical centres in Europe and elsewhere, in their special line of study, becoming imbued with the spirit of research from contact with the recognized leaders of medical thought. In consequence scarcely a week passes without the heralding of some new discovery, method or remedial agent.

Some are never heard of after their first publication, others are the fashion for a brief period and then discarded, while many become permanent and invaluable additions to the great store house of accumulated facts generally accepted. In no department are such advancements being made as in those where the modern perfected microscope is the implement used to clear away the brush which until a recent date has existed in its primeval density in several important branches of medical science.

Prominent among these are the developments being made as to the part taken by

microscopic organisms in the production of disease. The present army of explorers in this field have worked chiefly in the pathway of the great pioneers Ehrenberg, Schwann, Cohn, Henle, Pasteur, Koch, Lister and others. Pasteur's great work first flashes on the world, demonstrating that what up to his discoveries were regarded as ferments in the process of fermentations were simply the food of minute organisms, and alcohol, acetic, lactic, butyric acids, &c., the result of the digestion or chemical transformation by their growth and multiplication. The diseases of wine and beer he found also to be other micro-organisms and pointed out the remedy. Soon Pebrine, a disease of the silkworm was made to own to a similar origin and again the remedy suggested and the ruined silk industry of France restored.

Professor Koch and Pasteur's demonstrations in regard to the bacillus found in anthrax, discovered by Davaine in 1850, a disease which was decimating the herds and flocks of Europe, then followed.

A new era about this time dawned in regard to the treatment of infectious diseases. Pasteur by rendering less virulent the germs of fowl cholera and anthrax and by inoculating healthy animals with this attenuated virus, produced a mild form of the disease, which protected from a subsequent attack, just as vaccination protects from smallpox or the attack of an infectious disease usually protects from subsequent ones.

Pasteur's successful application of this principle in the treatment of hydrophobia is his last important accomplishment. Koch's discovery of the microbe of cholera and tuberculosis followed shortly after, and some one or another has claimed to have discovered the parasite of nearly the whole list of infectious diseases, the latest being the alleged discovery of the microbe of La grippe, but many of these have still to be verified.

All these organisms, which belong to the

vegetable kingdom, can be destroyed outside the host, by antiseptic remedies, but hitherto none of the pathogenic bacteria have been made to succumb to their action while in the system. In ague, on the other hand, where the parasite is a minute animal plasmodium, quinine is a specific. The present discovery of Professor Koch of a remedy for tuberculosis, the most deadly foe of the human race, has agitated civilization more thoroughly than any event for some time, and the din of the excitement its announcement caused still reverberates throughout civilization. The expectations which it aroused through the great reputation of its discoverer have not and will not be fully realized, but that it will accomplish all that he claimed, for it has been proved by the results already obtained by the most competent experimenters and as our knowledge of the action of the remedy becomes perfected and only the cases adapted to its application treated we have no doubt but that very satisfactory results will be obtained.

Another feature of the present period is the relaxing of the marked conservatism which reigns in the profession and the recognition of therapeutic agents hitherto employed mostly by irregulars and ignorant empirics, posing them as panaceas before a gullible public; and the placing of them in their true positions as remedies. Among these may be mentioned electricity, which has a wide range of application hydrotherapy and massage, and lately what is called suggestive therapeutics or the application of hypnotism to the treatment of functional and nervous diseases is being prominently brought forward by such men as Charcot of Paris, and Bernheim and Liebeault of Lyons, and R. Von Kraft Ebing of Graz, Austria, and many others. A great field opens up here for investigation, and one that gives promise of interesting and useful developments.

It is a revival of what is known under the name of Braidism, magnetic healing,

electrobicology, &c. In the hypnotised condition, the subject is more or less completely controlled by the will of the operator and susceptible to any suggestion made by him, so that by a word anæsthesia may be produced, operations are performed without pain being realized, and in like manner they are made to feel pain or any sensation suggested, and diseased conditions are made to disappear with a thought, and even normal physiological and chemical processes are controlled by this power.

The influence of the mind on the conditions of the body must never be lost sight of in treating your patients. Their faith in your ability to heal them, is a more potent factor often than the action of the remedy you prescribe. If it were not so, and if there did not exist a *vis medicatrix nature*, decimal dilutions, faith cure, Christian science, and such like methods would have but few votaries.

Great psychological truths doubtless underlie all these phenomena and manifestations of mental therapeutics, which will in the near future be unfolded by the many eminent workers in this field of labor.

A larger proportion of functional and apparent organic affections which appear for treatment are neurotic; the result of abnormal influences brought to bear on the mind and brain; should you be led into treating the effect and not the seat of origin, disappointment will follow, and you may experience the humiliation of hearing of your patients being cured by some quack nostrum or travelling charlatan through the influence on his mind chiefly of their glowing advertisements.

Graduating classes usually receive at the hands of the Valedictorian parting words of advice. I will be brief. It is presumed that your aim is high. This is a prime requisite in order to attain eminence; then earnest persevering work is needed, without this but little can be accomplished, it is the key which unlocks the treasures of wealth, fame and true greatness. In your

early years of practice you will have ample time at your disposal, do not let the opportunity thus afforded for study and experiment pass by unimproved. Provide yourself with a good microscope and endeavor to become familiar with the various morbid conditions of the body, as revealed by it, which will aid you greatly in diagnosis. You should during this period also perfect yourselves in the application of the various chemical tests employed in clinical diagnosis and in the use of the various instruments and medical appliances whose value depends on experience in their use. Besides a good selection of standard works, several representative medical journals should be subscribed for and regularly read.

The habit of recording the progress of your cases should be cultivated. If you have not already become familiar with the French and German languages, this acquirement is recommended; in the latter especially appears much of the best original medical literature, and a visit to those great centres of thought will be comparatively barren in results if the language is not understood.

To those of you having the opportunity a few months spent at the hospitals in London or the great medical centres on the European continent previous to beginning practice will be of great advantage.

In your intercourse with your patients you will find it almost as necessary to study human nature as exemplified in their cases, as their maladies, and your success will often depend as much upon the tact displayed in maintaining a frame of mind favorable to recovery as upon a skilful application of medical treatment proper. Cultivate a cheerful temperament in your association with the afflicted, so that your presence in the sick room will be as welcome as the sunshine and flowers of spring, and magnetic rays of healing will from your beneficent influence reanimate the languid sufferer. Patience and forbearance you must continually exercise,

Seek to be friendly with your *confreres* and shun any dishonorable means towards gaining an advantage over them, or supplanting those who have been in the field before you; be satisfied only with success which results from true merit, and although ample and detailed guidance is laid down in the published schemes of medical etiquette for the regulation of conduct between members of the profession, that great maxim which has come down to us through the ages, "do unto others as you would that they should do unto you," if acted upon will prove an unerring guide.

While it is your duty to be a thoroughly informed physician and abreast of the times in regard to every agent which will assuage the suffering of the afflicted, you should be found supporting all those modern reforms which aim at the prevention of disease and the amelioration of the social, moral, and physical conditions of the race; what sorrow and suffering are caused by intemperance, immorality, errors of alimentation and dress, improper hygienic surroundings and other transgressions of nature's laws, the result of ignorance? And our lady graduates whether they devote themselves entirely to professional duties or become absorbed in some matrimonial alliance, what an influence for good they can exert through a diffusion of the knowledge they possess in the direction of improving the physical condition of their own sex? The vigour of a nation is dependent on the physical perfection of its women; disseminate widely and constantly a knowledge of the pernicious influence of insufficient open air exercise, too long hours in unventilated school rooms, exhausting the vital forces by over-mental work at a period of girlhood when they are needed mostly for physical development; the prejudicial effects of the high heel, and corset, and in combating in many other ways the various influences which have been at work deteriorating and stunting the physical development of the female sex,

I must now say farewell on behalf of the Faculty, and would ask you not to forget that as it has been our delight to guide and instruct you in your college labors, so will our interest not cease in your welfare although your voices resound in our halls no more; and may the sunshine of this glorious spring day which smiles on the inauguration of your birth into the medical arena typify the radiant success which we trust will characterise your future careers.

## Progress of Science.

### THE OPERATIVE TREATMENT OF PERITYPHLITIS.

By Professor Sonnenburg, Berlin.

The author states that every case of perityphlitis should not be subjected to operation. If we are able to recognise the circumscribed purulent form of perityphlitis, it should be treated according to the same principles as suppuration, in other parts of the body. Although absorption sometimes takes place in these cases, an expectant plan of treatment is attended with great dangers. Perityphlitis should be differentiated from typhlitis. In the latter there is an inflammation of the cæcum and vermiform appendix, or of the latter alone, and this process may be unattended with exudation. Usually, however, exudation is present in the surrounding tissues, and this condition is best expressed by the terms perityphlitis or paratyphlitis, the latter being especially applicable to exudations at the posterior surface of the cæcum, which are, therefore, extra-peritoneal. Frequently a typhlitis is combined with a perityphlitis. In simple typhlitis there is much redness of the serous covering, and the mucous membrane is the seat of inflammatory swelling; the same condition is found in the vermiform process and has been termed appendicitis. In true perityphlitis there is always an exudation, either sero-fibrinous, or purulent fibrinous, or simply purulent. The diffusion of the process varies greatly; considerable exudations extend beyond the ileo-cæcal region.

The sero-fibrinous exudations are quite resistant, and sometimes feel as hard as a board. When situated around the cæcum they are usually completely absorbed. In a few cases, indurated deposits are left behind, and frequently adhesions between loops of intestines which had been imbedded in the exudation. These exudations are encapsulated, and usually result from faecal obstruction; they are not apt

to be followed by general peritonitis. In persons suffering from tuberculosis or other diseases of the intestines they may become purulent, although suppurative changes in exudations are much more frequently caused by inflammation of the vermiform appendix. Aside from catarrhal inflammation of the latter, enteroliths are frequent causes of perityphlitis. In these cases we always find pus, due to gangrene from stasis, perforation from impacted foreign bodies, or tuberculous ulcers. The non-purulent exudations present in perityphlitis of the cæcum, which are due to faecal obstruction, and can be absorbed, do not occur in the appendix. Purulent perityphlitic exudations are not reabsorbed, or at least only partially, or their fluid portions; the pus cells remain and form an indurated mass. Paratyphlitic deposits always result from perforation, are always sero-purulent, and incapable of being absorbed.

It is a matter of consideration whether we can always recognize the presence of purulent exudations around the vermiform appendix, and treat them by operative measures. In the sero-fibrinous exudations around the cæcum an operation is excluded, because they are absorbed. The symptoms of perityphlitis cannot be sharply differentiated; the larger the exudation at the beginning, the less likelihood is there of the presence of a purulent exudation around the appendix, and the greater the probability of an infiltration around the cæcum. The small exudations, which are, perhaps, circumscribed at the beginning, and situated usually at the classical place above Poupart's ligament, almost always originate from the appendix. These may change and increase rapidly within a short time. Other exudations remain small for a long time, and may not be made out by palpation, on account of tympanites. The extent of the exudation is therefore of importance in the diagnosis of a sero-fibrinous or purulent exudation. Moreover, the greater the violence of the initial symptoms, the more warranted are we in concluding that we have to deal with an exudation or phlegmonous process around the appendix, inasmuch as inflammation of the latter is usually produced by enteroliths, and perforation or gangrene of the appendix may be regarded as the starting point of the perityphlitis. As a rule, in the cases observed by the author, violent colicky pains in the umbilical region were developed suddenly at night, or after a movement, and succeeded by vomiting, diarrhoea or constipation. After a few hours, severe pain was experienced in the ileo-cæcal region and the urine was found to contain indican. In perforation there is usually present a small resistant place, dull on percussion, and an exudation can be made out by percussion above Poupart's ligament, which is very sensitive to pressure. These symptoms occur in persons who have previously enjoyed good health, and have not suffered from

digestive troubles. At the beginning, meteorism is frequently absent. The fever varies considerably, in some cases it rises at once to 40° C. (104° F.), in others in which pus was found by operation, only slight elevations of temperature were observed. In these cases, therefore, even slight elevations of temperatures up to 38° C., are pathognomonic of pus formation.

The class of cases where the perforation of the appendix is followed by a general peritonitis, and which is less frequent than that where an exudation is formed, is not discussed by the author, but he refers only to inflammations of the appendix which result in a genuine perityphlitis. The latter disease does not always present the characteristic appearances which have been described. The position of the appendix may vary greatly, and in consequence of this, the clinical appearances may be completely changed. The abscess or the exudation may be situated superficially or deeply, or in the pelvis; if, however, the appendix lies far backward, these conditions can only be determined with difficulty and frequently only at the autopsy.

In cases of strangulation of the appendix, the symptoms may be very violent and resemble a perforation, and then disappear in a few days. If a diagnosis of purulent perityphlitis has been made, the pus should be evacuated as early as possible. Formerly, our operative methods were inadequate, and the diagnosis uncertain. A spontaneous cure is not to be regarded as desirable in these cases, on account of the danger of perforation into the bladder, intestine and abdominal cavity. The evacuation of the pus into the intestines is never complete, since valvular openings are formed, from which it is imperfectly discharged; the consequences being sepsis and death. In the simplest and most favorable cases for operation, where the exudation is superficial and gives distinct resistance, and only moderate meteorism exists, the abscess can be felt through the abdominal wall, and fluctuation can be made out. In puncturing through the abdominal wall the needle does not always penetrate the abscess, and the neighboring parts may be injured. If fluctuation is present an incision should be made; the protrusion of the peritoneum in the vicinity of the abscess will show its position. We then puncture again and open the abscess.

A different procedure, should be followed in cases where a small indistinct exudation exists, and where on the following day the symptoms may be greatly relieved, the resistance has become more indistinct, and the entire process seems to have retrograded. The pains are moderate, the fever slight, the subjective symptoms have diminished, and there is very little suffering. It is in these cases that an operation in two sittings is indicated. An incision is made down to the peritoneum, and the exudation which had been previously present, is again

sought for and can frequently now be detected. This procedure also favors the development of the abscess towards the incision, as the point of least resistance, and the formation of adhesions between it and the peritoneum. Under this treatment (the wound being tamponed) the exudation becomes larger more distinct and superficial, and may be punctured after a few days. If pus is found, the abscess—which has meanwhile been shut off by adhesions from the general peritoneal cavity—can be safely incised, and its purulent contents evacuated. Among twenty-two cases upon which the author operated, this procedure could be carried out only in seven, but in these the results were very favorable.

The incision of the abdomen should be long, curved, and similar to that employed in ligation of the common iliac artery; and to avoid the subsequent development of a hernia, should be made as near as possible to the crest of the ilium. The aponeurosis, muscles and thin fascia transversalis are successively divided, and after arrest of the hemorrhage, the peritoneum is laid bare. The position of the abscess is determined by palpation, and the wound is then tamponed. On the following day the dressings are changed, the examination repeated, and a puncture made; and this treatment is continued until the abscess has come to the surface and adhesions have formed. Then the abscess is punctured, and a fine sound introduced, or it may be opened with the Paquelin cautery, and a drainage tube inserted. As a rule, the incision is followed at once by discharge of an enterolith or faecal mass, together with ill-smelling pus, from the opening. The drain is left in the wound, which is dressed daily, but not irrigated, and the abscess heals slowly in four or five weeks. Frequently a small discharging fistula remains in the vermiform appendix, which usually closes without further treatment. In all cases where the abscess was deeply situated, the author was able to detect it by following this method. In a number of cases he practised an immediate incision, and in some obtained a cure, while others died of sepsis. If the abdominal walls are very tense, the abscesses may not come to the surface but lie deep in the pelvic cavity; in other cases, however, they become superficial and can be detected by palpation. Of twelve cases in which the author made an immediate incision, six recovered promptly and five died of sepsis, which was present before operation. In another case where the operation was performed in two sittings, the appendix was adherent to the intestines and sepsis was already present. At the autopsy the abscess was found at the rectum, and therefore in an inaccessible place. Inasmuch as the danger of sepsis is enhanced by a rapid development of the abscess, it is necessary to operate early, if the operation can be performed without risk to the patient.

As regards the frequency of recurrences after



these operations, it is difficult to present accurate statistics. It is probable that abscesses which have been drained heal completely. Even if a purulent exudation is found to diminish in size, it must be remembered that residual deposits may be left behind, which may give rise to recurrences. If attacks of colicky pains in the ileo-cæcal region have previously occurred, the case, although apparently primary, may actually be a recurrence. There are cases of perityphlitis with pus formation, where the symptoms are relieved by rest in bed, but recur after a long time. The treatment of these conditions is very difficult, owing to the presence of adhesions and residual exudations.

The excision of the vermiform appendix is the ideal of surgical treatment in these cases. Of course, it is not good practice to make an immediate incision in every case of colicky attacks, but there are a series of cases in which the symptoms point to the appendix as the source of the trouble. In a case where the abscess was situated behind the peritoneum and over the psoas muscle, this condition was suspected before operation for the following reason: The patient could not extend the leg which was held in a flexed position, so that it seemed probable that the appendix was situated immediately over the muscle, and this surmise was confirmed by the operation. The appendix was resected without injury to the peritoneum, and the patient made a complete recovery. In a second case the appendix was situated so superficially that it could be felt distinctly through the abdominal wall; resection was also performed, and a perfect cure obtained.

In conclusion, the author presents the following indications for operative treatment in perityphlitis:—

1. We must strive by all possible means to differentiate clinically between the simple inflammatory and the purulent forms of perityphlitis. The sero-fibrinous exudations, which usually result from faecal obstruction in the cæcum and colon, are generally reabsorbed in healthy persons, even if they are extensive, and do not require surgical interference. It is only in patients suffering from tuberculosis or acute or chronic intestinal diseases that these exudations may become purulent in consequence of perforation, and they then require very simple surgical procedures, as general peritonitis is extremely rare in these cases.

2. Purulent exudations, originating in the vermiform appendix, cannot be absorbed. In these cases the disease has been preceded, at greater or less intervals, by attacks of colicky pains in the ileo-cæcal region. The exudation, which is circumscribed and small at the beginning, is the result of gangrene and perforation of the appendix, and is of purulent or sero-purulent character. The experienced and careful physician will usually be able to recognize

these forms of purulent perityphlitis with certainty.

3. The more superficial a purulent perityphlitic exudation is situated, the earlier an operation is indicated, that is, within the first few days after the occurrence of the initial symptoms. A simple incision is sufficient in most cases, owing to the presence of adhesions.

4. If, however, the exudation is small, indistinct and deeply-situated, we should perform the operation in two sittings, as early as possible after the beginning of the disease, especially if the resistance and dullness disappear on account of the increasing meteorism; for experience teaches that by proceeding in this manner we are able to discover again the purulent deposits, and lay them open without injury to the peritoneum and risk to the patient.

By this treatment, the operation is deprived of its dangers, and even in doubtful cases this procedure is a rational one. The surgical methods described above will enable us to avoid the uncertain results of a spontaneous cure, the dangerous recurrences, and the occurrence of fatal general peritonitis in apparently mild cases.—*Berliner Klinische Wochenschrift*, No. 2, 1891.—*Internat. Jour. of Surgcry*.

#### ON THE NATURE AND TREATMENT OF ECZEMA.

Unna writes on the above subject in the *British Journal of Dermatology*, and makes a strong plea for the specific nature of the disease. He believes that the true and essential cause is the inoculation of a germ, probably of vegetable nature. The germ, however, proliferates in the epidermis and its appendages, only when the soil is suitable for its growth. The various predisposing and exciting causes which have previously been regarded as the sole causative factors must now be regarded only as preparing the nutrient basis for the reception and proliferation of the germ. The congenital nature of the skin (heredity), supervening diseases, especially those which alter the skin secretions (rheumatism, gout), changes in the skin tissue such as take place at the various periods of life (dentition, menstruation, climacteric), and other intercurrent diseases of the skin (acute exanthemata)—can be all considered as predisposing causes, or, better, as pre-existing improvements of the nutrient base. External warmth and moisture, simple inflammations and stases, as well as all external irritants, may be described as exciting causes, or better, as accidental improvements of the nutrient base. The parasitic theory, then, instead of denying all the previous observations which have been made on the ætiology of eczema, requires them as essential auxiliary causes. In defining eczema, Unna modifies slightly the definition of Erasmus Wilson, and

calls it "a chronic parasitic catarrh of the skin, with desquamation, itching, and the disposition to respond to irritation by exudation and well-marked inflammation." The author concludes his interesting article as follows :

1. The treatment of chronic eczema may be considered with advantage under two heads: (a) By the use of antiparasitic measures the germ itself is attacked. This is the direct treatment. (b) On the other hand, by it the epidermis, which is the nutrient soil, becomes less suitable for the growth of the specific germ. This is the indirect treatment.

2. The radical treatment of eczema aims at the destruction of every single germ in the depths of the epidermis.

A disappearance of the eczema efflorescence is by no means equivalent to a thorough cure of the disease, which is, however, always attained by the prolonged and continuous use of specific measures.

3. There are various chronic eczemas, which may be distinguished with certainty by their clinical symptoms and course. They do not by any means always pass through the so-called "stages" of eczema, of which we hear so much, but each form has its own type, its own variations, and of course its own specific treatment. As examples I may quote the eczema of scabies, the seborrhoeic eczema, follicular eczema, and papular eczema.

4. As the therapeutics of these aetiologically different eczemas is not the same, I will limit myself to special suggestions for that variety which is the most common—viz., the seborrhoeic eczema. This begins as a desquamative erythema, similar to pityriasis, and continues as such, or develops either into an oozing eczema or into squamous or crusted psoriasis-like eruptions. When it becomes vesicular it is chiefly from the effect of external irritation.

For the treatment of this eczema we possess as specifics strong alkalis, several metallic oxides, and the reducing group of medicinal agents. In this series of specific remedies the most worthy of mention are caustic potash, zinc oxide, lead oxide, mercuric oxide, sulphur, resorcin, pyrogallol, chrysarobin, and the various kinds of tars.

5. The choice of the remedy and its form of application are determined in seborrhoeic eczema, as in all forms of eczema, by the degree of inflammation which is present.

When the inflammation and oozing are pronounced, the milder specifics are indicated, such as zinc oxide, lead oxide, sulphur, resorcin, in the form of powders, lotions, pastes, and glycerin gelatines. When the inflammation is less and the dryness greater, the stronger specifics such as chrysarobin, pyrogallol, tar, and mercuric oxide, are indicated, especially in the form of salves, salve mulls, plaster mulls, and waterproof dressings.

6. It may be taken as a general rule that among the remedies and modes of application those must be selected for each case which will produce the most powerful effect on the specific germ (direct or indirect) without exciting an artificial inflammation. A really "irritating" treatment is not necessary, even in the case of the oldest and driest eczemas; if only provision is made for thinning down the horny layer (an ordinary sequence), the specific agents will have the desired effect without any irritation whatever. Indeed, an irritating mode of treatment of eczema is only justified on principle when it is used as a test to spots which are apparently healed, in order to recognize the presence of any surviving germs which they may still contain. The alternation of anti-eczematous and provocative treatment corresponds to Tyndall's interrupted sterilization.

7. The only internal remedy which exercises any specific though limited influence on seborrhoeic eczema, and especially on its drier forms, is arsenic. All other forms of treatment of the general organism, and of other organs which have a direct association with the skin (such as the bowels, uterus, kidneys), all baths (except sublimate bath), may be considered only in so far as they may possibly assist the local treatment of the skin in an indirect way.

8. In the search for new specifics against the various forms of eczema their harmlessness for the general organism must be taken into consideration, and with regard to the reducing medicinal agents in particular it must be noted whether there is an absence of irritating property in their oxidation products.—*Jour. of Cutaneous and Genito-Urinary Dis.*

## THE RELATION OF THE CORTEX TO VISION.

Bechterew (*Archiv. Psychiatr. Neurolog., etc.*, 1890, No. 1, Russ) has reinvestigated the whole subject of the relation of the cerebral cortex to vision, and he finds that the area which is associated with vision is very extensive, occupying the whole of the occipital lobe, both on the outer and inner surfaces, and a considerable part of the parietal. In this area are two centres, which to a considerable extent overlap each other. One occupying the part of the parietal lobe is associated with the corresponding half of both retinae, and the other, which occupies chiefly the parietal lobe, but also in part the occipital, corresponds in function to the whole of the opposite retina.

The fact that these two areas overlap so considerably will probably do much towards harmonizing the previous contradictory results at which experimenters have arrived.—*British Med. Journal*,

## DIFFERENTIAL DIAGNOSIS BETWEEN ULCER AND CANCER OF THE STOMACH.

Kollmar says that in the great majority of cases the diagnosis between ulcer and cancer of the stomach is easily made, but that in not rare cases it may be difficult. In some cases the course of ulcer of the stomach is without striking symptoms, and the disease is perhaps first discovered at the autopsy, or makes its presence known by sudden profuse hæmatemesis or by a perforative peritonitis. Cancer of the stomach may also exceptionally exist without peculiar characteristic symptoms, the only symptoms being a steadily progressing marasmus and profound cachexia, without any other recognizable cause. Usually, however, pronounced digestive disturbances, pain in the region of the stomach, and vomiting, with or without admixture of blood, point with certainty to serious disease of the stomach; but whether it is ulcer or cancer must be determined by other considerations.

The points to be considered in the differential diagnosis of the two diseases are, the age of the patient, the character of the pain, the character of the bleeding, the degree of acidity of the gastric juice, the duration of the disease, the condition of the nutrition of the patient, and the presence or absence in the gastric region of a palpable tumor.

As regards age, gastric ulcer is most frequent between the ages of fifteen and twenty years; but it is not rare in old persons. Cancer of the stomach is most frequent between the fortieth and sixtieth years of life, eighty-two of Kollmar's one hundred and eighteen cases occurring during this period. Kollmar's statistics of one hundred and eighteen cases of cancer seen in the last twenty years at the medical clinic at Tubingen, gave an average age of fifty years.

Localized pains, "wound pains," are characteristic of gastric ulcer, but they are not present in all cases, and are found in gastric cancer in the stage of ulceration. Diffuse pains, dyspeptic discomfort, and cardialgia, are common in both diseases. The pain in gastric cancer is usually less intense than that in gastric ulcer.

Hæmatemesis varies greatly in character and quantity in both, but generally profuse hæmorrhages are more frequent in ulcer.

Absence of hydrochloric acid from the gastric juice is not an absolutely certain sign of the presence of cancer. A negative reaction is obtained in some cases of amyloid degeneration of the gastric mucous membrane, in cancer of the duodenum and œsophagus, and in poisoning with acids; and the reaction is frequently negative in gastric catarrh, in atrophy of the gastric mucous membrane, and in persistent fever. A temporary absence is not rare in gastric catarrh and dilatation of the stomach. In the latter diseases the reaction may be obtained by repeat-

edly washing out the stomach. Kollmar reports a case of this kind. A decidedly positive reaction speaks with considerable but not absolute certainty against the diagnosis of gastric cancer; while a negative reaction, because it occurs in other diseases of the stomach, should at least not be regarded as characteristic of cancer.

The duration of the disease is of great importance in the diagnosis. Gastric ulcer runs a very chronic course, frequently lasting years; it may get well and subsequently recur. The course of gastric cancer is different, as it is very exceptional for it to last longer than two years, and usually death occurs much sooner. A preceding history of stomach trouble lasting for years, getting well for a time and then relapsing, is against the diagnosis of cancer even in old persons.

Cancer sometimes, but very rarely develops in the scar of an old ulcer. Kollmar has been able to find only fourteen cases of this kind reported in the literature upon the subject. Details of cases by Dittrich, Meyer, Lebert, Heitler, Platon, Rosenheim, and Kulcke are given. It is not reasonable, therefore, to pay too much attention to these exceptional cases in the diagnosis. Both ulcer and cancer may both be present in one patient.

An important diagnostic point is the condition of the patient's nutrition. Great and early emaciation and cachexia occur in the great majority of cases of gastric cancer, whereas in ulcer the nutrition is often relatively good. But when the ulcer has persisted a long time, and the stomach has become dilated, and frequent vomiting and hæmorrhages occur, the picture of the disease is very much like that of cancer.

A sign, surpassing all others in diagnostic importance, is a palpable tumor in the stomach region, which is almost always present in cases of cancer. It may be simulated by scar tissue about an ulcer, by a sacculated peritoneal exudate, by an hypertrophied pylorus, or by a tumor of a neighboring organ. In such cases watching for the growth of the tumor leads to a correct decision, though in some cases increasing atrophy of the abdominal walls, by making the tumor more readily palpable, has made it appear to grow larger. Reinhard has collected sixteen cases of simple ulcer of the stomach with tumors. In six cases the tumor was caused by hypertrophied pylorus from cicatricial stenosis; in six it was the result of adhesions between the stomach and other organs, caused by the ulcer, and in part also by encroachment of the ulcer itself upon these organs; in three cases there were foreign bodies in the ulcer; and in one case an encapsulated abscess. All the sixteen patients were of an age at which cancers are common: thirteen were women and three men. A tumor of the head of the pancreas may lead to error. In such cases as Rein-

hard's, the duration of the disease is a great aid in the diagnosis.

Kollmar concludes his paper by reporting three interesting cases. In the first case, a woman forty-eight years old had suffered from gastric ulcer for thirteen years. Subsequently a marked tumor and severe cachexia appeared, so that it was supposed that a cancer had developed. The autopsy revealed a gastric ulcer but no cancer was found. The second case was that of a woman forty-six years old who had had a disease of the stomach for twenty-three years. A diagnosis of gastric ulcer was made in spite of the presence of the gravest cachexia, a decided tumor, and the absence of hydrochloric acid in the gastric contents. This diagnosis was confirmed by the autopsy. In the third case, a woman fifty-three years old, with the gravest anæmia and cachexia, had had disease of the stomach for a great many years. The diagnosis was gastric ulcer without carcinoma, and was confirmed by autopsy.—*Berliner klin Wochenschrift*, February, 1891. *Medical News*.

### THE TREATMENT OF BURNS.

In the Friedrichshain Hospital in Berlin the following is the method of treatment of burns employed by Dr. Bardeleben (*Lyon Medicale*, September 14 1890).

The burned surface is first carefully washed with a two or three per cent. solution of carbolic acid or a three per mille solution of salicylic acid. The blisters are then opened, and the entire surface covered with subnitrate of bismuth finely powdered, and over this a layer of cotton wool. This dressing is to be renewed as soon as it becomes at all moistened by discharges from the wound. If the burn is very extensive, an ointment of bismuth is substituted for the dry powder.

Dr. Bardeleben asserts that with this dressing cicatrization is much more rapid and suffering much more quickly relieved than is the case with any other form of treatment.

He states that, in spite of the large quantity of bismuth which he has employed, he has never seen any symptoms of poisoning follow its use. *Therapeutic Gazette*.

### CROUPOUS PNEUMONIA.

John Playfair, M.D., in *Edinburgh Med. Jour.* says:—The treatment should be mainly expectant, and therefore little need be said of it. Continuous hot moist applications to the chest were not employed. Such applications I believe do harm. They impede the movements of the chest by their weight, tend to increase fever, and generally are anything but comfortable.

All the counter irritation required is secured by the application, to the back of the chest, of a

few hot linseed meal poultices sprinkled over with a little mustard. Each poultice should be kept on for about twenty minutes, and in the intervals the chest enveloped in a light layer of cotton wool. Internally if the cough is troublesome, an occasional dose, according to age, of a mixture of equal parts of syrup of tolu and syrup of chloral should be given. If the patient seems to be getting exhausted, and the pulse becoming rapid and feeble, the chloral and tolu mixture should be stopped, and a mixture of carbonate of ammonia, tincture is often required about the time of the crisis or immediately after, as already mentioned. Alcohol was also usually given at this time.

As regards antipyretics, I find tepid sponging is by far the safest and most effective means of bringing down temperature in children. It is easily carried out, and a skillful nurse can sponge the patient as often as necessary without in the least disturbing or exposing him. My rule is to sponge whenever the temperature reaches  $102\frac{1}{2}^{\circ}$ , and to do so every two hours till the fever is reduced two degrees. Antipyretics, such as antipyrin and antifebrin, are given in some cases also, and usually with good effect. Occasionally, however, the effect is greater than expected; and the consequent exhaustion more pronounced than desirable. For that reason, chiefly, I prefer the sponging, unless in a case of hyperpyrexia, as in cases where the temperature runs to  $106^{\circ}$  and  $107^{\circ}$  when antipyrin and antifebrin should be used and the wet packs also resorted to. I prefer antipyrin to antifebrin as being decidedly less depressing.

During convalescence, iron, maltine, and cod-liver oil are the chief medicinal agents relied upon.—*Archives of Gynecology, Maryland Med. Jour.*

### ICHTHYOL TREATMENT.

From the Univ. Female Clinic at Strassburg, new contributions to the treatment of certain womb troubles with ichthyol, by Hermann W. Freund, in Strassburg.

We received a paper reprint from the *Berliner Klinische Wochenschrift* No. 11, 1870, discussing the good effects obtained from the ichthyol treatment. In the v. Braun Clinic at Vienna, 100 cases were treated by Dr. Reitman and Schonauer with this remedy, showing good results. A five or ten per cent solution of the ichthyol in glycerin is used in the form of tampons, also in suppositories.

Very good results were obtained in old perimetritis exudations after other means had failed. No bad results from ichthyol were as yet observed.

The author has used this remedy in many cases of endometritis, both cervical and corporeal. The procedure in these cases is as follows: The first few days rest in bed with antiphlogistic

measures and tamponing of vagina with ichthyol glycerin. The inflammation goes rapidly down, then an application to the uterus of pure solution of sodium ichthyol and daily washing out with a warm astringent solution. The author uses sod. chloride.

The application of ichthyol is only necessary once a week. Observation for months afterwards of these cases showed their entire cure; two of these cases were of gonorrhœal nature. But the most marked and prompt benefit was gained from this remedy in cases of chronic corporeal endometritis.—*Maryland Med. Jour.*

#### THE TIME OF DAY FOR OPERATIONS.

There is considerable difference of opinion amongst surgeons as to whether it is best to operate early in the morning or in the afternoon. Many prefer the morning. They say that the patient is saved the suspense of being kept waiting till the afternoon, and the surgeon has the better chance of a good supply of sunlight or its equivalent in this country. Both these reasons have considerable force. Other surgeons maintain that early operating implies a sleepless previous night. The shades of evening, a greater promoter of sleep than blinds and screens, come on sooner when the operation is performed in the afternoon. This physical fact also implies greater chances of rest in another respect, for there is less fear of subsequent disturbance from noises inside or outside the house when the surgeon operates late. Long operations may seriously tax the surgeon's strength and nerve, and in this respect again the afternoon is better for operating than the morning. In private practice and wherever freedom from noise and plenty of warmth can be ensured, the morning is probably the best time, especially in the summer. As far as light—a most important factor—is concerned, the time of day makes little difference at this time of the year in London, though the danger of a sudden darkening of the atmosphere is, perhaps, greater in the afternoon.—*Brit. Med. Jour.*

#### GUAIAC AS A LAXATIVE.

Murrell (*Medical Press and Circular*) thinks that guaiac is a valuable laxative. His attention was drawn to the subject, two years ago, by casually prescribing guaiac lozenges made up with black-currant paste, for a man suffering from rheumatism. The man continued taking the lozenges long after the pain had ceased, and in explanation said that they did him good by acting on the liver and bowels, and said that one or two lozenges taken in the morning before breakfast produced a stool promptly and without inconvenience. The author ordered the lozenges others of his patients suffering from con-

stipation, and what is conventionally called "biliousness," and the results were equally satisfactory. The lozenges not being available for hospital use, he had a confection prepared containing ten grains of guaiac resin to one drachm of honey. This, for the last two years, he had used extensively not only as a purgative, but in the treatment of chronic rheumatism, sciatica, tonsillitis, dysmenorrhœa, and allied affections. He gives from one to two drachms three times daily. The purgative effect is very pronounced, and in one case the patient had fifty-six evacuations in one week. In another case it produced a well marked rash, covering the arms and legs with an eruption which forcibly reminded one of a copaiba rash. It was accompanied by intense itching which disappeared on discontinuing the drug. The guaiac not infrequently gives rise to a burning sensation in the throat, and to obviate this he prescribes ten grains of the resin in half an ounce of extract of malt. He believes that a trial of guaiac, either as a laxative or purgative, according to the dose employed, will be found satisfactory. It is possible that if the drug were triturated with cream of tartar, or with some inert substance, such as sugar of milk, its efficacy would be increased, and that it would produce the desired effect in smaller doses.—*London Medical Recorder*, November 20, 1890. *Medical News.*

#### RESORCIN IN DIPHTHERIA.

Heft 9, 1890, *Centralblatt f. d. Gesamte Therapie* brings an article on the value of resorcin in diphtheria, being a very active antiseptic and harmless even in solution, containing ten per cent. of it. A ten per cent solution in glycerin penetrates the tissues rapidly. At the St. Lazare Hospital it has proved servicable in diphtheria.

It should be used every one or two hours, day and night, locally to the diseased spots. A spray of a five per cent. solution should be kept up in the room of the patient, and further, two to four teaspoonsful of a two per cent. solution of resorcin in syrup terebinth. should be administered daily.

In diphtheria of the larynx resorcin was of little value.—*Maryland Med. Jour.*

#### APPLICATION FOR CHRONIC PHARYNGITIS.

The *Canada Lancet* quotes the following prescription for the treatment of chronic pharyngitis:

R.—Ergotin 15 grains.  
Tincture of iodine 1 drachm.  
Glycerin 1 ounce.—M.

To be applied three times daily, with a soft brush,

## TREATMENT OF GASTRIC ULCER.

Donkin (*Wiener Medizinische Presse*, November 2, 1890) thinks that the best results in the treatment of gastric ulcer are obtained by giving the patient neither food nor medicine by the mouth, and relying upon rectal alimentation. He does not believe that gelatin suppositories and peptonized preparations have any advantages over beef-tea and milk in rectal feeding. The patient should receive at intervals varying in different cases  $2\frac{1}{2}$  ounces of beef-tea and from  $\frac{1}{2}$  to 1 ounce of brandy either with or without the yolk of an egg. An equal amount of milk may be substituted for the beef-tea, or the enema may consist of equal parts of each. It is necessary to wash out the rectum before each injection and if it becomes very irritable a few drops of laudanum may be given with each enema. By the mouth, the patient may be occasionally given a small piece of ice but absolutely nothing else. Morphine, given subcutaneously to allay the pain, the author considers the most useful drug that we have in the treatment of gastric ulcers.

In Donkin's experience this treatment causes the gastric symptoms to disappear in from ten to nineteen days, when in addition to the enemata small quantities of milk and bouillon may be given by the mouth. The author has also adopted this method in the treatment of many obstinate cases of dyspepsia.—*Med. News*.

## SOMNAL.

As a result of several experiments upon animals and fifty-four administrations to man Dr. W. Gilman Thomson (*New York Medical Journal*, Nov. 29, 1890) comes to the following conclusions:

1. The effects of somnal are much more striking and certain than those of urethan, and far less depressing than those of chloral.

2. There is no vertigo or depression after taking somnal, such as may follow the use of sulphonal.

3. The action of somnal is usually very prompt, and doses of half a drachm disguised in a little syrup of tolu or whiskey are always well borne, easily taken, and entirely without deleterious effects.

4. The drug in doses of a drachm is not powerful enough to control decidedly delirium tremens, maniacal delirium, or severe pain.

5. In doses of from thirty to forty minims somnal is a safe and reliable hypnotic for ordinary insomnia.—*Medical News*.

TO REMOVE THE SMELL OF IODOFORM FROM THE HANDS.—For this purpose Bienert recommends (*Pharm. Zeitschr. Russl.*) washing the hands once or twice with flaxseed-meal in water. He states that the odor very quickly disappears.—*Medic. Bulletin*.

## NATURE, ETIOLOGY, AND TREATMENT OF SCROFULA.

Scrofula was considered for a long time as a disease (Lugol) with a prodromal period which was designated the "scrofulous habitus." The course of the disease was divided into four periods: The first was characterized by the appearance of eczema, impetigo, nephritis, chronic coryza, otorrhœa, enlarged tonsils, and acute suppurating adenitis. The distinguishing characteristics of the second stage were various affections of the skin and mucous membranes, followed by exuberant ulcers, and chronic suppurating cervical adenitis, leaving fistulæ and depressed cicatrices. In the third period were grouped cold abscesses, glandular enlargements, periostitis, hyperostoses, caries, necrosis, and "white swellings." The fourth period comprised diseases of the viscera, bronchial, pulmonary, and pleural tuberculosis, scrofulous lesions of the prostate, bladder, kidneys, testicles, ovaries, vertebrae, and brain, together with amyloid degeneration.

This theory has been entirely abandoned, owing to the advance in bacteriology and pathology during the past thirty years. To-day we recognize the scrofulous diathesis, a condition which predisposes to certain affections, such as the dermatoses and catarrh of different organs, which, however, are not specific, as was formerly believed. These different diseases do not at first present anything peculiar in their symptoms and development, but at length it will be noticed that their progress is not as frank as it should be, the inflamed parts become hypertrophied and tumefied, resolution not being complete. The disease has a tendency to become chronic, in which state the least cause gives rise to a subacute condition. There is thus established a predisposition which renders more easy the development of scrofulous diseases, catarrhs, inflammations of the skin and mucous membranes, which by their repetition and chronic tendency, produce the so-called "scrofulous habitus." Associated with this diathesis there is thickening of the upper lip and alæ of the nose. There is, however, nothing specific in this condition. As to the causes of this diathesis: First, it is hereditary in the full meaning of this term—a scrofulous parent transmits the disease to his child. Second, the general condition of the parents at the time of the procreation of the child exerts an influence upon the nature of its tissues and their future nutrition. An aged, sick or syphilitic father may engender a scrofulous child, while sickness, persistent vomiting, or hæmorrhages in the mother during gestation may have the same influence upon her offspring.

Again, the scrofulous diathesis may be acquired during the first months of a child's life, through bad hygiene or sickness. It may also be induced by an artificial or incomplete lacta-

tion, either because the nurse is too old or the milk too poor, or too rich in fats. Premature feeding of a child with coarse foods, and the gastro-intestinal diseases which result from it, with their attendant symptoms of vomiting, diarrhoea, acid fermentation, and intestinal or gastric dilatation, may also induce scrofula. An interesting fact, and one which is undeniable, is the close relation existing between joint affections and scrofula. The children of gouty and diabetic people, the most typical arthritics, are often scrofulous. These children are greatly predisposed during their first years to the same diseases as are the children of scrofulous people.

As regards treatment, it is necessary to improve the nutrition, and to favor tissue change. The hygiene of the mother should be looked after during pregnancy, a good nurse should be provided for the baby, and its feeding carefully attended to. Later, the baby's food should be selected with reference to the proportion of proteids and fats. The function of the skin may be maintained by dry frictions, salt and sulphur baths during the winter, and cold baths or douches during the summer. Sunlight, exercise in the open air, alternate sojourns upon the plains and in the mountains, avoidance of damp climates, and abstinence from alcoholic as well as stimulating drinks like coffee and tea, are essential in the treatment. The drugs to be employed are the iodides, iodoform, arsenic, iron, and tannin, which should be used alternately.—Gendre, in *Journal de Maladies Cutanées*, December, 1890. *Medical News*.

#### TREATMENT OF CYSTITIS IN WOMEN.

According to Gaubet (*Archives de Tocologie et de Gynécologie*, January, 1891), the treatment of cystitis in the woman comprises: 1. Urinary antiseptics; 2. Medical treatment; 3. Medico-surgical treatment; and lastly, true surgical procedures. An antiseptic condition of the urine is best produced by the administration of salol, which, under several experienced observers, has given excellent results. The borate of sodium, according to Terrier, has given rise to gastric troubles, while the benzoate of sodium and benzoic acid have been proven to be inefficient in producing the desired effect. Bazy having tried salol, found that the drug is very well borne, even by the most delicate and rebellious stomachs, in doses of one and a half drachms, although one-half to one drachm is generally sufficient. This occasionally, not always, causes a diminution in the pain and smarting during micturition. The elimination occurs generally on the first day, but may be delayed twenty-four hours, and it may continue during one or two days, and even more, after the stoppage of the drug. The cases in which salol acts most efficaciously are the purulent catarrhs of the bladder, and in such cases it should be given in doses of

from fifteen to thirty grains. Salol does not act, however, to any appreciable degree upon suppurations of the urinary passages.

Antiseptics of the urinary passages, finally, is completed by observing perfect antiseptic measures in regard to the instruments which are used. Boiling water is generally sufficient to disinfect all metallic instruments. Should the bladder require washing out, it should be done with sterilized instruments; and the fluid used should be a solution of boric acid or of dilute silver nitrate. In patients in whom the entire organism has become infected, it is necessary to prevent the infection from becoming aggravated by suppressing the cause as far as is possible. This requires a careful investigation into the condition of the bladder, the ureters and the kidneys. Secondly, elimination of the poison by the natural emunctories should be facilitated; by the skin through the aid of sudorifics; by the kidneys, by means of revulsives over the lumbar region and large quantities of diluent drinks. It is also necessary to destroy the poison in the system by means of quinine, and to increase the resisting powers of the patient by the use of tonics. To repeat, antiseptics of the urinary passages comprises the administration of salol in half-drachm doses daily for two or three days before the operation, intra-vesical douches of boric-acid water (3 part to 100), and the disinfection of the instruments employed.

The medical treatment of cystitis includes primarily injections of morphia. Barley-water, linseed tea, and other diuretics will calm the pains attendant upon micturition, by freeing the urine from its irritating properties. The mineral waters have little action in the treatment of painful cystitis. Rest is an important element in the management of these cases. Opium, chloral, bromide of potassium, and belladonna should be given for the pain, and purgatives and enemata for the relief of the constipation.—*Med. News*.

#### ARSENIC IN PHTHISIS.

Ladendorf employs the following solution of arsenic in hypodermic injections to reduce the fever of phthical patients:

Fowler's Solution,	M xxx
Distilled Water,	3 iiss
Hydrochlorate of Cocaine,	grs. i

About 15 minims of this is injected every third day.—*Medical News*, January 4, 1891.

#### TREATMENT OF GALL STONES.

The usefulness of pilocarpine seems to be increasing. According to the *Bulletin Gen. de Therap.*, Lekarckie makes the assertion that pilocarpine is almost a specific in the treatment of gall stones. It relieves at once the pruritus of jaundice. The dose hypodermically is one-eighth of a grain twice a day. Thirty cases have been treated successfully.



## RESORCIN IN DIPHTHERIA.

Leblond and Baudier have shown that in resorcin we have an antiseptic of the first rank. Its easy solubility in all fluids, its rapid evaporation by heat, in addition to the completeness with which it mixes with air, render it suitable for the destruction of all pathogenic microorganisms. Roux and Yersin have demonstrated that diphtheria attacks only open wounds, consequently all further injuries to the parts affected ought to be carefully guarded against; therefore all mechanical modes for the removal of the diphtheritic membranes are to be avoided; and the same may be said of the use of drugs for a like purpose. The latter are particularly dangerous on account of any excess which may fall on healthy tissues, so preparing fresh ground for the morbid process. Any antiseptics which may be used ought not to have injurious effects on the healthy parts not attacked. Such an antiseptic is a 10 per cent. solution of resorcin in glycerine. The solution should be applied by means of a brush every hour during the day, and every two hours during the night; the air of the room should also be kept saturated by means of a spray apparatus containing a watery 5 per cent. solution of resorcin. The conclusions arrived at by Andeer, of Munich, in a summary of the subject are: (1) When the larynx is not affected the disease usually disappears in from six to ten days. (2) If the treatment is adopted at the commencement of the attack the formation of membrane is very slight, and the larynx usually escapes. (3) In advanced cases, if the glands are swollen and *plaques* of membrane numerous over the back of the throat, after forty-eight hours' treatment by resorcin the swelling of the glands begins to subside, and the formation of any fresh membrane is prevented. (4) In all cases the general state of the patient remains satisfactory, the sustained appetite and clear voice proving that there is no serious constitutional affection. (5) If the larynx is attacked resorcin is not so beneficial; nevertheless, the drug may still be used advantageously by fumigation and pulverization, if there be sufficient space in the larynx to prevent asphyxia, or if tracheotomy is likely to prove of permanent relief.—*Lancet*, December 20, 1890.

## PATHOLOGICAL ANATOMY OF TIC DOULOUREUX.

Dr. C. L. Dana, in a paper on this subject, says that inveterate trigeminal neuralgias are usually caused by local disease, such as bony tumors, aneurisms, or syphilitic exudations; but the ordinary cases of tic douloureux occurring after middle life, affecting chiefly the second branch of the trigeminus, are not due to such cases. Little is known of its anatomy, it being generally believed that the disease is a neurosis. Anstie was of the opinion that tic and other

chronic neuralgias were due to atrophic changes in the root and sensory ganglia. Dr. Dana suggests that many cases of tic were due to an obliterating arteritis of the nutrient vessels of the nerve. His reasons for this are: (1) That the disease occurred only at the time of life when degenerative changes in the arteries began. (2) That it affects chiefly and primarily one of the terminal branches of the internal maxillary. If it extended or recurred, it involved the inferior dental. It rarely seriously affected the supra-orbital nerve, which was supplied by a branch of the internal carotid. Hence, the disease followed a certain fixed vascular distribution. (3) That he had examined four superior maxillary nerves, removed in typical cases of tic douloureux; in none were there any noteworthy changes in the nerves. In three of them, striking evidence of arterial disease was found. In the fourth case no blood vessel was present in the specimen. (4) The view that an obliterating arteritis was a factor in this disease was strengthened by therapeutic experience. Nitroglycerine, would sometimes relieve pain instantly and prevent a return for a long period of time. Aconite, which was so useful in this disease, also lowered blood-tension; while potassium iodide, which sometimes favorably modified arterial disease, was occasionally useful in tic. (5) That there was unquestionable evidence that the removal of the peripheral nerves sometimes cured tic entirely, and hence the disease was peripheral and due to some peripheral irritation. (6) Certain authors had recently stated that by a new method of injection, they had been able to discover a closer and more extensive relationship between the nerve trunks and blood vessels than had hitherto been known, and they suggested, in their conclusions, that disturbances in the blood supply might be a serious factor in causing neuralgia. The author then gave the histories of cases, which he considered typically corroborative of his theory. He adduced positive facts that the trigeminus and its roots, and even nuclei and deep roots were not diseased even in old and typical cases. In all cases where the vessels were examined, striking disease was found to be present. Circumstantial evidence was found by therapeutic experiment, and the general etiology, and anatomical distribution of the vessels and of the pains.—*Journal of Nervous and Mental Diseases*, January, 1891.

## PILL FOR TUBERCULOSIS.

The following is the formula of a pill, recommended by Chauvin, in tuberculosis:

R Iodoformi,	gr. ʒ
Pulv. Doveri,	gr jss.
Ext. gentian,	q. s.
M. et. ft. pil. No. 1.	

Sig. Take one of these pills thrice daily during meals.—*St. Louis Med. and Surg. Jour.*



## PHTHISIS; ITS CLASSIFICATION, EARLY DIAGNOSIS AND RELATION TO CHRONIC PNEUMONIA.

Dr R. Page believes that phthisis, as now generally understood and accepted, implies pulmonary tuberculosis, the germ of which is Koch's tubercle bacillus. It might be acute or chronic; but whether its progress be slow or rapid, or whatever form it may assume, there is but one phthisis, and that is tubercular. The prognosis of either form of chronic phthisis, catarrhal or fibroid, depends much on an early diagnosis. If the top of the left lung is affected an early diagnosis is much easier than if on the right side; since in health the patient already has exaggerated fremitus and petrophony on the right side, as well as slight dulness on percussion and rude, or vesicuto-bronchial respiration. These four signs of incomplete consolidation are seen in incipient phthisis, if they occurred on the left side. In addition to these, some localized adventitious sound is necessary. As chronic phthisis of either form usually begins as a localized tubercular capillary bronchitis, the first adventitious sound usually heard is the sub-crepitan or muco-crepitan rale. Any localized adventitious sound, however, in a suspicious case aids in a diagnosis of phthisis, whether it is the mucous click, an intra-pleural rale, etc. Frequency of the pulse and anorexia are among the earliest signs. Hemoptysis, if it were not explained by the presence of heart disease, would be almost conclusive. If the bacillus were found that, of course, would be sufficient evidence of the disease. In conclusion, he emphasizes the necessity of early diagnosis and prompt administration of remedies.—*New York Medical Journal*, February 21, 1891.

## TREATMENT OF TRACHOMA WITH THE BICHLORIDE OF MERCURY.

Drs. Gast and Otto Keining (*Deutsche Medizinische Wochenschrift*, Oct. 9th, 1890) advocate a method which they have found so efficient, that cases which have been under treatment by other means for long periods have been cured in from two to six weeks, even when there has been extensive pannus. The eye is first thoroughly irrigated with corrosive sublimate, 1 to 3,000, and then the lids are everted and firmly rubbed with a hard pad soaked in the same solution. If the ocular conjunctiva is affected, it is treated in the same way, any bleeding from granulations being disregarded. The frictions employed are proportionate to the severity of the case. When the granulations are so firm that the frictions do not evacuate their contents, they are squeezed out by cilia forceps. The treatment is repeated daily. Some reaction follows, but this need not prevent a repetition of the process. There is always rather free secre-

tion at first, but this disappears after the third to fifth day of treatment. To remove the secretions, the eyes are bathed, for an hour three times daily, in warm solution of the bichloride, 1 to 10,000, and the same plan employed when there is itching of the lids. If the lids swell considerably, the treatment is discontinued, and the lids are brushed with a milder solution. Sometimes membranes form on the conjunctiva; these should be allowed to come away spontaneously.—*Cuff. Med. and Surg. Journal*.

## MERCURIAL STOMATITIS.

In writing upon the subject of mercurial stomatitis Fournier claims that every time that mercury is administered it is at the risk of developing stomatitis. All the mercurial compounds, however, are not equally dangerous in this respect, and the mode of administration also has a bearing upon the production of stomatitis. The administration of mercury by inunctions is the mode which predisposes most markedly to this complication. If properly made—that is, not extending the application over a longer space of time than ten minutes, or using a larger amount than one drachm—inunctions are generally well borne; notwithstanding, it is necessary to watch the gums. If used in larger amounts than one drachm, even one and a half drachms *per diem*, salivation is apt to occur. This stomatitis is abrupt in appearance, and is more intense at first than that which follows the administration of the drug by the mouth. Fournier claims that the hypodermic injection of mercury, which was formerly believed to be free from the danger of producing salivation, is usually followed by disastrous effects within a few days.

There are certain conditions favoring the appearance of stomatitis during the administration of any of the preparations of mercury. Among these are *idiosyncrasy* and *a bad state of the mouth*, with a tendency to stomatitis. It is wise, therefore, to inquire into the history of the patient as to any susceptibility to mercury, and, in all cases, to make an examination of the mouth. The presence of the teeth is also a factor in the production of a stomatitis of this kind. Salivation never occurs in the newborn, nor does it occur in toothless old people. Workers in mercury mines suffer from frightful attacks of stomatitis until they lose their teeth, after which they have no further trouble. Sex, also, has a peculiar influence, women being much more susceptible than men to the effects of the drug. Denudation of the skin is a marked predisposing cause, and the dressing of vulvar mucous patches with a mercurial pomade has frequently resulted in an inflammation of the mouth. The genital surfaces are especially sensitive to the action of mercury, and a single inunction upon the scrotum may determine a stomatitis.—*Med. News*.

## THE EMPLOYMENT OF SPANISH MOSS AS A SURGICAL DRESSING.

Dr. Louis McLane Tiffany, of Baltimore, recommends the use of Spanish moss (*Tillandsia usneoides*) as a soft and elastic wound-dressing. This is prepared for commerce by being dried and beaten so as to free it from bark.

He usually has the moss made into cushions or pads of about six inches by four inches, and two inches thick, cheese-cloth being the material employed as a covering. The pads have been made of other dimensions; in one or two cases of mammary extirpation with extensive axillary dissection, pads large enough to envelop nearly one-half of the thorax were employed, but he finds no advantage in the use of such large cushions, and the size given has proved very generally applicable.

The pads are adjusted outside of a gauze-and-cotton dressing, and the bandage applied snugly, the elasticity of the moss serving to distribute the pressure evenly about the chest wall, as after a deep axillary operation. He has been especially pleased with the pads. A fact of a good deal of importance is that when exposed to the action of moist heat in a sterilizer the moss remains elastic, so that the cushions are prepared with the other dressings for each operation.—*Medical News*.

## TOMATOES AND CANCER.

Why or wherefore, it is impossible to say, but in some unaccountable fashion the impression has come largely to prevail among the public that tomatoes are a cause of cancer, and that for this reason the delightful vegetable in question must be eschewed. The only connection that we know of between cancer and tomatoes is that within past years there has been a large augmentation in the death rate from cancer, and an enormous increase in the consumption of tomatoes.—*Medical Press*.

[The real reason for the above statement is that some year ago some myopic investigator claimed that he found in tomato juice a cell that looked like cancer cell. He was fool enough to give it as his opinion that therefore cancer was caused by eating tomatoes.—*Am. Practitioner*.

## WARM SUBLIMATE SOLUTIONS.

Dr. Ahl has found, on the ground of numerous bacteriological and clinical experiments, that an application of heat to sublimate solutions increases their antiseptic powers, and at the same time diminishes their poisonous and corrosive effects. His conclusions are as follows: 1. The antiseptic action of a solution is increased by heating it above 40° C. (2) A solution of 1-20,000 or even 1-10,000, heated to 40° C., may be used without danger in penetrating wounds

of the lung, pleura, or peritoneum. The bactericidal effect corresponds to that of a 1-500 cold solution. (3) A solution heated to above 40° C. stimulates the formative properties of the tissues and accelerates the healing process. On the other hand, a cold solution of 1-1,000 has less antiseptic action than a warm solution of 1-10,000, because the latter penetrates more deeply. (4) The cut surfaces unite more rapidly than when a cold solution of 1-500 has been employed, because of the absence of caustic effects. (5) Warm and weak sublimate solutions may be used with perfect safety as regards poisonous and toxic effects.—*Internat. Pharmac. General-Anz.*

## ANOTHER REMEDY FOR PERSPIRING FEET.

The Medical Press says that Dr. Winogradoff recommends a 5 to 8 per cent solution of chloride of zinc as an application for the prevention of undue perspiring of the feet. He begins by ordering the feet to be well washed in tepid water, and then dabs on the solution, wiping off the surplus a few minutes later. The application is best made at night, and may require to be repeated a week later. It acts as a caustic, destroying the sudoriferous glands, and should never be used except by the medical man himself.

## TREATMENT OF ERYSIPELAS.

Dr. Koch treated numerous cases of erysipelas with the following ointment:

R Creolin,	3 i.
Iodoform,	3 iii.
Lanolin,	3 i.

This ointment is spread as an even, smooth layer over the affected skin and its surroundings, on an area of at least two to three inches to the outside of the inflamed parts. The whole is covered by a piece of mackintosh. Dr. Koch selected creolin in the above prescription because he thought that it was possessed of first-class disinfectant properties, without sharing the dangerous after effects of carbolic acid. Iodine, which is derived from the decomposition of iodoform, stimulates absorption of inflammatory products. Lanolin has been chosen because it penetrates the skin best of all ointment bases.—*Amer. Prac. and News*.

## CHRONIC GONORRHOEA.

Dr. Roieki recommends injections of ergotine in chronic gonorrhoea. He recommends it as a promptly acting remedy. The injections of the same are borne very comfortably by the patient. He prescribes it in the following formula:

R Ergotine,	grs. vj.
Aq. dest.,	ʒx.

M. Sig.: Three to six injections daily.—*Deut. Med. Woch. Med. Review*.

## ITEMS OF INTEREST TO THE PROFESSION.

## TREATMENT OF BALANITIS.

Dr. W. R. Chichester states that he has obtained good results from the employment of the following (*Med. Rec.*) :

R	Atropiæ surphatis,	gr. i
	Zinci sulphatis,	gr. ij
	Acid. boracic,	gr. v
	Aquæ destillat.,	ʒj

M.

Sig. Apply two or three times a day with a brush.

He further states that this is open to any modification which the case suggests.

MIXTURE FOR DISSOLVING DIPHTHE-  
RITIC MEMBRANES.

Caldwell is stated by the *Medical News*, to recommend the following solution for this purpose :

R	Papain	ʒ ijss.
	Hydronaphthol,	grs. ij.
	Acid. muriatic.,	gtt. xv.
	Aq. destillat.,	ʒ ij.
	Glycerini,	ʒ ij.

M.

Sig. Apply to the affected parts every half hour by means of an atomizer.

## COPPER IN CHLOROSIS.

Luton has recommended the following formula, from the use of which Dr. Liègeis has obtained excellent effects in chlorosis :

R	Neutral acetate of copper	gr. ʒ
	Crystallized phosphate of so- dium	gr. ʒ
	Liquorice powder,	
	Glycerin,	āā q. s.

M. ft. tal. pil. No. 12.

Sig. One pill immediately before the morning and evening meal.—*St. Louis Med. and Surg. Jour.*

## CYSTITIS IN WOMEN.

The *Journal de Médecine de Paris* gives the following prescription for cystitis in women :

R.	Citrate of potassium,	½ ounce
	Fluid extract of triti- cum repens,	} of each 1 "
	Tinct. of belladonna	
	Fluid extract of buchu,	½ "
	Water, a sufficient quantity to make	4 "

A teaspoonful in a wineglassful of water three times a day.—*Med. News.*

## CRAYONS FOR ENDOMETRITIS.

Terrier recommends the following :

Powd. Iodoform,	10.
Powd. Gum Tragacanth,	.5

Glycerine and distilled water enough to make 10 crayons.

These are recommended in mild cases, when dilatation and exploration do not seem necessary. Either salol or resorcin may be used instead of iodoform, and in the same quantity. If the bichloride be preferred, it may be ordered as follows :

Mercuric Chloride,	.5
Talc Powder,	25.
Tragacanth Powder,	1.5

Glycerine and distilled water enough to make 50 crayons.

The vagina is first disinfected by bichloride solution (1:1000), then the crayon introduced and maintained in place by a tampon of iodoform cotton.—*Gazette de Gynécologie*, January 15, 1891.

PRESCRIPTIONS FOR CONSTIPATION  
OF PREGNANCY.

The following prescriptions are given by the *Revue Général de Clinique et de Thérapeutique* for this condition :

R.—Rhubarb,	2½ drachms.
Boiling water,	4 ounces.

Make into an infusion and add carbonate of magnesium 2½ drachms, and manna 1 drachm. Order a tablespoonful of this every hour.

R.—Phosphate of sodium,	6 drachms.
Distilled water,	4 ounces.
Syrup of raspberry,	6 drachms.

A dessertspoonful of this may be given every half hour or hour.

Finally, if acidity of the stomach exists, the following may be given :

R.—Calcined magnesium,	2½ drachms.
Manna,	1 drachm.
Distilled water,	8 ounces.

A tablespoonful every hour until a purgative effect is produced.—*Med. News.*

## CANTHARIDAL COLLODION.

The following method of preparing cantharidal collodion is noted by the *Revue Général de Clinique et de Thérapeutique* :

R.—Cantharidin,	15 grains.
Castor oil,	1½ ounces.
Acetone,	1½ "
Tincture of cannabis indica,	2½ drachms.
Collodion,	1½ pints.

The cantharidin is to be powdered and dissolved in the castor oil with the aid of heat. After it is cooled the acetone and the collodion, and finally the tincture of cannabis indica, are to be added.—*Med. News.*

## ANÆSTHETIC MIXTURES.

The following formulæ for the preparation of the anæsthetic mixtures, are given in the *Medicinishe-chirurgische Rundschau*. The A. C. E. mixture, according to this journal, is made by taking :

R.—Alcohol, 1 part.  
Chloroform, 2 parts.  
Ether, 3 “

Another method of making it is to use :

R.—Alcohol and ether, 1 part.  
Chloroform, 3 parts.

With some the anæsthetic mixture is made by adding 4 parts of chloroform to 1 part of alcohol.

—*Med. News*.

## POWDER FOR ACUTE ECZEMA.

*La Semaine Médical* gives the following prescription of Alexin-ki for this condition :

R.—Oxide of zinc, 15 grains.  
Subnitrate of bismuth, 30 “  
Powdered starch, 1½ drachms.  
Powdered lycopodium, 1½ “

This powder is to be dusted over the parts which are affected, night and morning.—*Med. News*.

## ARISTOL FOR FISSURED NIPPLES.

Vinay, in *Lyon Medical* has recommended the employment of aristol in the treatment of fissured nipples occurring during lactation. He uses it in cases in which there is much ulceration and pain. The mixture is as follows :

R.—Aristol, 1 drachm.  
Liquid vaseline, 5 drachms.

This is to be applied to the breast and carefully wiped off before the child nurses. After its employment the pain diminishes and cicatrization goes on rapidly. In cases in which the glands become much involved this preparation of aristol may be rubbed into the enlargements with advantage.—*Med. News*.

## VOMITING OF PREGNANCY.

In the incoercible vomiting of pregnancy, the following is recommended by Huchard :

R. finct. iodini  
Chloroformis āā..... ̄̄ ss.

M. Sig. : Five drops, morning and evening, at meal-time in water.

CAMPHOR A SOLVENT FOR IODOFORM.—Camphor increases the solubility of iodoform in alcohol and ether. While one hundred parts of alcohol ordinarily dissolves not more than one and one-fourth parts of iodoform, the same amount of a saturated solution of camphor is capable of taking up as much as ten parts.—*Cincinnati Lancet-Clinic*.

## INHALERS FOR CHLOROFORM AND METHYLENE.

The death from methylene, which we recently reported, has called forth various expressions of opinion concerning the methods of using chloroform and its ally methylene. Sir Spencer Wells has consistently advocated the employment of methylene, and has more than once indicated the way in which he believes that substance can be best administered. Methylene, whether it be a true chemical body or diluted chloroform, clearly acts very much as chloroform does, and hence must be watched and used with equal circumspection. By the employment of Junker's inhaler, especially that form recently introduced by Messrs. Rhone and Seseman, a very precise dilution of the anesthetic can be effected. If twenty respirations are taken per minute, and two drams allowed as the quantity used in fifteen minutes, two-fifths of a minim will be evaporated for every respiration; but only one-half of this is actually inhaled, the rest being blown away during expiration. If six drams last an hour, as Sir Spencer Wells asserts, only three-tenths of a minim will, taking the average, be evaporated per respiration. The greatest quantity of the anesthetic is, of course, required to establish initial anesthesia, very small quantities being needed to maintain the patient in that state. So that the larger dose, two-fifths, of a minim, probably represents approximately the amount of the drug inhaled at the commencement, while the smaller, three tenths of a minim, is taken at the close of the operation. For it is certain that as the layer of chloroform becomes thinner and thinner by evaporation, the quantity of vapor taken up by the air blown through it becomes less and less. The use of a flannel mask, by insuring full and free expiration, certainly enhances the value of the inhaler by increasing its safety. The fact should never be lost sight of that many of the dangers ascribed to chloroform and its congeners are in fact due to the imperfections of the methods used in their exhibition.—*London Lancet*.

## QUILL DRAINAGE TUBES.

Dr. Newell (*Medical Record*) states that Dr. Beach is using for drainage large sized goose-quills, perforated at intervals and preserved in sublimate or carbolic acid solutions; they are said to be unirritating.

## ERYSIPELAS.

Rosenbach claims to obtain brilliant results by just washing the parts and the surrounding skin with soap and then applying each day a solution of carbolic acid (five per cent) dissolved in absolute alcohol.

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MONTREAL, MAY, 1891.

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APOSTOLI AND DANION.

The March number of one of our exchanges, *The International Review of Electrotherapy*, is largely taken up by a long and detailed refutation of the attacks of one Danion against Apostoli, the inventor of what is known all over the world as Apostoli's method of treating uterine fibroids by electricity. It appears that a young man named Danion, who had not long before started practice in Paris, met Apostoli, and learning that the latter had a gynecological clinic for the application of electricity, asked that he might be allowed to attend. Dr. Apostoli, who as every one who has been to his clinic will admit, is the type of the courteous and honorable physician, readily granted Danion's request, and apparently without even a thank you in return, taught him during six months, not only his whole method but a good deal of gynecology besides. He became so enthusiastic over Apostoli's method that he sent him a patient to treat, and also supported Apostoli at the reading of the thesis of Carlet before the University of Paris. Danion then started a clinic of his own where he employed Apostoli's method as he had been taught it. This was not a very generous thing to do towards his master,

but still he had a right to do it, provided always that he did his former teacher no injustice thereby. In 1889 he had so far forgotten Apostoli's generous six months' free instruction that he wrote (in the *Electrotherapy*, November, 1889), "I attended for some time the clinic of my confrere, it is true, but it was only for the purpose of discussion with him, and perhaps even Apostoli would be wrong to say that he did not derive considerable profit from the same." In order to add insult to injury he began to attack Apostoli's method, and to maintain that the vaginal method was more effective than the intra-uterine, although Apostoli had abandoned the former on account of its inefficiency. His attacks on his former teacher became bolder and bolder until he began to heap upon him personal abuse, which during the last four years has grown worse and worse, although Apostoli had treated it with the silent contempt which it deserved. One of his latest attempts to gain notoriety may be seen from the following which appeared in the leading Paris daily newspaper *The Figaro* for 24th March, 1890: "Doubtless with former methods, based upon the intra-uterine application of high intensities, the electrical treatment, besides being extremely painful, had other serious inconveniences such as hemorrhages, scars, dangerous inflammations, &c., a series of accidents in short which are often mortal. Now, however, none of these accidents are to be feared, for Dr. Louis Danion has obtained more than six hundred cures without the shadow of an accident." This should be a sufficient sample of Danion's methods to enable the profession in Paris to attach very little importance to his claims. Indeed, it seems hard that a man with such a recognized character for honesty as Apostoli has, should be obliged to waste his valuable time in replying to such a man as his detractor, who, as far as we can learn, is only known in connection with his attempt to rob Apostoli of his honors. We can testify personally to the enthusiastic reception which Apostoli received from the eight

hundred representative gynecologists from every land who were gathered together at the ninth International Congress at Washington. We doubt if Danion would meet with any reception at all, in this country at least. We would respectfully suggest that Apostoli would best defeat Danion's object by continuing to maintain that dignified silence concerning him which he has only broken under the most harassing temptation. Let Danion's calumnies die a natural death.

### THE CAUSE OF ACUTE ARTICULAR RHEUMATISM.

A German writer whose article appears in the *Philadelphia Medical News*, 4th April, 1891, seems to have a hard time in proving that this is an infectious disease. He has had 121 cases, and although his observations correspond exactly with our own we entirely disagree in the deductions. Thus, he finds that it is most common in cold and wet weather because these meteorological conditions favor the growth of the minute organism. We find that it is most frequent in cold and wet weather, but because at such times people who are large eaters and who are accustomed to oxydise their nitrogenous food by hard labor, in fresh air, come into the crowded, ill-ventilated house and lounge around until the weather clears up. Not burning all their nitrogen into urea a large portion of it remains in the previous stage of uric acid which deposits from the blood, which is saturated with it, whenever the former is cooled below 100°, in the extremities for instance. He finds that it is rare among factory hands, notwithstanding the fact that they are poorly clad and frequently have to walk long distances in cold and wet weather and then stand long hours in wet shoes and clothing. This he attributes to the fact that they do not have to work hard and that they are away from their houses all day. We, on the contrary, would suggest that it is due to their being so badly

paid that they cannot afford to buy any more nitrogenous food than what they are fully able to convert into urea during their long walks and long hours of work. Servant girls, waiters and coachmen are very liable to it. We would suggest that these parties are all either heavy meat eaters or else they get very little fresh air or exercise to burn up completely what they do eat. Brewers and heavy beer drinkers are more liable to it because, as is well known, alcohol and malt liquors being more combustible than nitrogen have a first mortgage on all the oxygen taken into the blood, so that nitrogenous elements have to do with what oxygen is left, and if that is not sufficient for their complete oxydation then they will stop as uric acid forming sharp-pointed crystals of hardly soluble urates instead of urea. He finds that disturbances of the digestive tract precede an attack of rheumatism, which he thinks favors the disease germs. We think that the preceding dyspepsia causes acid fermentation which loads the blood with acids, causing uric acid crystals to deposit in the joints and muscles, from which it can be taken up again by rendering the blood alkaline and deluging it with water. As we have already said in a previous editorial the worst attack of rheumatism can be cut short in a few days if (1st) we cut off the supply of nitrogenous food, (2nd) render the blood alkaline with salicylate of soda and iodide of potash, and (3rd) deluge the blood with distilled or moderately pure water. We should never expect to cure a case of rheumatism on an unlimited milk diet, which was the diet in vogue when Abernethy made his famous answer to the question "What is the best cure for rheumatism?" to which he replied, "Six weeks in bed."

### CONSUMPTION IS CONTAGIOUS.

Do you, gentle reader, believe that it is? If you do not you are behind the times. If you do you can save hundreds of lives by instructing every man, woman and child

you come in contact with not to expose themselves to the contagion, and by showing consumptives themselves how to dispose of their expectoration so as to save those nearest and dearest to them from their own sad fate. We have for several years been urging this opinion on the profession, but it is no longer an opinion on which we may differ but one of the most clearly established facts in medicine. We almost blush when we think how slow the profession has been in recognizing this fact when they have so many opportunities daily of seeing its contagiousness exemplified. The only excuse we can find is the firm hold with which the doctrine of its hereditary transmission has possessed us for centuries.

### BOOK NOTICES.

**A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM.**  
By William A. Hammond, M. D., Surgeon-General U.S. Army (retired list); late Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons of New York, the Bellevue Hospital Medical College, the University of the City of New York, and the New York Post-Graduate Medical School and Hospital, etc., with the collaboration of Græme M. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society; of the American Neurological Association, etc., with one hundred and eighteen illustrations. Ninth edition, with corrections and additions. "Est quoddam prode tenus, si non datur ultra."—Horace. New York: D. Appleton and Company, 1891. For sale by Foster, Brown & Co., 233 St. James St., Montreal. Price \$5 00.

We learn from the preface that this is the ninth edition of this valuable work which has been thoroughly revised and brought up to date by the author with the assistance of his son. The first edition was published in 1871, and since that time it has been translated into French, Italian and Spanish. Dr. Hammond enjoys a world-wide reputation as an authority on nervous diseases, and his work has for years been considered one of the standard ones. Space will only permit us to give some idea of the scope of the work as seen in the table of contents. First there is a finely illustrated chapter on the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, followed by a chapter on electrical reactions normal and pathological. Section I. is devoted to Diseases of the Brain; Section II. Diseases of the Spinal Chord; Section III. Diseases of the Cerebral Spinal System; Section IV. Diseases of the Peripheral Nervous System; Section V. Diseases of the Sympathetic Nervous System; Sec-

tion VI. Certain Obscure Diseases of the Nervous System including Acute Ascending Paralysis, Myxoedema, Acromegaly, Myotonia Congenital and Symmetrical Gangrene of the Extremities; Section VII. Toxic Diseases of the Nervous System. After a careful perusal we feel safe to say that nothing that is definitely known concerning the diseases of the nervous system has been omitted. At the same time an examination of this work accentuates the impression that diseases of the nervous system and especially of that portion of it known as Great Sympathetic offers a wide field for accurate observation and investigation. Both general practitioners and specialists might all contribute something towards an accumulation of facts from which physiologists and pathologists deduce the laws which govern diseases of the nervous system. In the mean time Dr. Hammond's book is probably the best in existence on the subject.

**PLAIN TALKS ON ELECTRICITY AND BATTERIES WITH THERAPEUTIC INDEX, FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE.** By H. ratio R. Bigelow, M. D., Permanent Member of the American Medical Association; Fellow of the British Gynecological Society; Fellow of the American Electro-Therapeutic Association; Member of the Philadelphia Electro-Therapeutic Society; Member of the Anthropological and Biological Societies of Washington, D. C. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1891.

A glance at this little book reveals the fact that Dr. Bigelow possesses the rather rare ability to envisage scientific information in such plain and simple terms that anyone can understand him. The book is exactly what it claims to be—a series of plain talks on electricity and batteries. The book is liberally illustrated so that the plain talks are made still plainer thereby.

**ELECTRICITY, ITS APPLICATION IN MEDICINE AND SURGERY. A BRIEF AND PRACTICAL EXPOSITION OF MODERN SCIENTIFIC ELECTRO-THERAPEUTICS.** By Wellington Adams, M. D., Author of "Art of Telephony—By Whom Discovered," "Evolution of the Electric Railway," "Designs and Construction of Dynamo-Electric and Electro-Dynamic Machinery;" Lecturer on Electro-Therapeutics, University Medical College, Kansas City; Formerly Professor of Diseases of the Ear, Nose, and Throat, Medical Department, University of Denver, and Editor "Rocky Mountain Medical Review." Volume I. 1891, George S. Davis, Detroit, Mich. Price 25 cents.

This is one of Davis' Leisure Hour series and is a very handy and useful little book. The author truly remarks in his introductory chapter that it is no uncommon thing to see a physician dodging around with a stereotyped form of medical battery in his hand proposing to destroy hair follicles by electrolytic action through the agency of a faradic current. At the present day, and with so many books within the reach of all, there is no longer any excuse for any one making these mistakes. As the writer says, we have to thank the gynecologists for having approached the nearest to a scientific exposition of the subject. We are often asked for the name of a good book on elementary electricity and we cannot in future do better than to recommend our correspondents to purchase this one.

**THE MAN WONDERFUL IN THE HOUSE BEAUTIFUL.** An Allegory. Teaching the Principles of Physiology and Hygiene, and the Effects of Stimulants and Narcotics. For Home Reading; also adapted as a Reader for High Schools and as a Text-book for Grammar, Intermediate, and District Schools. By Chilion B. Allen, A. M., LL. B., M. D., and Mary A. Allen, A. B., M. D., Members of the Broome County (N. Y.) Medical Society. Ninth Edition. New York: Fowler & Wells Co., Publishers, 775 Broadway, 1890.

**CONTENTS.** Part First—The House Beautiful. Chapter I, Introductory—The Human Body compared to a house; Chapter II, The Foundations—The Bones compared to the foundations of a house; Chapter III, The Walls—The Muscles described as the walls which give shape and beauty; Chapter IV, The Servants—The Muscles also act as faithful servants; Chapter V, Siding and Shingles—A description of the Skin and its appendages; Chapter VI, The Observatory—The Cranium and its contents; Chapter VII, The Hall—The Mouth, Teeth, and Salivary Glands as the Hall and attendants; Chapter VIII, The Kitchen—The Stomach, Gastric Juice, and the process of digestion described; Chapter IX, The Butler's Pantry—The Duodenum thus compared; Chapter X, The Dining-Room—The Small Intestines the Dining-room of our House Beautiful; Chapter XI, The Engine—The Heart and its workings a wonderful Engine; Chapter XII, The Housekeeper—The Blood as an industrious Housekeeper; Chapter XIII, The Laundry—The Lungs and the mystery of washing the blood described; Chapter XIV, The Furnace—The Liver as a furnace and manufactory; Chapter XV, The Mysterious Chambers—The ductless glands, as the spleen, supra-renal capsules, etc., thus denominated and described; Chapter XVI, The Telegraph—The Nerves a marvellous Telegraph; Chapter XVII, The Phonograph—The Sympathetic Nervous System compared to a Divine Phonograph; Chapter XVIII, The Burglar Alarm—The Nerves of Sensation give an alarm of danger to the House; Chapter XIX, The Sixth Sense—Muscular sense thus named; Chapter XX, The Organ—The Larynx and Vocal Chords an incomparable musical instrument; Chapter XXI, The Auditorium—A description of the External and Middle Ear; Chapter XXII, The Whispering Gallery—The Internal Ear, a marvellous Whispering Gallery; Chapter XXIII, The Windows—How the eyes serve as Windows to the House Beautiful; Chapter XXIV, The Double Telescope—How the eyes resemble a double telescope; Chapter XXV, Twin-Brother Guardians—Taste described as one of a pair of guardian brothers; Chapter XXVI, The Other of the Twin-Brothers—The Sense of Smell thus designated and described; Chapter XXVII, The Facade—How the Face and Figure show beauty, and can be compared to the facade of a house. Part-Second—The Man Wonderful. Chapter I, The Baby—His Growth and development as the Man Wonderful; Chapter II, Girlhood—Its needs and requirements; Chapter III, Boyhood—Its needs and requirements; Chapter IV, Manhood—Man's ability to do; Chapter V, Doubtful Company—Tea, Coffee, Opium, and Chloral Hydrate treated of as questionable guests; Chapter VI, Bad Company—The Aboriginal American, Tobacco; Chapter VII, The Quack Dentist and Medical Ass'tant—Tobacco described as a thing in these capacities; Chapter VIII, The Duke—The Cigarette described under this title; Chapter IX, The Dandy—The Cigar in this guise; Chap-

ter X, Wicked Company—Wine a quack doctor; Chapter XI, Wicked Company—Beer a Shyster, a Deceiver; Chapter XII, Wicked Company—Distilled Liquor a Thief; Chapter XIII, Wicked Company—Alcohol a Murderer; Chapter XIV, Good Company—Foods thus treated; Chapter XV, A Royal Guest—Water; Chapter XVI, The Man Wonderful.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.** Consisting of Original Treatises and reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc.

Contents: The Modern Diagnosis of Diseases of the Stomach, by J. M. Purser, M. D., Dublin; Unsoundness of Mind, in its Legal and Medical Considerations, by J. W. Hume Williams, London; Baldness and Grayness: their Etiology, Pathology and Treatment, by Tom Robinson, M. D., London. Published monthly. Price \$10.00 a year. Single copies, \$1.00. March, 1891. New York: William Wood and Company, 1891.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.** Consisting of Original Treatises and Reproductions in English of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc.

Contents: Treatment of Syphilis of the Nervous System, by Julius Althaus, M. D., Lond.; Railway Injuries: With Special Reference to those of the Back and Nervous System in their Medico-Legal and Clinical Aspects, by Herbert W. Page, M. A., Eng.; Cause and Prevention of Phthisis, by Arthur Ransome, M. D. Published monthly. Price \$10.00 a year; Single Copies \$1.00. April, 1891. New York: William Wood and Company, 1891. The article on the cause and prevention of Phthisis is alone worth more than the price of the whole book. Dr. Ransome has an established reputation as a reliable investigator and when he expresses an opinion on any subject we may feel safe in adopting it. He clearly proves that the disease is contagious, and he explains easily why some escape it. He also believes that those who are effected should be treated as contagious cases and isolated in special homes and hospitals accordingly. We would urge every reader to purchase at least this number of the Monographs and to study carefully Dr. Ransome's article. Besides, the articles by Dr. Althaus and Mr. Page are exceedingly interesting.

**THE SHURLY-GIBBES TREATMENT OF TUBERCULOSIS.** By E. Fletcher Ingals, A. M., M. D., Professor of Laryngology, Rush Medical College; Professor of Diseases of Chest and Throat, Woman's Medical College, and John Edwin Rhodes, A. M., M. D., Professor of Diseases of Chest and Throat Clinic, Women's Medical College. With Discussion. Read before the Chicago Medical Society, of Chicago, March 2, 1891. Reprinted from the *Chicago Medical Record*, Chicago, April, 1891. Press of R. R. McCabe & Co., 144 Monroe St.

**PEPSIN.** A Review of the Pepsin Question. By Dr. Carl Friedrich Witte, Dr. Friedr. Witt's Chemical Laboratory, Rostock, Germany. Reprinted from "Notes on New Remedies," issues of February and March, 1891. New York, 1891.



**HYPERTROPHY OF THE PHARYNGEAL TONSIL.** A Clinical Lecture Delivered at the Rush Medical College, October 30, 1890. By E. Fletcher Ingals, A. M., M. D., Professor of Laryngology in the Rush Medical College, and of Diseases of the Throat and Chest in the Woman's Medical College of Chicago, etc. From the Medical News, March, 1891.

**HOW SHOULD GIRLS BE EDUCATED.** A Public Health Problem for Mothers, Educators, and Physicians. By William Warren Potter, M. D., of Buffalo. The Anniversary Address of the President Delivered at the Eighty-Fifth Annual Meeting of the Medical Society of the State of New York. Philadelphia: Wm. J. Dornan, Printer, 1891.

#### LITERARY NOTES.

*The Journal of Gynecology* is the title of a new, monthly whose initial number was issued in April and will be devoted to gynæcology, obstetrics and abdominal surgery. It is to consist of forty-eight pages and, in addition to original articles, there will be society proceedings, selections, abstracts and a bibliographical index of the articles appearing in American medical journals relating to the subjects noted above. Dr. Charles M. Smith, of Toledo, Ohio, is the editor of this publication, which we hope will be a success.

*The Journal of Comparative Neurology* is to be a new quarterly, nominally, as fasciculi will be issued at more frequent intervals whenever material is ready. Each volume will contain 500 pages, the price being \$3.00 per annum, or \$2.50 if paid in advance. As its name indicates it will be devoted to the comparative study of the nervous system. The announcement we have received is signed by C. L. Herrick, of the University of Cincinnati.

*The International Clinics* is the title of a quarterly octavo of 300 pages to be issued by the Lippincotts, of Philadelphia, very shortly. They will contain clinical lectures of English and American teachers, the subjects embraced being medicine, surgery, gynæcology, pediatrics, neurology, dermatology ophthalmology, laryngology, and otology. The American editors are Drs. John M. Keating and J. P. Crozer Griffith, of Philadelphia, and W. J. Mitchell Bruce and David Finlay, of London.

#### NEWS ITEMS.

**THE AMERICAN ACADEMY OF MEDICINE.** A Brief Statement of its Objects.—The American Academy of Medicine is a society founded in 1876, composed of physicians of at least three years' experience in the practice of medicine, who previous to entering upon the study of medicine, pursued a systematic course of study in some collegiate or scientific school and received therefrom the degree of Bachelor of Arts or its equivalent.

Its objects are practical and have in view the general welfare of our profession, as well as of society at large.

It aims to bring into closer relations the educated members of the medical profession who are alive to the importance of systematic mental culture, as a preparation for the study and practice of medicine.

It hopes, through the association of all educated physicians, to utilize for the good of humanity that latent power of the individuals, which is only potent when combined and organized.

It aims to wield the combined moral and intellectual force of the members of the profession thus organized, as an instrument with which to create, mould and control the sentiment and policy of the whole profession, and so ultimately of the whole community, until it shall be impossible for anyone, without adequate preliminary education, to enter upon the study of medicine.

It is the aim of the Association to aid and encourage progressive medical schools to adopt yet higher standards in their preliminary requirements and in the curriculum of medical study; to urge forward by the motive of self preservation those who are lagging and unwilling, and to starve out those who are hopelessly intractable and will not adapt their methods to the advanced requirements of the age.

It hopes by this course to elevate the medical profession to a higher plane than it has ever occupied, so that with its members more carefully selected, more thoroughly equipped and more perfectly united and organized, it shall be enabled, as never before, to successfully meet the problems of the nature, prevention and cure of disease, not only as related to the individual, but the race as a whole.

We confidently look for the hearty sympathy and co-operation of every intelligent, educated and public-spirited member of the medical profession, in our efforts to achieve these ends.

We earnestly hope that every physician who is eligible to Fellowship, to whom this circular is sent, will, without delay, fill out the enclosed blank application for membership, and send it, properly endorsed, either to the Secretary of the Academy or to Dr. Justin E. Emerson, the Chairman of the "Committee on Eligible Fellow," 128 Henry St., Detroit, Michigan.

#### PILOCARPINE IN DRYNESS OF THE TONGUE.

Extreme dryness of the tongue is frequently a distressing symptom which does not yield to treatment whilst the concomitant cause remains in operation. The sucking of ice, or sipping of bland fluids gives but temporary and inadequate relief, and the same may be said of glycerine as a paint. In this condition Dr. Blackman (*American Journal of Medical Sciences*) has used one twentieth of a grain of pilocarpine as a gelatin lamel allowed to dissolve on the tongue previously moistened by a sip of water. This dose quickly establishes a moderate flow of saliva, which persists for at least twenty-four hours, and is not accompanied by excessive perspiration.—*Lancet-Clinic*.