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# THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Subscription, \$3 per annum, in advance.—Address, DR. GEO. A. PETERS, 482 Yonge Street.

All Exchanges, Etc., should be addressed to DR. W. H. B. AIKINS, 68 Gerrard Street East.

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## Original Communications.

### INFLAMMATION OF THE FRONTAL SINUS.

BY R. A. REEVE, B.A., M.D.,

Lecturer on the Diseases of the Eye and Ear, Toronto School of Medicine, Surgeon, Mercer Eye and Ear Infirmary (Toronto General Hospital), etc.

[Read at Meeting of Toronto Medical Society, Feb. 10, 1887.]

The lining membrane of the frontal sinuses being continuous with that of the nasal meati, through the medium of the infundibulum, the former are apt to be involved in influenza, acute coryza, etc., acute simple or purulent catarrh occurring, or a more active form—a virtual periostitis, which may end in resolution, or in ostitis with external periostitis of orbital plate and so-called "abscess." The latter may also be the last stage of chronic catarrh of the sinus with dilatation. A sub-acute form may be similarly induced, and it may also recur now and then in the course of a chronic nasal catarrh.

Chronic inflammation eventuating in a sort of cystic retention tumor, which gradually distends the sinus and encroaches on the orbit, displacing the eyeball, is generally ascribed to stenosis or closure of the infundibulum from traumatism. And it seems occasionally—in my own experience, as often—to follow extension of the catarrhal process upwards in chronic nasal catarrh, especially with hypertrophy of the cushion on the middle and inferior turbinates, tending to block the infundibulum. (It is, perhaps, not out of place to say here that hypertrophy on the middle turbinates should be cor-

rected as well as that of the inferior in the treatment of chronic nasal catarrh.)

In a case seen in consultation in 1871, inflammation of the frontal sinus occurred with orbital cellulitis and dacryo-cystitis following attempts to cure a stricture of the nasal duct and mucocele. (I shew you the photo of this patient with inflammation and distention of the frontal sinus of the *opposite* side, for which he came under my care during the past year).



Fränkel conveys the unpleasant information that "centipedes are particularly liable to be found in the frontal sinus, where they may at any time excite inflammation!" (Ziemssen.)

Severe brow-ache and frontal pain in the course of influenza, acute coryza, etc., suggest implication of the frontal sinuses; and distinct tenderness of the orbital plate, resenting careful pressure with the finger tip on, and just beneath the brow indicates internal periostitis. And if inflammatory œdema of the soft parts

about the brow supervene, otitis and external periostitis are likely present.

*A few points in Differential Diagnosis.*—Acute, simple orbital periostitis generally follows direct violence, and an exploratory incision and the probe would clear up the diagnosis. The fistula following the evacuation of "abscess" of the frontal sinus discharges mucus or muco-pus, which would not appear in the sinus of periostitis or caries. In abscess of the eyelid there is no tenderness of the bony orbital margin, and fistula does not ensue. In orbital cellulitis there is marked swelling of the lower lid as well as the upper, and the globe is pushed directly forward, the conjunctiva being chemotic.

In acute inflammation of the lachrymal sac (a dacryo-cystitis), there would likely be a history of epiphora and mucocele, and the swelling begins at the site of the sac, pressure upon which intensifies the pain, while the adjacent bone is insensitive.

Again, in the chronic distension of the frontal sinus the external swelling is mainly at the upper inner angle of the orbit, the brow is prominent, and the orbital plate is depressed, the eye being displaced downwards, outwards and forwards; but one has sometimes to make an exploratory incision, and use finger and probe in order to differentiate from orbital growths, and also to detect disease of the ethmoidal cells, which may occur alone, or in connection with that of the frontal sinuses, or a large cavity resulting.

Whenever the frontal and ethmoidal sinuses become inflamed there is likely some congestion of the overlying dura mater;\* and it is highly probable that in the more serious cases—which may recover—there is a localized meningitis. A fatal case is now and then reported in which a purulent discharge had occurred from the nose, or naso-pharynx, doubtless originating in the frontal or ethmoidal sinuses, and *post-mortems* prove that fatal secondary meningitis is at least occasionally associated with purulent inflammation of the ethmoidal or frontal sinuses. (See case below).

\*The discomfort and dull headaches of some catarrhal subjects may be ascribed, in part at least, to this cause.

*Treatment.*—In acute catarrh or periostitis of the sinus, besides the ordinary attempt to abort the nasal catarrh and fever by opium *et al*, diaphoresis with pilocarpine, or the Turkish or home-made vapor-bath, general rest in a warm, dry air of equable temperature, the exhibition of aconite and belladonna, the nasal mucous membrane should be kept under cocaine, applied in solution, or as snuff with pulv. acaciæ, or in form of ointment or bougie, and hot anodyne stupes be applied to brow, or dry cold or heat by aid of Leiters' metal coil. Local depletion by leeching has done me good service. If serious symptoms persisted in spite of such measures fairly tested, it would not be meddling surgery, but would be in order, to incise to the bone under the brow, and then carefully tap the sinus.



In cases of chronic inflammation and distension of frontal sinus, the proper course is to evacuate, drain and medicate: incise to the bone just beneath the inner end of the brow, drill through the orbital plate, (avoiding pulley) of external oblique, or utilize existing openings, then perforate the floor of sinus into nose by means of a curved trocar or director, and insert a drainage tube, the free ends being fastened above the brow and without the nostril respectively. The tube is left in situ for several weeks or months, according to circumstances, and the sinus is flushed with antiseptic and astringent injections p.r.n. After a time (variable) when the lower opening has cicatrized the tube may be withdrawn and a stylet worn so that further medication may be effected, although the general rule is to retain the tube

until the external opening can be allowed to close. Recovery is generally protracted, but relief is prompt.

Distension of the frontal sinus seems to be a less rare disease in this country than in some others. S. Wells only gives one case of his own in the last edition of his treatise, and Noyes in his work of 1881 says, "I have seen one or two myself." Of the twelve cases under my own care requiring operation, ten were instances of more or less chronic enlargement. Eight subjects were males and four females, and the ages ranged from about ten years to three-score and ten. The disease had existed from a few months to thirty-five or forty years, and treatment covered from a few weeks to twelve months or more. (The case shewn in the wood-cuts was of several months' standing, and treatment lasted eight months).

In four cases nasal catarrh was seemingly the primary mischief, and traumatism also in four, but the original injury sometimes dates so far back that it may be easily overlooked. In the only case—an acute one—which, as far as I am aware, had a fatal result, there was secondary meningitis as shewn by double optic neuritis and other signs when the patient was first seen, and a carious condition of the inner wall of the sinus was present. In two other cases, in which after-treatment was not carried out, there was also caries of the wall, and the contents of the sinus had already escaped; and in two other instances treatment was not persevered in. In three cases the frontal sinus and ethmoidal cells were virtually one cavity. In six cases of the series in which treatment was fairly tested, the result was satisfactory.

### CARBON MONOXIDE.

ALAN MACDOUGALL, M.C. SOC. C.E., F.R.S.E.

The presence of this subtle and dangerous gas is, perhaps, hardly as fully recognized as is desirable. It is the favorite theme of all advertisers, and of stovemakers, as the great bug-a-boo to the comfort and safety in the health of the inmates of a house, and the special enemy their particular line of stoves has been peculiarly designed to conquer. The winter through which we have just passed has been marked by

its severity and unusual and rapid changes; hardly one week has passed all season in which gradations of heat and cold have not been recorded beyond the record of many past seasons. It is a very long time since we have passed through such a trying season; for over three months there have been severe snow storms, abnormal thaws, and successions of frosts such as seldom occur in the depth of a Canadian winter. The experience of the medical profession has been that the winter has produced more sickness, bordering on the malarial type, than any season since the present system of registering and recognizing low, malarial, and catarrhal fevers have been established.

The result of several investigations tempts me to bring under the notice of my co-laborateur in the field of sanitary science some points connected with the presence of carbonic oxide, or the ordinary coal gas from stoves and furnaces, which can be discussed professionally, and free from the trammels of a trade advertisement.

One point worthy of notice is the undue dryness of the past season. The records of the observatory do not denote undue dryness of the external air, yet there has been great dryness of air in the house. In the same offices and house, occupied for three consecutive winters, with the same heating appliances, steam coils in the former and stoves in the latter, the relative humidity of the atmosphere last winter was 55 to 60 per cent. against 75 per cent. in former seasons.

The other, and main point, has been the silent force of carbon monoxide. During the extraordinary and rapid changes to which we were subjected, the smoke from the chimney stalk has been deflected and carried downwards in a manner not noticed in former seasons. Regular tests were made, by leaving a dressing room window, on the south side of the house, open from 9 o'clock to midnight, from which it was established, without doubt, that carbon monoxide was deflected and entered the room. The smell as the door of the room was approached was uncomfortable, and on lifting the blind the odor was so strong at the window that it was shut at once. This result was obtained during the cold weather of March, even up to the last days of the month. The

reversal of the current in chimneys was equally serious, and the effect of what is commonly known as down-draught was sufficiently serious to suggest the theme of the present article.

The medical practitioner is frequently at a loss to account for particular phases of disease which seem to defy treatment, as well as to find a cause for persistent continuance. The results of last winter's observations lead me to offer the following suggestions, that more attention be paid to the action of carbon monoxide when it has been thoroughly established that the drainage and plumber work of the house is in perfect order. It has not yet been established that "coal gas" won't escape from the doors and fittings of an old stove, or from the receiver when it is nearly empty. The minute perforations of long used stove pipes, or badly fitting joints, and the choking up of the pipe from ash, thereby destroying the draught, are all points to which much attention can be profitably directed. Down-draught in an unused chimney should be looked for, a little "waste" burned in the grate or at the throat of the chimney will tell at once how the draught is. If it be downward the chimney should be stopped, or an upward draught stimulated.

One difficult case, which baffled both the attending physician and myself, I at last traced to a defect in the flue of a furnace and the connections of the smoke pipe to it. The family were all prostrated and threatened with diphtheria, the cause of poisoning was primarily carbon monoxide, escaping from a defective connection and flue, and also from a cause which, it is hoped, is so rare as to be practically unknown, the pollution of the water-pan of the furnace with *urine*. This unpleasant experience has been encountered more than once in my practice.

It is not advanced as a theory for the excessive sickness we have had in Toronto all winter that "coal gas" is the primary cause, but in the light of observations made with care all season, it seems reasonable to conclude that in very cold weather, and in rapid changes, we are exposed to the influences and dangers arising from poisoning by carbon monoxide. As the city grows, and a greater quantity of anthracite is burned, so much the greater will be the

volume of carbonic oxide, and it behooves all who are battling with disease to look far and near for all producing causes with the view to eradicating them.

### LOCOMOTOR ATAXIA.

BY DR. ALBERT A. MACDONALD.

(Extracts from paper read before the Toronto Medical Society, March 10, 1887.)

*Tabes dorsalis* seems to have been observed by ancient writers, who, however, covered by the name many functional and organic diseases of the spinal cord. About the commencement of the present century the name included all the wasting diseases of the cord. Between 1847 and 1858 the clinical signs were considered together with the anatomical lesions, and the posterior columns were settled upon as being the seat of this most common form of spinal disease. It was taught that as the posterior columns were the sensory and centripetal conductors, then, of course, anything which would destroy or disease that conducting medium would give rise to inco-ordination. It appears now that the posterior columns are made up of a variety of fibres whose functions are of a complex nature.

Some hold the view that the most important centrifugal centre lies behind the plane which divides the cord into anterior and posterior halves, and that the centripetal centre lies in front of it. On these points a large field still remains open for discussion and research. The diseased field is not uniform in the posterior segment, but appears to be more intense in special parts.

Though pathology explains the changes in the cord, and the symptoms arising therefrom, it is still unable to draw a line of distinction between inflammatory and non-inflammatory affections. The microscope does not reveal to us the difference between syphilitic and non-syphilitic tabes.

A stage exists before sclerosis takes place in which there is a granular degeneration, and the part of the cord in which sclerosis usually takes up its commencement is a triangular field of the posterior column, in the lumbar enlargement. The posterior rootlets running through

this field are affected by all the changes. From the point of commencement the affection is usually progressive, and the different pathological conditions are clearly defined, and now a disease which formerly passed through its earlier stages, labelled as rheumatism or some other disease, is diagnosed before we are justified in making the announcement to our patient that he is afflicted or threatened with a disease at once most insidious, slow, progressive, distressing and hopeless.

In locomotor ataxia, no single cause can be assigned as the sole responsible factor in all cases. Sexual excesses, exposure to cold and wet, over exertion, injury, shock and syphilis are some of the common causes named, and, in the early history of the disease, the victim of tabes has frequently to bear the reproach of having, by his own excesses, brought the injury upon himself. Nothing can, however, be said more definitely than that one or more of the supposed existing causes may have co-existed with or preceded the attack.

Though hereditary tendency was thought to play quite an important part in the causation, there is but one case on record where both father and son had the disease.\* Those who have other nervous affections are more often affected. Sex has a decided influence—only about one female for every ten males becoming affected. In women the disease is more slow and less marked by crises.

Amongst the elements which constitute a predisposition to tabes, syphilis undoubtedly holds the first place. Statistical evidence gives the number of syphilitics amongst tabes as ranging all the way from 22 to 93 per cent., and I am inclined to the view that the closer the scrutiny the higher will the percentage be found to be. Clinical distinction between syphilitic and non-syphilitic cases is difficult, an early preponderance of diplopia, ptosis, and pupillary symptoms is regarded by many as an evidence of syphilitic origin.

Age seems to exert some influence and the date of commencement in most cases is not earlier than 25 years nor later than 50. Spinal concussion, diphtheria, scarlatina, and a number of toxic agents have been credited with the

production of the disease. Of these, ergot of rye in excess produces a disease closely resembling locomotor ataxia. The causes may be picked from so many groups that we are forced back to the original assertion, that no single cause can be assigned as the sole factor in all cases.

In the matter of diagnosis, the observance of the walk, which in advanced cases is so characteristic of the loss of power of co-ordination, is sufficient to arrest one's attention. In suspected cases we must look early for such symptoms as the absence of the knee jerk, reflex iridoplegia, bladder paralysis, delayed pain conduction, and other sensory disturbances.

There are other spinal diseases which might produce these or some of these symptoms, but it is more by the general grouping, and excluding of extra symptoms, that the early diagnosis is reached. Perhaps more has been said about the "absence of the knee jerk," as a diagnostic sign, than of any single symptom observed. At first great stress was laid upon this point, but, unfortunately, it does not stand the test of time, I have now one patient in whom the disease is well established, and in whom the knee jerk is present and perfect.

Recent observations on a large scale have proved that the "knee jerk" cannot be elicited in every healthy man, and I have met with several cases in which it was absent, though the patient was in good health. It is difficult to demonstrate in children, and gradually disappears with age. There are some sources of possible error in examining for this symptom, and before deciding that the knee jerk is absent it is well to make a thorough test. As a rule, in a healthy adult, if, whilst sitting on a chair one leg is thrown over the other, and then the ligamentum patellæ of the uppermost knee is struck in the middle a short, quick blow, the leg is jerked involuntarily in about one-fifth of a second. If failure should take place the ligament should be placed more upon the stretch and different parts should be struck. We should bear in mind that not only do some other diseases impair this test, but that a number of healthy individuals do not respond and still live many years unaffected by tabes.

The condition of the pupil is a more constant

\* *Remak*, 1885.

sign. Iridoplegia accompanied by oculo-motor disturbances is due, as a rule, either to disease of the spine or of the pons varoli. The course of the disease is slowly progressive. The symptoms which precede and accompany its advent are of such an insidious nature that often the patient does not consider himself seriously ill. Perhaps he may notice with annoyance that he tires more easily than formerly, that he has vague pains, dizziness, and impairment of vision, or other such symptoms. He may continue in this way for years before any great advance in the disease is made; or the progress may be steady from the outset of the first symptoms. One side is usually affected first, but the other usually follows and keeps on until both are equally affected. In nearly all cases the lower extremities are affected first, and usually a long time elapses before extension to the upper parts takes place. Extending as it does over a number of years, the patient often dies of some intercurrent affection—cystitis, pyelitis, bed-sores, and pulmonary consumption are amongst the most frequent causes of death. Perfect cures are very rare, though sometimes patients may improve for a time, or the disease may remain stationary. Nutrition is not impaired until very late, and then its effect is shown first in the lower extremities. Muscular strength as such is usually unimpaired until a late stage.

With regard to the signs which are most common:—The tired feeling, especially in the knees and ankles, having a numb feeling associated with it, has been regarded as pathognomonic of early tabes. The sudden pains, which are usually described by the patient as rheumatic, affect more often the sciatic, anterior-crural, abdominal and perineal regions—and differ from rheumatic pains, in having paroxysms and complete intermissions, and in being relieved by pressure.

Another kind of pain is described as a tearing or boring pain. I have one patient in whom the belt sensation is well marked, but in addition he feels as if his left hypogastric region were as hard as a board. About one patient in five passes through his trouble without pain. I will mention one case of the kind which remained for some time under my care:—H.,

a native Canadian farmer, aged 40, has been married about 15 years, has no trace of any hereditary or syphilitic disease. His parents were steady farmers who lived to a good age and were always healthy. His own habits were good and steady. No distinctly exciting cause could be found, unless it might have been that about two years ago his house and barns were burned down during the winter, and in the following months he worked very hard and was exposed to a great deal of cold and wet. He had also indulged in excessive venery for the past 12 years. About 15 months ago he noticed that though he seemed strong he could not walk well; he could hardly walk in the dark, and even in daylight would stumble over any uneven surface. Going up stairs was difficult, and coming down was a great deal more so. The sensibility of the parts supplied by the anterior crural nerve on the left side was impaired, and he imagined that the muscles of that thigh were very weak, though to me they seemed as strong and firm as they should be. He exhibited in a well-marked manner the peculiar walk of the tabic patient. He had iridoplegia and sometimes dizziness, and if he stood with his eyes closed and his feet together he tottered until he seemed likely to fall. The patellar jerk is absent, and he has had a complete absence of pain throughout the whole of his attack, in this way differing from the great majority of tabics. I mention this particularly as it is the only case I have ever had in which the symptoms were well shown and in which a complete absence of pain obtained.

The reason he gave for seeking aid was, that whilst walking he got his feet so tangled together that he could not keep up, and so was useless about the place in attending to his ordinary duties.

The most important question, both to the patient and practitioner, is—What can be done?

“An arrest of the disease is possible, and though restoration of the nerve elements once destroyed is impossible,” still partial restoration of the functions of the nerves often takes place.

Of all drugs which have been employed perhaps nitrate of silver in gradually increasing doses has borne the best reputation in non-syphilitic cases. My belief, however, is that as

most such cases arise from over-exertion and exposure of some kind, we must, in addition to the treatment by drugs, enjoin on our patients the importance of giving rest to the diseased parts, and of improving the general tone of the system by such changes of climate, occupation or amusement as may seem best suited to each case. The mixed mercurial and iodide treatment has given good results in some cases where it was not possible to trace any syphilis.

Various forms of electricity have been tried and highly recommended by some. The faradocutaneous brush has been especially extolled. In my practice electricity has not given any permanent beneficial result.

Ergot is recommended by many, and is undeniably of use during the earlier stages where the patient is troubled with hyperesthesia, lightning-like pains, etc., but there cannot be a doubt about the danger of continuing its administration in large doses; it does produce a similar disease and it may ameliorate the pains by producing or increasing the sclerosis.

Believing as I do that so many cases of tabes depend upon syphilis, or at least upon a pre-existing syphilitic state, I advise a prolonged course of anti-syphilitic treatment, and while we expect to gain the most lasting benefit in these cases from prolonged mercurial treatment, we must not lose sight of the fact that mercury itself is capable of being directly injurious to the nerve centres. Some assert that they never have been able to observe any benefit from pushing mercury or the iodides, whilst others are just as confident of their benefit.

My strong conviction is that where the disease is of syphilitic origin, large and continued doses of the iodides will give greater relief than any other plan of treatment.

I might mention a case of this class which was rather peculiar, and which seemed to me to illustrate the benefit of large doses of iodides.

E. P., a well developed man, aged 38. After a course of treatment at the Hot Springs of Arkansas for the cure of his syphilis, came here and indulged freely in alcoholics in the autumn. He thought his pains and ataxic symptoms were due to malaria or the cold weather. He could not stand alone with his eyes shut. Though his muscles were firm he tired easily,

and could not walk across the room without taking a very erratic course. He lifted his feet too high and planted them down with a jerk. He could eat well, but his sense of taste was dull. He had a hesitancy in urinating.

The tendon reflexes, though not absent, were not well marked. The iris responded feebly to light, and his speech was thick. He suffered severely from the lightning-like pains, and the belt sensation was present. Ptosis existed on one side only. I plied him freely with the iodides, commencing with 15 grs. of pot. iod., and increasing to more than double that quantity four times a day, combining this with a general tonic treatment and judicious regimen. By careful watchings he was induced to keep this treatment up, and in about a month he was comparatively well.

I then lost sight of him for a month, during which time he had put himself through a course of treatment by "compound oxygen" with the result of having a return of all his old symptoms with increased severity.

Again I plied him with the iodides with good results until he was well enough to go out of town and enjoy the benefits of a residence in the country.

After about a year I saw him in consultation with another physician under whose care he was then, who had taxed the resources of the pharmacopœia for the relief of the old symptoms. I recounted my experience with the case, and again advised pushing the iodides to excess. I have not heard the result of the treatment, but a short time ago saw the patient on the street walking better than he did two years ago. This case seemed to me to respond to the iodides in very large doses only, but relapsed quickly on their withdrawal.

I must not fail to mention Lee's baths as a very suitable way of giving mercury, but in order to obtain the best results the patient must be under strict rules, must rest in the house in an evenly warmed temperature, must take suitable regimen and freshly infused sarsaparilla in large doses.

Before closing I must draw your attention to the fact that though the disease is dreaded to such an extent, and though the popular idea of it is so repugnant and depressing, many victims

of tabes live longer and suffer less than many others afflicted with diseases which, though they do not seem to be so repugnant, are really more fatal and injurious.

Even in this dread disease let us then surround our patients for as long a time as possible with as large a measure of hope as we may find consistent with our views. Let him at least hope on.

### COCAINE DOSAGE AND COCAINE ADDICTION.

BY J. B. MATTISON, M.D., BROOKLYN, N. Y.

(Read before King's County Medical Association.)

(Concluded from page 112.)

Dr. H. J. Beldt, New York City, reports four cases of toxic symptoms from cocaine injections.

Other cases are also reported by Drs. F. De Havilland Hall, Reich, Knapt Bellya/minoff, Alex. Thompson, Edward Bradley, Smidt, Ranc, Obersteiner, and Blumenthal.

Dr. Chas. H. Hughes, St. Louis, Editor of the *Alienist and Neurologist*, wrote me: "I know of a case where one grain of cocaine paralyzed the heart so effectually that the pulse became imperceptible for a few seconds, and only my presence with my battery, which was in the room, and ammonia, and a morphia and strychnia hypodermic saved the patient."

Germane to the subject of acute cocaine toxæmia is that of cocaine addiction—these notes are preliminary to a more extensive paper on cocaine inebriety—the existence of which Dr. Hammond denies. He took a half-dozen doses, at intervals of one to four days, and says "he acquired no habit." But to argue from that—no danger of addiction—is absurd. Such evidence is worthless. Dr. Hammond might do the same thing with morphia—more, he might take morphia, subcutaneously, daily for a month or two, without creating a "habit"—albeit its ensnaring power is well admitted—and yet that would not prove its freedom from danger. Not at all; it would merely show his exceptional strength to resist; many, under a like pressure, would surely succumb.

Cocainism is not the outcome of using the drug at long intervals. Its transient effect and

the demand of an impaired nerve status compel frequent taking—more than alcohol or opium—so that habitués have been known to take it ten, twenty, or more times daily, and it is this—growing by what it feeds on—that tends to create and continue the disease.

In the early days of chloral, one point claimed in its favor was a freedom from risk of "habit," a claim long ago exploded, as cases of chloralism well prove, and yet, I venture to assert, there are more cases of cocaine taking in this country to-day, less than three years since its arrival, than of chloral after a period more than six times as long.

Dr. Hammond says there may be instances of cocainism as rare as chronic tea-taking, and of cases with or after habitual alcohol or opium using, but, as for quitting the drug, he believes every cocaine taker could if he would.

The same opinion regarding opium obtains among some medical men, and the only effective argument against such a fallacy is to place those who hold it under power of that drug, and then have them prove their precept by their practice.

While admitting that most instances of cocaine taking are, for obvious reasons, in those who have been, or are, alcohol or opium habitués, especially the latter, I maintain there are cases of pure, primary addiction, and that the number is increasing, at home and abroad. Foreign writers have noted them, and they will figure in our records.

The following report, kindly sent me by Dr. Douglas Schoolfield, Newport, Ky., well shows the ill effect of cocaine on patients addicted to morphia.

Mr. — had been an opium habitue for several years, from morphia given subcutaneously to relieve sciatica.

In May, 1885, taking ten to fifteen grains daily, with nervous and digestive systems impaired, but weight nearly normal and mind clear and vigorous, he came under the doctor's care. Cocaine being then in rising repute as a cure for morphia taking, he was given half a grain, subcutaneously, knowing, unfortunately, what it was. Nausea, pallor, rigors, and cold sweats soon ensued, followed by flushed face brightened eyes, and a feeling "never so good

in all his life." He was delighted, talked incessantly, and declared himself, mentally, the peer of Spurgeon; physically, equal to Samson. The stimulant effect continued two hours, followed by lassitude and sleep. The cocaine was given at irregular increasing intervals for two weeks, when an effort was made to quit. Two days later he left for a summer resort, and was lost sight of. The next heard of him was through the town druggist, who remarked that he thought Mr. — must be "getting a corner on cocaine," as he had ordered his entire supply and the address of his wholesale house. He was written to, and urged to place himself under proper medical care, but no more was heard of him for two months, when the doctor was sent for, told he had been brought back, and given this history. On starting for his summer trip he procured a supply of cocaine and began taking it himself several times a day. In a few days he talked and acted strangely, slept little, appetite failed, and he grew worse daily. An effort was made to withhold it, or substitute morphia, but he resisted both, and raved like a madman. He had always been kind and even-tempered, but now became irritable and abusive; had hallucinations and homicidal delusions; would leap from bed, rush to the window, raise sash, and gesticulate wildly at a fancied foe. Calmed, he would be quiet for a time, and then break out in the loudest abuse of some friend present, declaring him in league with the devil for his harm.

The doctor was warned as to entering his room; and proceeding with care, the patient was found in fighting form, with a long-necked bottle, ready for battle. Addressed kindly, his suspicions were disarmed, he abandoned his hostile attitude, apologized, and declared himself quite mistaken. "His condition was pitiful indeed. Constant vigil and loss of sleep had made him a wreck. He was pale, thin, and haggard; ate nothing and slept none; was a prey to distorted fancy—a victim of unrest."

Under proper treatment he partially recovered, and was placed in sanitarium care. Six weeks afterwards he was discharged, but in a bad mental condition—morose and melancholic. He soon became violent and threaten-

ing, and was again taken to an asylum, where he now is, improved and improving.

My experience with a number of cocaine cases makes to me two things certain—there is a pernicious power, *per se*, in this drug, and it finds in the opium habitue a peculiar condition that specially favors its ill effects, making it for such patients, as has well been said, the "devil's own device" to still further enslave.

And this opinion is that of others, for it is the testimony, without exception so far as I know, of those who have had to do with this disease, that, as an intoxicant, cocaine is more dangerous than alcohol or opium, and that inebriety resulting from its use is more marked and unyielding than any other form.

Dr. Shradly,—editorial, *Medical Record*, November 28th, 1885,—says: "To some persons nothing is more fascinating than indulgence in cocaine. It relieves the sense of exhaustion, dispels mental depression, and produces a delicious sense of exhilaration and well-being. The after-effects are at first slight, almost imperceptible, but continual indulgence finally creates a craving which must be satisfied; the individual then becomes nervous, tremulous, sleepless, without appetite, and he is at last reduced to a condition of pitiable neurasthenia."

Dr. Alex. B. Shaw, Physician to St. Vincent Asylum for the Insane, St. Louis, asserts: "Once a man flies to cocaine for relief from 'cares that annoy,' he generally continues with such rapid strides towards such complete subjugation to its bewitching thralldom as but few will ever be rescued from by any power of will which they may be able to bring to their aid."

Dr. Everts writes: "It is not only an antidote to opium poisoning—or, more properly speaking, the organic demand for such drug effects as have been acquired by use—but is itself a fascinating and dangerous intoxicant, the effects of which may be more difficult to counteract and renounce than are those of opium or its derivatives."

Dr. Hughes declares it "a remedy to be used with extreme caution and prudence internally, and the large doses reported as having been given are not ordinarily safe. It will bear watching. It crazes and kills quicker

than opium. The possibilities for immediate harm are not only great, but the likelihood of remote damage when tolerance is established is not small. The cocaine habit, more pernicious than the morphine neurosis, is the certain entailment of its frequent administration, and its thralldom is far more tyrannical than the slavery of opium."

Erlenmeyer calls cocaine the third scourge of humanity—alcohol and opium being the first and second; and Erlenmeyer is right as to toxic neuroses. He says: "Its characteristic effects are vaso-motor paralysis, accelerated pulse, profuse sweats, dyspnoea, and syncope; failure of general nutrition, eyes sunken, skin cadaveric; with mental trouble, that sometimes needs restraint." And I am positive, from cases under my care, that he is correct.

I think it, for many—notably the large and enlarging number of opium and alcohol habits—the most fascinating and seductive, dangerous and destructive, drug extant; and, while admitting its great value in various disordered conditions, earnestly warn all against its careless giving in these cases, and especially insist on the great danger of self-injecting, a course almost certain to entail added ill.

To the man who has gone down under opium, and who thinks of taking to cocaine in hope of being lifted out of the mire, I would say, "Don't," lest he sink the deeper.

I have yet to learn of a single instance in which such an effort reached success; but know many cases where failure followed, or, worse, cocaine or coca-morphia addiction.

And the need of caution against free and frequent using obtains in other cases, for there may come a demand for continued taking that will not be denied.

To summarize:

Cocaine may be toxic—sometimes deadly—in large doses.

It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe.

The danger, near and remote, is greatest when given under the skin.

It may produce a diseased condition—in which the will is prostrate and the patient powerless—a true toxic neurosis, more marked

and less hopeful than that from alcohol or opium.

Such being my belief, I regard Dr. Hammond's statements mistaken, and his conclusions rash and dangerous.

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### Selections.

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*✶ We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMANN for the French.*

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#### EXTRACT FROM DR. COHEN'S ARTICLE ON GASEOUS ENEMATA FOR THE CURE OF PULMONARY TUBERCULOSIS.

The carbon dioxide is prepared by dropping a solution of dilute sulphuric acid (200 grammes of sulphuric acid to the litre of water) on sodium bicarbonate. Chlorohydric acid was used in the earlier experiments, but a portion always escaped with the carbon dioxide, and produced irritation of the rectum and kidneys.

The apparatus for generating the carbon dioxide consists of a square bottle in which three tablespoonfuls of sodium bicarbonate are placed. The bottle is hermetically closed by a rubber cork with two apertures, through one of which a glass tube extends to the bottom of the bottle, the upper portion being expanded into a funnel and reservoir for the dilute sulphuric acid, beneath which is a glass stopcock to regulate the descent of the liquid. The second aperture in the cork is filled with a curved glass tube for the escape of the gas, and this exit tube is prolonged by a section of rubber tubing for attachment to a rubber bag of six litres capacity, in which the carbonic acid gas is to be collected. The mouth of this bag is furnished with a stopcock. The sodium bicarbonate being placed in the bottle, the cork is inserted, and the stopcock of the sulphuric acid reservoir is closed. This reservoir is then filled with the dilute sulphuric acid, say four ounces, and the stopcock is turned so as to allow the acid to drip on the soda. The carbonic acid gas is evolved immediately, the activity of the disengagement being controlled by the stopcock. A little gas is allowed to escape into the atmos-

phere, so as to drive off the atmospheric air in the bottle. Meanwhile the reservoir is rolled tightly so as to drive out all the air it contains, as far as possible, and is then attached to the exit tube for the gas and allowed to become filled with the carbonic acid. It is then removed and its stopcock is closed. It must be removed before the stopcock is turned, in order that pent-up gas in the bottle shall not break the apparatus. This is one of the points to which the physician must direct the attention of his nurse, before entrusting the patient to the attendant. Another point upon which stress must be distinctly laid, is the rolling of the bag to prevent retention of atmospheric air.

The gas is now ready for use. The reservoir is attached to a handball aspirator with check valves at each end. This is attached to a metallic T tube passing through a cork which is intended to be placed in the neck of a bottle containing the medicated solution, preferably a highly charged natural sulphur water. The vertical portion of the tube is furnished with a double valve to prevent aspiration of the liquid through which the carbonic acid gas bubbles, and contains an orifice at top for the escape of the gas into the distal horizontal branch, to which is attached a tube connected with a nozzle for introduction into the rectum. As this tube could not be made here in time to supply me with the number of instruments I required, Mr. Kyner, Superintendent of the Polyclinic, has imitated the contrivance at my suggestion by two glass tubes placed in the cork just as in the cork of a modified Wolff bottle; the longer tube being supplied with a valve to prevent regurgitation. It answers equally well with the original. This T branch is placed in a bottle three-fourths filled with the sulphurous water—in this instance the Red Sulphur Spring water, of Virginia—and the aspirator is worked two or three times to drive out the atmospheric air in the bottle, another point to which the physician must emphatically direct the attention of his nurse. The nozzle is then inserted into the rectum of the recumbent patient and the injection made slowly. All clothing must be loose. With the hand on the abdomen, the amount of distention of the colon is noted, and when this is marked, or when pain is complained

of, the process is suspended until absorption takes place, as manifested by relaxation of the tension; and then the process is resumed. Fifteen to twenty minutes are consumed in the process of driving the six litres of carbon dioxide through the sulphur water. The sulphur salt—*e. g.*, sodium sulphide—is decomposed, hydrogen sulphide being formed, a portion of the carbon dioxide taken up to form sodium carbonates.

The only modification of the process I have permitted myself (for I deem it due in justice to Dr. Bergeon and Dr. Morel to test their method of administering the gas in their own way) is to place the mineral water bottle in a bath of warm water, which renders the injection more grateful. Within four minutes, sometimes within one, the sulphuretted hydrogen can be perceived in the breath, and be detected by paper saturated with plumbic acetate. It is prudent to have a bed-pan at hand in case there should be a call to stool. The injection should not be made upon the full stomach. This may produce emesis, it is said. You want all the room possible in the abdomen to prevent pressure upon a distended stomach and upon the diaphragm.

Three or four hours after a meal, or just before one, is the best time for injection. Two injections are given daily. I have found three hours after breakfast and three hours after supper the best periods. My patients have slept better after an injection just before bedtime, than after one, three or four hours after the midday meal.

At the first injections but half the contents of the reservoir of carbonic acid should be used, so that the parts and the system may be gradually accustomed to the process.

If the bottle of sulphurous water remain strongly impregnated after the injection, it may be tightly corked for use a second time. It is not necessary to have the bowels moved before an injection. Hæmoptysis and the presence of the menstrual period do not contraindicate the process. Indeed, Dr. Bergeon has seen amenorrhœa relieved during this treatment, even when that condition had failed to yield to the ordinary methods of treatment for that special condition.—*Medical News.*

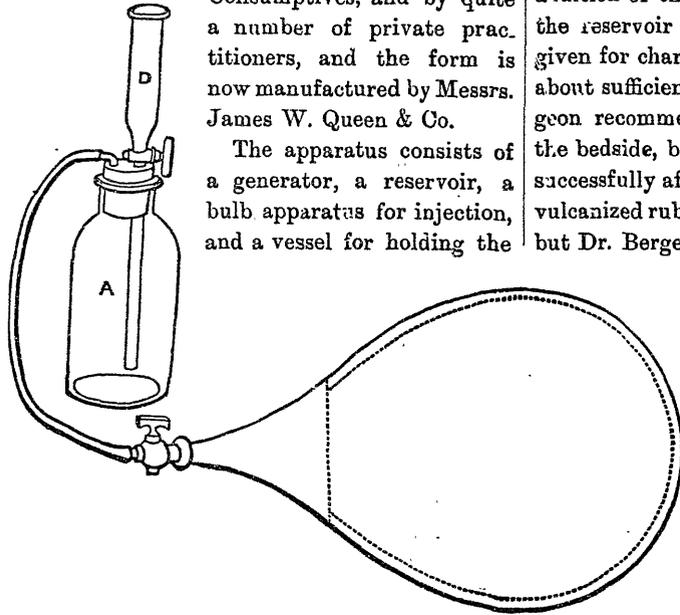
THE ADMINISTRATION OF GASEOUS ENEMATA.

The apparatus as constructed by Mr. Kyner is now in use at the hospital of the University of Pennsylvania, German Hospital, Home for Consumptives, and by quite a number of private practitioners, and the form is now manufactured by Messrs. James W. Queen & Co.

The apparatus consists of a generator, a reservoir, a bulb apparatus for injection, and a vessel for holding the

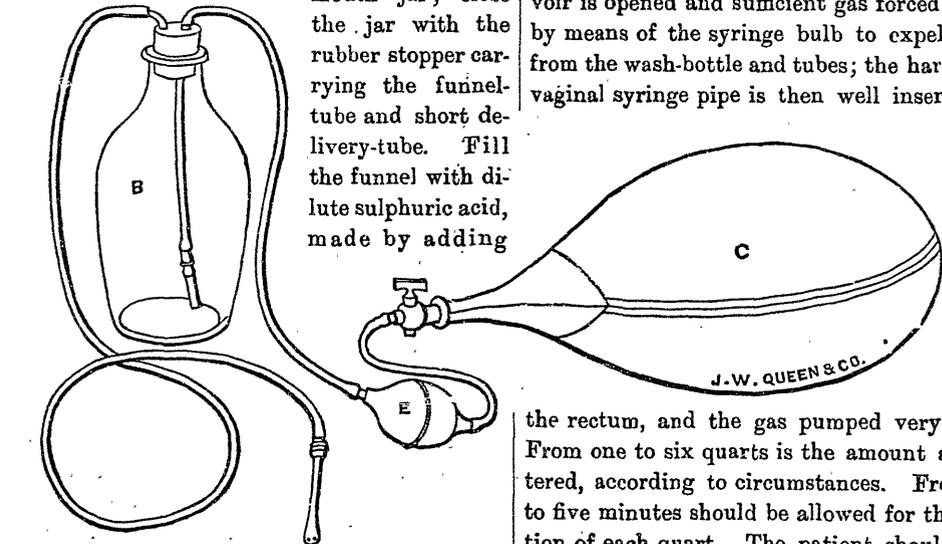
the acid to run into the bottle so as to generate sufficient gas to expel the air in the bottle. Then having rolled the reservoir tightly to exclude all air, connect it by means of the rubber hose to the generator, and continue the slow addition of the acid from the funnel-tube until the reservoir is filled. The quantities above given for charging the generator will be found about sufficient to fill the reservoir. Dr. Bergeon recommends that the acid be prepared at the bedside, but Mr. Kyner has used it entirely successfully after being kept six hours in a heavy vulcanized rubber bag such as is now furnished; but Dr. Bergeon used a lighter bag, which had not the power of resisting diffusion. This probably explains the difference in results. When the reservoir is filled it is detached from the hose and the stop-cock immediately closed.

To administer the gas, the reservoir is attached to the free end of the syringe bulb; the wash-bottle being about three-fourths filled with sulphur water is stood in a basin of warm water and closed by the rubber stopper carrying two tubes, attached to the other end of the syringe bulb. The stop-cock of the reservoir is opened and sufficient gas forced through by means of the syringe bulb to expel the air from the wash-bottle and tubes; the hard-rubber vaginal syringe pipe is then well inserted into



sulphur water. To generate the carbon dioxide, put one avoirdupois ounce of sodium bicarbonate and one fluid ounce of water into the wide-

mouth jar; close the jar with the rubber stopper carrying the funnel-tube and short delivery-tube. Fill the funnel with dilute sulphuric acid, made by adding



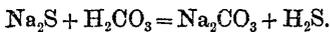
four fluid drachms of strong acid to four fluid ounces of water. By means of the stop-cock on the funnel-tube, allow about a teaspoonful of

the rectum, and the gas pumped very slowly. From one to six quarts is the amount administered, according to circumstances. From four to five minutes should be allowed for the injection of each quart. The patient should lie on the right side or on the back. Should any difficulty occur from the escape of gas from the rectum, the patient's legs should be extended

so as to compress the sphincter. It is the universal statement of patients that the injection can be given more satisfactorily and with less uneasiness when the bowels have been emptied. Two injections a day should be given. Since the injection interferes slightly with digestion, it should be given either one hour before or three hours after a meal. No pain except that of slight distention of the bowel is felt unless air is present in the apparatus. Although artificial waters have been said to cause pain, the following formulæ have been used without any difference of effect from natural waters having been noticed by the patient:

R. Sodium sulphide, pure,  
Sodium chloride..... ʒā gr. v.  
Water..... f ʒ xxij. ℥.

This is the formula first used at the Philadelphia Hospital. The hydrogen sulphide is formed by the action of the carbonic acid on the sodium sulphide substantially according to the following reaction:



When pure sodium sulphide is not attainable, the *potassium sulphuretum* or corresponding sodium compound may be used. These must be used in rather larger proportion, and produce an objectionable white precipitate of sulphur.

When a stronger sulphur water is desired than that produced by the above formula, the following may be used:

R. Sodium sulphide, pure..... gr. x  
Dilute hydrochloric acid, U. S. P. ℥ xxx  
Water..... f ʒ xxii.

Mr. Kyner, who has proposed this formula, prefers to keep the liquid on hand after use, and freshen it up for subsequent use by additional quantities of sodium sulphide and dilute hydrochloric acid. The freshening up should be done whenever the liquid ceases to smell of the hydrogen sulphide. A liquid so kept seems to acquire more nearly the characteristic odor of the natural water. If the sulphur water is of sufficient strength, the patient's breath will, in about five minutes after beginning the administration, darken lead acetate paper, and will

continue to smell of gas for an hour after the process is discontinued. It may be well to remark that metals, especially silver, are readily tarnished by the sulphur gases.—*Polyclinic*.

## ON THE LOCAL TREATMENT OF THE BLADDER.

BY PROF. ULTMANN.

The local treatment of the bladder should only be undertaken in the chronic forms of disease, since in the acute process appropriate dietetic and therapeutic measures bring about a cure in a short time. In the majority of cases we have to do with chronic catarrh of the bladder, in which we must manage the treatment according as the disease affects young or old persons and according to its etiological origin. If it is a case of a young individual where the catarrh is only an extension of a gonorrhœal process in the posterior urethra, then the treatment of the neck of the bladder must also be pursued in connection. This is best accomplished by placing the patient in the horizontal position, with the pelvis raised, and then introducing a thin catheter (No. 7 English), with a short piece of rubber tubing attached to it, with which the bladder is emptied. The catheter is then withdrawn about three centimetres into the neck of the bladder, and, with a syringe, about 200-300 grammes of tepid medicated fluid gradually injected. If no fluid flows back, it is the best proof that the eye of the catheter is in the right place. After the injection the patient should stand up and empty the bladder himself, so that the whole medicated fluid passes over the diseased neck a second time. Soft catheters are not good for this kind of injection because the pressure of the fluid easily forces them out. If the bladder of itself, is insufficient to expel the fluid, then it must be removed again by the catheter, and this is best done in the upright position.

When the disease affects the fundus of the bladder only, then the treatment is directed to that part alone. It must be carefully washed out with a soft elastic catheter till the fluid flows back quite clear. This can best be done in the upright or sitting positions, since then

the bladder will be most completely emptied. If performed in the recumbent position the pelvis must be raised. A syringe is more suitable than the irrigator, because by the former one can better measure the pressure used. Prof. Ultzmann also does not recommend the double current catheter, because, he says, the fluid can easily flow back through the efferent canal without the bladder being properly washed.

The treatment by means of the irrigators is to be recommended in cases of contracted bladder, caused by parenchymatous gonorrhœal cystitis, when, through the constant pressure of the fluid on the bladder, an increase in its capacity may be expected. For the removal of sediment the irrigator is not well adapted.

Tepid injections are to be used, except in paresis and insensitive bladders, and in cases of hemorrhage, when cold injections are of advantage. In sensitive bladders warm water injections are to be employed, or the same with tinct. opii (10 drops to 100 c.cm.), or a quarter per cent. solution of cocaine, a half to one per cent. solution of resorcin, or one-sixth to one-fourth per cent. carbolic solution, a three per cent. boracic acid, a five per cent. sulphate or chloride of soda solutions.

As astringent solutions may be used—a one-half per cent. alum solution; one-quarter to one-half per cent. zinc sulphate; or one-fifteenth to one-tenth per cent. hypermanganate solutions, one-tenth to one-half per cent. nitrate of silver.

In cases of ammoniacal urine, one-tenth per cent. permanganate of potash, tepid water, with a few drops of amyl. nitrite; three to five drops amyl. nitrite to half a litre water.

In phosphaturia, one-tenth per cent. chlorine water and carbolic acid, equal parts; one-fifth per cent. salicylic acid solution; two per cent. salicylate of soda.

When Bacteria are present, a one to ten-thousand sublimate solution, or a strong solution of potass. permang. may be used.

For hemorrhage: cold water; one-tenth to one-half nitrate of silver solution; ferrum sesquichloratum, fifty to sixty drops to a litre of cold water.—*Centralblatt f. Therapie.*

G. R. McD.

A "TROUBLESOME CUTANEOUS DISEASE."—*To the Editor of the Journal of Cutaneous and Venereal Diseases.* DEAR SIR:—There is a trouble, some cutaneous disease, of an epidemic character, very prevalent in this section, and I do not know what category to place it under. It has the general appearance of an eczema papulosum, with violent itching, especially at night; but its principal characteristic is its contagiousness; whole families are affected with it. I have been consulted by patients as far east as Eastport, Me., who tell me a great many are afflicted by it in that neighborhood.

The first cases I saw during the winter, and called it pruritus hiemalis, ignoring its contagious character; but cases seem to be as frequent now as during cold weather, and I am puzzled as to the nature of the trouble. A simple ointment of ammon. hydrarg. seems to be the most efficacious remedy, but some cases resist this treatment. I hope that you or some one of your dermatological correspondents may throw a little light on this disease through the columns of your *Journal* for the benefit of yours very truly,

A. B. SHERBURNE.

The disease which puzzles our correspondent is probably identical with a pruritic affection widely prevalent in the West, and which in different localities has received the euphonious titles of "swamp itch," "prairie digs," "Ohio scratches," "Michigan itch," etc. It has been confounded with scabies, but positive evidence of its parasitic origin was not revealed by the presence of the acarus in any of the numerous cases examined. The failure of the time-honored remedy of sulphur and lard, with which patients were in many instances copiously anointed, also furnished negative evidence as to its parasitic nature. Presumptive proofs of its contagiousness were found in the fact that often several members of a family were attacked at the same time, or successively.

We think the original diagnosis of our correspondent correct. The "itching disease," above alluded to, has been carefully studied by Drs. Hyde, Hardaway, and others, and its identity with pruritus hiemalis, or the winter prurigo of Hutchinson, has, we think, been conclusively established. It is due essentially to climatic conditions, its advent is made with the cold

weather, and it is more prevalent in localities where severe changes of temperature occur. The explanation of its apparent contagiousness, as in cases where entire families are simultaneously affected, may be found in the fact that all are equally exposed to the same atmospheric conditions.

It is proper to say that many observers do not recognize cold weather as the chief etiological factor in the production of this disease, but the theory is quite consistent with the facts of our knowledge respecting the influence of temperature changes in the causation and aggravation of cutaneous diseases. The direct irritant effect of heat and cold upon the skin is a matter of common observation. The action of heat is familiarly manifest in the production of sunburn, prickly heat, eczema solare, etc. Many of the cutaneous disorders which prevail among our tenement-house population in this city during the hot summer months are directly traceable to the extreme heat. Chapped hands and faces, and a general roughened condition of the surface exposed to the action of cold, are no less familiar phenomena.

In the disease under consideration, however, the primary influence of the cold seems to be limited to the production of an irritable condition of the skin characterized by intense pruritus, always aggravated at night. The papular, vesicular, or other lesions are secondary, and superinduced by irritation of the skin from scratching. In exceptional cases a dermatitis, presenting a clinical resemblance to papular or vesicular eczema, develops without antecedent history of pruritus. In aggravated cases, pustular and furuncular lesions may occur. An urticarial form has also been observed, which presents certain analogies with the urticaria of immigrants, so common in our sea-board cities, and which is recognized as due to a change of climatic and dietetic conditions.

The treatment should be local and directed principally to the mitigation of the subjective symptoms. Turkish baths constitute a most efficient means for the relief of cutaneous pruritus, but these are rarely available. Hot alkaline baths prepared by the addition of six or eight ounces of the bicarbonate of soda, employed at bed-time, afford great relief. After

an immersion of fifteen to twenty minutes in the bath, the skin should be carefully dried and an inunction made with carbolized vaseline or a soothing ointment. The anointed parts may then be dusted with Pears' fuller's earth, a mixture of starch and rice flour, or any of the ordinary dusting powders. Lotions of carbolic acid (five to ten grains to the ounce; with a little glycerine) or an ointment of carbolic acid (fifteen to thirty grains to the ounce) have an excellent antipruritic effect. When the skin is not broken, painting the affected surfaces with a solution of carbolic acid in glycerine (thirty grains to  $\bar{3}$  i.) will effectually subdue the itching.

The various preparations of tar which have a deservedly high reputation as antipruritics may be used either in solution or in the form of ointments. One of the best antipruritic ointments is one drachm each of camphor and chloral to the ounce of ungu. aq. rosæ. Another preparation which I have found of great service in allaying itching is the following:  $\bar{R}$  Sodæ bicarb.,  $\bar{3}$  ij.; potassæ bicarb.,  $\bar{3}$  i.; glycerinæ,  $\bar{3}$  ij.; tinct. opii,  $\bar{3}$  iss.; aq., ad  $\bar{3}$  viij. M.

The same preparation does not prove of equal efficacy in all cases, and when one fails, another may be found more serviceable.

Some of our western confreres who have had a large experience in the treatment of this distressing affection may be able to give our correspondent therapeutic hints of more value.—*Editor Journal of Cutaneous and Venereal Diseases.*

COLLOID CARCINOMA OF THE STOMACH.—Dr. Franks exhibited the stomach, omentum, transverse colon, pancreas, and spleen of a man who died in the Adelaide Hospital of colloid carcinoma of the stomach. He was *only* thirty-eight years of age. The history of the disease dated back eight months, when some pain in the epigastrium was first observed. A tumor was felt for the first time two months previously. Abdominal section was performed on the 12th October, but as it was evident that the tumor could not be removed the wound was closed. The patient died twelve days afterwards from exhausting diarrhoea, which set in a few days previously. The wound was firmly healed, and there was no evidence of peritonitis.

ON THE ACTION OF OPIUM AND BELLADONNA ASSOCIATED IN A CASE OF ACUTE DIABETES.—M. Villemin, who is the Professor of Medicine at the Val de Grace (military) Hospital here, communicates to the Academie des Sciences an interesting article on the above subject. He says "that he had lately a therapeutic fact that was as precise and as clear as any physiological experiment. It was that of a young artilleryman of strong constitution, who was admitted with acute diabetes with all its usual symptoms, consisting of a polyuria of fourteen litres a day, and discharging eight hundred and forty-one grammes of glucose in the same period. The usual treatment was at once commenced by ordering abstinence from sugar, etc., and giving meat-diet with the gluten bread, etc.; but, a week having passed without any improvement, Dr. Villemin thought of a case of diabetes insipidus that he had seen cured with belladonna and opium, and began to try it in this man. He feared at first that he might provoke an accumulation of glucose in the system by putting a check on the urinary secretion by this medication. But, however, he began by giving ten centigrammes of extract of belladonna and five centigrammes of opium extract per day; and seven days afterwards the urine had gone down to ten litres, and the sugar to four hundred and ten grammes. He then progressively increased the dose, and at the end of two months got up to fifteen centigrammes of each medicine, when he had the satisfaction of seeing the urine and the sugar eliminated diminish gradually. At this time the urine was from three to four litres, and sugar two to five grammes per litre, and the dose of the medicines was raised to twenty centigrammes, when, a week afterwards, there was not the slightest sign of sugar.

M. Villemin then suppressed all drugs, and in two or three days the sugar came back, so he was forced to return to the same dose, when, five days later, the sugar had again disappeared and the quantity of urine was now two litres. The cure was maintained as long as the medicine was continued; but the moment the dose was lowered or stopped, the sugar would reappear and the urine increase in quantity. During all this period of experimentation the patient was kept on the usual diet; but this was now

changed, and he was permitted to use all kinds of food as he liked, or what was given to the healthy men. But this did not make any difference as long as the dose of twenty centigrammes was kept up. Later bromide of potassium was tried; but the sugar returned and the urine increased to eleven litres. Experiments were also made, by giving one only of the medicines, to see if either of them had a preponderating action or an exclusive one in modifying the disease, and it was seen that the results obtained were by the association of the opium and the belladonna.—*Paris Correspondent—Medical Times.*

RASH PRODUCED BY ANTIPYRIN.—I am interested in observing a note upon this point, by Dr. Dalby, in the *Journal* of January 15th. Just recently, I employed the drug in a case of typhoid fever; and, after eight days of its use, the rash appeared, first about the elbows and knees, afterwards extending to the other parts of the extremities, and lastly to the trunk; there were just a few spots on the face. The colour was bright red, but there was no crescentic grouping, and the catarrhal symptoms of measles were wanting. The rash did not begin to fade till the fifth day from its first appearance. This, however, might probably be accounted for by the fact that the drug was not discontinued, though only about half the previous quantity was administered in the twenty-four hours. Altogether, about one ounce of the drug had been given during the eight days before the rash appeared—that is, an average of one drachm per day; afterwards, only half a drachm, the pyrexial symptoms not demanding it; when the rash began to fade, only one dose of fifteen grains in the day was being taken.

Whilst speaking of this drug, I would take the opportunity of alluding to its great value in pyrexial conditions of all kinds, perhaps especially in typhoid. In the case just quoted, which had every appearance of turning out a severe one (the temperature about the end of the first week ranging between 104° and 105°, at all hours, with intense headache and a dry tongue), the drug acted in a most salutary manner, the temperature nearly always falling



# COMBINATIONS FOR HORSFORD'S ACID PHOSPHATE.

As the "Acid Phosphate" of Prof. Horsford is more extensively used, one of its characteristic qualities, that of an adjuvant, becomes better known and appreciated. The experience of physicians of the various schools, shows that it combines readily and very effectively with a great variety of other remedial agents. It is a superior substitute for the officinal Phos. Acid. Dil., as it acts more effectively, and does not produce the irritation sometimes noticed upon the exhibition of that remedy.

Below we give a series of prescriptions in combination with Horsford's Acid Phosphate, and believe them worthy the careful consideration of medical practitioners. These prescriptions are the result of careful study, and they serve to show the wide usefulness of Prof. Horsford's excellent preparation.

\*These combinations are largely used by the Professor.

**\*ACID PHOSPHATE WITH STRYCHNIA.**

℞ Horsford's Acid Phosphate..... f ʒ viij  
Strychninæ Sulph..... gr. j  
M.

Sig: Half to one teaspoonful in a glass of water.

**ACID PHOSPHATE WITH QUININE.**

℞ Horsford's Acid Phosphate ..... f ʒ ss  
Quinina Sulph ..... . xvj  
Syrupi Simplicis ..... f ʒ ij  
Aque ..... f ʒ vss  
M. Sig: A tablespoonful in a wineglass of water.

**ACID PHOSPHATE WITH EMULSION OF COD LIVER OIL.**

℞ Emulsion Olei Morrhue 50% ..... f ʒ viij  
Horsford's Acid Phosphate..... f ʒ j  
M. Sig: A tablespoonful.

We do not prepare the Acid Phosphate in any of the above combinations.

℞ Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished with a sample, without expense, except express charges, on application to

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"There is no Remedy known that can be substituted for Maltine with Equal Benefit, in cases of Anæmia and Nervous Prostration."—Fothergill.

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Oleo-res. Cubeb 1-5 gr., Tolu 1-5 gr., Ol. Sassafras 1-10 gr.,  
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**Charcoal 10 grs.**

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**Ginger, strong.**

Tinct. Ginger 15 min.

**Ginger and Soda Bicarb.**

Tinct. Ginger 10 min., Soda Bicarb. 2 grs

**Peppermint (Mitcham Oil).**

Oil Peppermint, Mitch. ½ min.

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Rhei 2 gr., Ginger 1 gr., Soda Bicarb 2 gr.

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## FELLOWS' HYPOPHOSPHITES.

(SYR. HYPOPHOS. FELLOWS).

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**TO STIMULATE THE APPETITE.**—Take half the Tonic Dose, as directed, in very cold (not iced) water fifteen minutes before eating.

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**TO SUSTAIN MENTAL EXERTION.**—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

**TO GIVE POWER TO THE VOCAL CHORDS.**—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where mucous expectoration is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

**TO PREVENT RECURRENCE OF NIGHT SWEATS.**—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat-glands.

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**FOR CONVALESCENCE** from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

**TO STRENGTHEN AND DEVELOP NURSING INFANTS.**—Let the mother take the Tonic Dose as directed with the food.

**TO PROMOTE SLEEP.**—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

### DOSES.

**TONIC.**—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the doses should be regulated according to age, viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

Employ the TONIC DOSE for sleeplessness, loss of memory, loss of voice, lack of energy, timidity, despondency, night sweats, dyspepsia, hysteria, hypochondria; palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

NOTE.—In prescribing, please give prominence to the name FELLOWS, thus:

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OF PURE COD LIVER OIL WITH  
HYPOPHOSPHITES OF LIME AND SODA.

THE STANDARD EMULSION OF COD LIVER OIL.

The ONLY Preparation of its class that will not SEPARATE nor SPOIL in any climate.

IT IS MADE FROM THE PUREST NORWEGIAN COD LIVER OIL, COMBINED WITH CHEMICALLY PURE HYPOPHOSPHITES AND GLYCERINE.

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WE ASK A CAREFUL COMPARATIVE TEST WITH ANY OR ALL SIMILAR PREPARATIONS.

FORMULA: 50 per cent. of Pure Cod Liver Oil, 6 grs. of the Hypophosphites of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce. Emulsified with mucilage and Glycerine.

Messrs. SCOTT & BOWNE: Truro, N.S., Nov. 15, 1880.  
Gentlemen—After three years' experience, I consider your Emulsion one of the very best in the market.  
W. S. MUIR, M.D., L.R.C.P. & S., Edin.

Messrs. SCOTT & BOWNE: I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach are some of its greatest merits. I have the honor to be, yours truly,  
St. John, N.B. T. J. O. EARLE, M.D.

Messrs. SCOTT & BOWNE: I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.  
Petticoadiac, N.B., Nov. 5, 1880. A. H. PECK, M.D., Penn., Med. College.

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1/7/84

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# ELIXIR ALETRIS CO.

EACH FLUID DRACHM CONTAINS THE ACTIVE CONSTITUENTS OF

Aletris Farinosa,	-	-	10 grains.
Viburnum Prunifolium,	-	-	5 “
Cimicifuga Racemosa,	-	-	2 <sup>1</sup> / <sub>2</sub> “

The two latter remedies have long held an established place as Uterine Sedatives, and recent practice has shown that the Aletris Farinosa, or True Unicorn Root, possesses, in a remarkable degree, the properties of this class of remedies. The combination will be found a useful substitute for Potassium Bromide, so frequently, and often unsuccessfully, used for the diseases indicated, and it is not moreover, open to the objection of producing the depressing effects which characterize the Potassium Salts generally, and the Bromide in particular. All the ingredients possess, to some degree, a secondary tonic property, from which permanent advantage may be predicated.

Dose, one to two teaspoonfuls undiluted or diluted in water.

 Samples sent to Physicians on application.

PREPARED BY

## E. B. SHUTTLEWORTH,

MANUFACTURING CHEMIST,

TORONTO.

## SMITH & McGLASHAN CO.,

WHOLESALE AGENTS,

TORONTO.

from 2° to 3° about two hours after a dose of fifteen grains, with free perspiration, relief to the head-symptoms, and generally a good sleep. The temperature usually rises to the previous point, or thereabouts, within five or six hours after taking the last dose, during the height of the fever; and I have found it best to have it noted tolerably frequently (every two hours), and anticipate by giving a fifteen grain dose whenever it exceeds 103°. About four doses in twenty-four hours will generally suffice. Without claiming for the drug any specification, it certainly enables you to put the brake on the pyrexial condition when the latter seems to be the chief element of danger; and this it does with great comfort to the patient, for, besides acting as a free diaphoretic, it is either directly or indirectly a hypnotic, and, I fancy, also a diuretic.—*Dr. Paget, in Brit. Med. Jour.*

**HYOSCINE IN KIDNEY DISEASE.**—*Dr. Nestor Tirard (Practitioner)*, has found hyoscine useful in the sleeplessness of Bright's disease. A patient, aged 58, suffering from chronic Bright's disease, with insomnia, took chloral till it lost its effects, and afterwards cannabis indica without a satisfactory effect. Then two minims of a solution of hydriodate of hyoscine (one grain in 100 of water) were injected subcutaneously three days in succession, in the evening. The injection was followed on each occasion by delirium, for the most part of a drowsy, chattering character; but sometimes there was laughter, and sometimes the delirium was violent. To the delirium succeeded sound sleep for two or three hours, and the patient awoke much refreshed. On reducing the dose to one minim (100 gr.) the delirium became less marked and the sleep longer. For twelve days under this dose the results, so far as the nights were concerned, did not vary much; the patient was nearly always asleep, or chattering in a purposeless fashion, in from ten to twenty minutes after the hypodermic injection, and from this delirious condition he passed gradually into sound sleep. Some nights are described as being "perfect," and the days also were improved, a more even temper taking the place of the previous irritable condition. The patient often complained of dryness of the throat during the

night, and on two or three occasions of nausea. The pulse fell five beats after each injection, but was not reduced in volume. There was no interference with accommodation, and no alteration in the pupil.—*Medical Chronicle.*

**WHOOPIING COUGH.**—*M. A. Nettery, of Nancy*, has remarked that in the first period of bronchitis, or period of sibilant râles, the oxymel of squill given without excipient provoked in a very few days an abundant secretion from the tracheo-bronchitic mucous membrane, and thereby a quick change to the catarrhal stage. For twelve years treating in this manner whooping cough, he obtained most brilliant results, so that at present the method has been adopted at Nancy by several of his colleagues. At the end of two or three days, sometimes even in less time, the attacks change their character, so that the cough becomes loose and the mucosities reach the throat and mouth at the first outset of the cough. From that time the rapidity of the cure depends on the age and strength of the child, according as being more or less than three years of age and more or less robust, they cough up or spit out their sputa. The doses are as follows: For a child at the breast, 20, 40, 60 drops in the 24 hours. At or about two years of age, four or five coffeespoonfuls in the space of one hour. At three years or over, six to seven coffeespoonfuls. For an adult, eight or nine. The dose should only be given at the appointed hour daily.—*Gazette des Hopitaux.*

**CAUTERIZATION OF ELBOW-JOINT.**—*Dr. Alfred Brachini* reports a case of fungous osteosynovitis of the elbow, in which he laid the joint widely open with the knife, and then with Paquelin's thermo-cautery burned the granulations and heated the interior of the joint so that the operator's finger could not tolerate it. The sinuses leading outwards were all thoroughly cauterized down to the bone. He then irrigated the wound with sublimate solution and dressed with carbolized iodoform gauze, the whole being surrounded with carbolized cotton and mackintosh. Recovery ensued with complete restoration of the functions of the elbow.—*L'op. Spérimentalé.*

**HATS AS A CAUSE OF BALDNESS.**—Baldness is not confined to race or occupation, but it is to sex; while forty to fifty per cent. of middle-aged and elderly city men show some stage of it, women are entirely exempt. They are subject to the same laws of heredity, have the same habits and occupations as men, and yet have as much hair to-day as at any previous time in the world's history. This can only be explained by the essential difference in the head coverings of the two sexes; and yet the head-gear of women has been condemned and ridiculed in various styles of literature—principally by the high-hat sex. It may not commend itself to one's sense of utility, but it has usually the charm of novelty—sometimes of beauty—and it never destroys the growth of hair. Man's high hat, for many generations, has varied within very narrow limits, and has always been ugly and unnatural; but the average man will wear it long after his faith in hair tonics and restorers with seductive promises has been shattered. Still, let him remember, as he takes his after-dinner repose, that his favorite hat will certainly and inevitably extend the pasture lands of the domestic fly.—*Popular Science Monthly.*

**TORNWALDZ DISEASE.**—From his interesting investigations upon hypersecretion of Luschka's gland, Dr. Luc draws the following conclusions:

(1) Whenever we meet with chronic pharyngitis characterized by dryness of the fauces with crusts and mucosities, catarrh of Luschka's gland should be suspected.

(2) Energetic cauterization with the galvanic cautery of the pharyngeal bursa causes the catarrh to cease, and brings about a cure of the secondary pharyngitis.

(3) The concomitant presence of the signs of true ozæna, is not a contra-indication of direct intervention of the gland of Luschka; for if the complete destruction of this gland does not modify the vicious conformation of the nasal fossæ, it may dry up the pharyngeal catarrh, consecutively the nasal catarrh, and diminish the quantity of secretion that had to accumulate in these cavities. In other words, if the nasal crusts are always difficult to expel, they may become less abundant.—*Gazette des Hôpitaux France Médicale.*

**SALICYLATE OF LITHIA.**—Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. Four to four and a half grammes, and even five grammes, may be given in a day. If the improvement is not lasting, fifty centigrammes may be added to the daily dose. Sometimes, when the dose is increased to five or five and a half grammes, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of fifty centigrammes. The physiological effects of the drug are headache, giddiness, and deafness.—*British Medical Jour. and N. Y. Medical Record*

**A LIVER WITH TWO GALL BLADDERS** was exhibited by Dr. Penser at a recent meeting of the pathological society of Dublin, reported in the *Medical Press*. The patient died from malignant scarlatina. On dissecting off the serous coat of the liver, two separate gall bladders were found, each of which had a distinct cystic duct; and these opened into the bile duct, the one at some distance from the other. There were no marked anomalies in the liver, except that the common hepatic duct, instead of dividing into two branches when coming into the liver, divided into three—one to the left, another to the right, and a third running into a posterior part of the liver. These ducts did not communicate with one another, but were distinct in their whole course.

**ETHOXYCAFFEINE**—By C. CHABOT.—In experiments at the Cochin hospital, one gramme of this drug given in five doses relieved the pains of herpes zoster in an anæmic. Fifty centigrammes in five doses cured an obstinate migraine. M. Chabot reports two other cases of migraine cured completely. M. Dujardin-Beaumez gives the ethoxycaffeine with salicylate of soda to facilitate solution, and cocaine to prevent gastric pains often caused by it.—*Bull. Gen. de Therap.*

**SCIATICA.**—In an obstinate case of sciatica that had resisted all medicines, and in which not the slightest relief could be obtained, a careful examination of the gluteal region disclosed a painful spot, with a sensation of fulness and resistance on palpation. A long, narrow, fine-pointed bistoury was passed deeply and gave exit to eight grammes of clear, serous like fluid, with immediate relief from suffering, and a permanent cure as a result. It is possible that the beneficial results from acupuncture in neuralgias is often due to the release of imprisoned fluid in the sheath of a nerve due to inflammation of the connective tissue.—*L'Union Medicale*.

Dr. Martin, of Berlin, operates with a rapidity that is wonderful. I have seen him remove an ovarian cyst and close the wound in seven minutes, and have frequently seen him do the operation inside of ten minutes. He considers despatch a prime element of success, and thinks that Lawson Tait's idea of a small abdominal incision is an erroneous one. He thinks that too many assistants are bad, and tells of performing an ovariectomy entirely unassisted, those he depended upon being taken with a fainting fit and hence unable to perform their duty.—*Cor. Chicago Medical Jour.*

**SIALORRHOEA OF PREGNANCY.**—M. Schramm reports a case of sialorrhoea in which after seven hypodermic injections of pilocarpine in one centigramme doses, the salivary flux diminished but did not cease. Bromide of potash was then prescribed, and the sialorrhoea ceased. M. Schramm believes that the bromide diminishes the excitability of the glandular nerves and paralyzes the secretory fibres of the sympathetic, and the radicular filaments of the facial. One recommendation is its harmlessness to pregnant women.—*L'Union Medicale*.

**ROUGH ON RATS.**—Prof. Bartholow says this poison owes its efficacy to phosphorus. In a case reported by Dr. Zimmerman, some years ago in this journal, the analysis of Mr. Thomas Heyes, of Toronto, showed that the contents of a box of "Rough on Rats" were composed of 99 per cent. of arsenious acid and one per cent of charcoal.

## Therapeutical Notes.

**BLEEDING HÆMORRHOIDS.**—Apply styptic colodion.—Bartholow.

In hæmorrhage from uterine cancer, Parvin inserts little bags of tannin.

**IN WATERY COLLIQUATIVE DIARRHŒA,** Bartholow claims that no remedy is more valuable than sulphuric acid, to which opium may be added.

**TYPHOID FEVER.**—Prof. Bartholow still advocates carbolic acid, no form of treatment having been in his hands so successful. Two drops of a solution of carbolic acid and lugolo solution may be given every three hours.

**ERYSIPELAS.**—DaCosta says better results can be obtained in robust plethoric subjects, by the use of pilocarpine, than by any other mode of treatment. Dose,  $\frac{1}{8}$  gr. of pilocarpine; or twenty minims of the fluid extract of jaborandi.

**GONORRHOEA.**—Fluid extract of hydrastis canadensis mixed with mucilage acacia as thick as can be used is of much service. It should be retained for some time, the urethra having been previously cleansed with water or solution of sodium chloride.

**IMPETIGO (LIEBREICH).**—

R	Salicylic acid	1
	Oxide of zinc	12
	Powdered starch	12
M	Lanoline	25

—*L'Union Med.*

**FOR FRECKLES (MONIN).**—

R	Lait Virginal	50
	Glycerine pure	30
	Hydrochloric acid	5
M	Chloride of ammonium	4

Apply morning and evening with a camel's hair brush.—*L'Union Med.*

The following are the prescriptions of Hildebrandt and Fellner for profuse metrorrhagia:

R.—Ext. fl. hydrastis canad.,  
Vini malaga,  
Syrupi cinnamon. . . . . āā ʒijss.—M.

Sig.—One or two teaspoonfuls every two hours.—*Med. News.*

## ANTIBLENORRHOIC INJECTION (WEISS).—

R	Quinine sulphate . . . . .	1
	Distilled water . . . . .	75
	Glycerin . . . . .	25
M	Rabel water, a few drops.	

Use three times a day continuing after the running has stopped to prevent relapses.—*L'Union Med.*

CHLORIDE OF CALCIUM IN CERVICAL ADENOPATHY.—The results obtained from the use of calcium in scrofulous adenopathy of children are most satisfactory. The medication should be long continued. The crystallized salt should be used in a draught or syrup in doses of ten to fifteen grains for an adult; one to three grains for young children.—*Annales Medicales Velges.*

SULPHUR IN CHLOROSIS.—When chlorosis will not yield to iron or other remedies sulphur should be resorted to. Prof. Hugo Schultz, of University of Griefswald, is an advocate of this treatment. He gives the sulphur in powder, with twice its weight in sugar—as much as will lie on the point of a knife—three times daily. He concludes in an article in the *Deut. Med. Wochenschrift*: (1) In true idiopathic chlorosis, where iron is ineffectual, sulphur will produce a marked amelioration. (2) After using sulphur, iron can again be resorted to, and it becomes very beneficial. (3) In cases of chlorosis complicated with gastric catarrh, sulphur is usually ill-borne.—*L'Union Medicale.*

THE TREATMENT OF ACNE.—Lassar ("Therap. Mntshft.," 1887, No. 1) recommends for all forms of acne the following paste:

$\beta$ -naphthol . . . . .	10 parts;
Precipitated sulphur . . . . .	50 "
Vaseline or lanolin, } each	25 "
Green soap, }	

This is to be spread upon the skin to the thickness of the back of a knife-blade, and left on for fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off with a soft cloth, and the skin powdered with talc. The skin soon becomes inflamed, then turns brown, and finally peels off. The

desquamation can be hastened by the application of Lassar's paste with two per cent. of salicylic acid. When the desquamation has ceased, the acne will be found to be greatly benefited.—*N. Y. Med. Jour.*

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THE  
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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TORONTO, MAY, 1887.

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THE TREATMENT OF PULMONARY  
TUBERCULOSIS BY THE INJECTION  
OF SULPHURETTED HYDROGEN  
INTO THE BOWELS.

This form of treatment, which at first strikes one as very absurd, is really gaining ground. It was first instituted by Dr. Bergeon, lately Professor in the Medical School of Lyons. He communicated the result of his experiments to the Academy of Science, during the summer and autumn of last year. Dr. J. Henry Bennett, in a communication to the *British Medical Journal* of December 8th, 1886, spoke favourably of the treatment and of the results as they had been observed by him. On this continent—so far as we know—the treatment was first introduced into the hospitals of Philadelphia. In a recent number of the *Medical News*, two articles on this subject have appeared—one from Dr. J. Solis Cohen, and another by Dr. Edward T. Bruen. The apparatus is simple, and can be used by any intelligent nurse. It depends on the principle that when a current of carbon dioxide is driven through a liquid in which a gaseous or volatile substance is held in solution, it dissociates it and drives it forward.

A description of the apparatus will be found on another page. The sole object of this form of treatment is to bring into intimate contact with the diseased lung a safe antiseptic, which would kill the diseased germs; and which would, at the same time, not be injurious to the patient. After many experiments, sulphuretted hydrogen, introduced in the way

described, was found to be the most effective agent.

It is not yet time to give a definite opinion upon this mode of treatment. In Dr. Cohen's cases, a decided improvement took place in the majority. "All published observations recount rapid amelioration of the suppurative phenomena, a marked diminution in cough, expectoration, dyspepsia, and night sweats being noted within two or three days."

One must remember that consumptive patients will often seem to improve under every new form of treatment; and when such a mysterious procedure as the one before us is adopted, they are very liable to be impressed with the idea that at last a cure has been found. Dr. Bergeon relates several cures. Some of his patients have been able to resume occupations which try the lungs very much.

Dr. Edward T. Bruen has adopted this form of treatment in twenty-four cases. He concludes his paper with the following summary:—

1. In nearly all cases lasting effects have been secured in the reduction of temperature, suspension of night-sweats, lessened cough, and expectoration; and in some, all physical signs of bronchial catarrh abolished.

2. Temporarily reduction of pulse-rate fifteen to twenty beats, and temperature one-half a degree to one degree during the administration of the gas.

3. The amount of gas introduced into the bowel has varied from three quarts to a gallon at each injection. It has been introduced very slowly, from fifteen minutes to half an hour being demanded by the operation. The administration has been practised in most cases twice in the twenty-four hours. No injurious effects from the gas have as yet been observed.

4. Administration of the gas in different amounts and varying degrees of concentration is now being practised, and also investigations into the characteristics of the sputa.

5. In only one of the cases of phthisis the effects of the gas have been entirely negative.

6. In cases of phthisis complicated by intestinal lesions, experience is still insufficient to make it possible to state positive results.

7. The ultimate value of the treatment can certainly only be established by time. The

probable mode of action would seem to be anti-septic, and by reducing suppuration the relief of the attending serious symptoms, the patient is permitted to gain by food, exercise, and general treatment. Thus far, the value of the gas seems to be that of a useful therapeutic measure, rather than a curative plan of treatment.

8. The method of preparing the gas for use in the hospital is as follows: The carbonic acid gas is passed through a solution of chloride of sodium and sulphide of sodium in twenty-two ounces of water. The proportion of the salts has been increased in some cases, and some trials of other combinations are being made.

It will require a much more extended trial of this treatment, and continued observation of the patients, before a definite opinion can be given as to its value.

So far the indications seem favorable. It is probable that in this way many cases may be improved, and, perhaps, when this treatment is adopted early enough, cures may follow.

### THE ONTARIO MEDICAL ACT.

The chief amendments to the Medical Act, which passed at the recent session of the Legislature, of interest to the profession, are:—

1. *Limitation of actions for negligence.*—No duly registered member of the College of Physicians and Surgeons of Ontario, shall be liable to any action for negligence or mal-practice, by reason of professional services requested or rendered, unless such action be commenced within *one year* from the date whereon the matter complained of such professional services terminated.

2. *Erasing names from register.*—(a) Where any registered medical practitioner has either before or after the passing of this Act and either before or after he is so registered been convicted either in Her Majesty's dominions or elsewhere of an offence, which if committed in Canada, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register.

(b) The Council may, and upon the applica-

tion of any four registered medical practitioners, shall cause enquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register: provided, that the name of a person shall not be erased under this section on account of his adopting, or refraining from adopting the practice of any particular theory of medicine or surgery, nor on account of a conviction for a political offence out of Her Majesty's dominion, nor on account of a conviction for an offence which though within the provisions of this section ought not, either from the trivial nature of the offence, or from the circumstances under which it was committed to disqualify a person from practising medicine or surgery.

(c) The Council may order to be paid out of any funds at their disposal such costs as to them may seem just to any person against whom any complaint has been made which when finally determined is found to have been frivolous and vexatious.

3. *Restoring names to register.*—(a) Where the Council direct the erasure from the register of the name of any person, or of any other entry, the name of that person or that entry shall not be again entered on the register, except by the direction of the Council, or by the order of a judge or of a court of competent jurisdiction.

(b) If the Council think fit in any case, they may direct the registrar to restore to the register any name or entry erased therefrom, either without fee or on payment of such fee, not exceeding the registration fee, as the Council may, from time to time, fix, and the registrar shall restore the same accordingly.

ADDITION TO BELLEVUE HOSPITAL, NEW YORK.—A new building, to be known as "the Townsend Pavilion annex," is being built on the grounds of the Bellevue Hospital, which will be used exclusively for the benefit of women afflicted with tumors and kindred troubles. It will cost about \$7,000, which has been presented by Mrs. R. H. L. Townsend, of New York, in gratitude for a successful operation performed on herself.

## THE UNIVERSITY OF TORONTO.

The Act respecting the Federation of the University of Toronto and University College with other Universities and Colleges, which was recently passed by an almost unanimous vote in the Provincial Parliament, is probably the most important in the interests of higher education that has ever been enacted in this country. To us, as physicians, one of the most important clauses in the Bill is that which provides for the establishment of a Faculty of Medicine.

The tendency of the times, and the evident aim of our very able Minister of Education, are towards the consolidation of the whole Educational system of the Province. Commencing with our Public Schools, and passing through our High Schools and Collegiate Institutes, to the crowning glory of the whole scheme—the National University—we have something as perfect and complete as can be found in the world.

At the present time, the teaching of medicine and law is not fully in sympathy with the general plan, and, as far as medicine is concerned, never can be as long as our schools are simply proprietary concerns, no matter how excellent may be the work done by them. This fact appears to be pretty generally recognized at the present time, and, so far as we can ascertain, the Profession of the Province are strongly in favour of the establishment of a teaching Faculty in the University of Toronto.

A few weeks ago the Toronto Medical Society, by a unanimous vote, passed a resolution expressing its cordial sympathy with such a cause. A few days ago, the Huron Medical Association passed a similar resolution, expressing their appreciation of the plan proposed, and assuring the promoters that they "will have their hearty co-operation and sympathy in this effort to establish in close connection with our Provincial University a Medical School, which shall afford the best known facilities for the study and investigation of Medical Science."

Dr. W. T. Lusk, of New York, performed a successful Cæsarean Section at Bellevue Hospital, March 23rd.

## EXAMINATIONS OF TORONTO UNIVERSITY AND THE EDUCATION DEPARTMENT.

We are pleased to see that a scheme for the Consolidation of the Departmental and University Examinations has been carefully considered by a Committee composed of members of the University Senate and representatives of the High Schools. It was found that the subjects and percentage required for the second-class certificate in the Educational Department and for the University Pass Junior Matriculation were nearly the same; and the result of the conference has been that the subjects have been so distributed that the same papers for the two examinations will be prepared by the Examiners of the University, and submitted to the candidates in both examinations.

This action will be specially interesting, in a medical sense, in view of the fact that the Ontario Medical Council has decided that, after this year, matriculates will require to have passed the departmental examinations for second-class certificates. The standard for matriculation will thus be higher than it ever has been in Canada. The subjects included will be English, History and Geography, Mathematics, Science, Latin, French, and German. In consideration of the growing importance of Science, it has been decided to make the examinations in this department more difficult and practical, and it is expected that the candidates will have received a two years' course in the Science subjects in some High School before presenting themselves for examination.

## THE MEDICAL PROFESSION IN THE PROVINCIAL LEGISLATURE.

The profession throughout the Province is to be congratulated upon the large number of prominent physicians who are in the Legislature. About one-eighth of the whole House is now made up of members of our profession. We are also to be congratulated upon the firm and intelligent stand they have taken with regard to educational matters in general, and medical education in particular. The result has been the passage of the Medical Bill almost as it was presented, as well as the legislation

necessary for the formation of a medical faculty in connection with the University of Toronto. It is only necessary that there should be a little more unanimity among physicians to obtain very much more than we have ever yet received in the way of legislation.

It gives us the greater pleasure to make this acknowledgment, as we have on one or two occasions criticised the actions of our medical representatives in previous parliaments. They at that time showed great weakness in the knees when any matter relating to the profession came up for discussion. We are glad to know that that symptom has entirely disappeared.

## ONTARIO MEDICAL ASSOCIATION.

A complete list of the papers to be read at the meeting of the society will be published in the June number of the PRACTITIONER, and we now merely mention the titles of some to be presented by gentlemen from American cities:—Dr. Packard, of Philadelphia, on "The views of some surgeons of the last century and our views of them." Prof. Wyeth, of New York, "Osteo-plastic Surgery." Dr. Porter, "Etiology and Pathology of increased Body Heat in Relation to Disease and the Use of Antipyretics." Dr. Satterthwaite, "Uric Acid Diathesis." Dr. W. P. Manton, Detroit, "Rare Forms of Vulvar Tumours."

A cordial invitation to attend the meeting is extended by the President and Secretary to physicians in other provinces.

TORONTO GENERAL HOSPITAL.—The attendance of patients shows a continuous increase. On the first of March there were two hundred and eight indoor patients, and during the month two hundred and seven were admitted, which, with ten births, brings the total up to four hundred and twenty-five—number of deaths but thirteen.

THE College of Physicians and Surgeons of Manitoba have fixed the annual fee at three dollars, and have decided to vigorously prosecute all unqualified practitioners throughout the province. Is the Ontario College equally zealous in protecting the interests of its members?

## RESULTS OF MEDICAL EXAMINATIONS.

**WESTERN UNIVERSITY MEDICAL COLLEGE.**—The following is a list of the successful candidates in the recent examination in that school: R. S. Smith, *Gold Medalist*; C. D. McDonald, *Silver Medalist*; J. Proudfoot, *3rd Year Scholarship*; C. A. Cline, *2nd Year Scholarship*; A. Reid, *1st Year Scholarship*. Degree of M.D.: R. S. Smith, J. D. Balfour, C. D. McDonald and J. Haggart.

**QUEEN'S UNIVERSITY, KINGSTON.**—*Degree of M.D.*—A. G. Allen, J. J. Anderson, J. V. Anglin, B.A., W. C. Beaman, J. W. Begg, Miss Ella Blaylock, D. Cameron, A. J. Errett, A. G. Ferguson, A. J. Fisher, A. E. Freeman, Miss Ada A. Funnell, M. Gallagher, — Gibson, J. E. Hart, M. W. Hart, J. E. Hestop, M. James, Miss Livingstone, Ewen McEwen, J. E. Mabee, M. Mabee, W. D. Neish, A. F. Pirie, W. Ranstead, T. Scales, S. H. Thone, A. F. Warner.

**MANITOBA UNIVERSITY—MEDICAL DEPARTMENT.**—Through the kindness of Dr. A. H. Ferguson, we learn that there have been certain changes made in the teaching staff of the medical department. Dr. Whiteford having resigned clinical medicine, Dr. Blanchard received the appointment. Dr. H. H. Chown takes the chair of anatomy, and Dr. Higginson was appointed demonstrator of anatomy and taken in as a member of the faculty.

The following students passed their final examination and received the degree of M.D.: A. S. Thompson, R. M. Simpson, W. A. B. Hutton, and — Greig. Mr. Thompson won the \$100 scholarship. *Primary Pass*—J. G. Calder, A. B. Stewart, A. Sibbit, C. J. Large, —Carscallen. J. G. Calder, scholarship, \$100.

**TRINITY COLLEGE.**—*For Degrees of M.D., C.M.*—James McLurg, A. Bradford, A. E. Yelland, A. C. Phillips, O. G. Nemeier, J. B. Reid, J. M. Thompson, W. J. Stevenson, B. Hawke, H. R. McCullough, A. Lawson. A. D. Graham, A. J. Stevenson, W. A. Fish and W. A. Shannon (equal), C. H. McLean, C. R. Staples, J. H. Hoover, M. J. Keane, D. Mitchell, W. Newell, R. R. Hopkins and W. D. Scott (equal), R. McLennan, L. P. Booth and S. H. Quance (equal), A. T. Scott. W. Babbit and J. C. C. Grasett (equal), F. O. Lawrence and M. J. Glass (equal), T. A. Amos, U. N. Thornton, D. P. McPhail, A. Thompson, R. R. Ross, J. A. Phillips, J. W. Shillington, A. E. Mackay, J. W. Ross, Mrs. A. L. Pickering, A. B. Foster, E. Clouse, F. L. Schaffner, E. M. Spencer, W. B. Nesbitt. A. Myers, T. S. Philp, W. H. Clarke, Miss A. McLaughlin, D. Bechard, P. J. McDonald, W. D. Kester. University gold

medal to James McLurg; University silver medal to J. B. Reid.

**VICTORIA UNIVERSITY.**—The following is the list of the students of Toronto School of Medicine who passed the examination. *For the M.D.C.M.*—O. R. Avison, J. Applebee, W. Armstrong, J. J. Brown, S. G. T. Barton, J. Bell, A. E. Collins, C. R. Charteris, E. Campbell, J. M. Cameron, W. H. Clapp, D. A. Dobie, E. J. Free, H. P. H. Galloway, W. R. Gillespie, W. J. Glassford, O. Groves, T. H. Halstead, A. J. Hunter, H. R. Hay, M. J. Mulock, J. H. McCassey, A. M. McFaul, C. F. Moore, A. H. Perfect, J. A. Palmer, P. J. Rice, W. R. Shaw, D. Sinclair, G. H. Shaver, G. R. Stockton, J. C. Smith, G. Stewart M. Towell, W. J. Walsh. *Primary Examination.*—W. Almas, J. J. Broad, R. H. Anderson, W. C. Barber, J. A. Cross, J. Carruthers, W. Egbert, W. H. Groves, J. A. Greenlaw, W. C. Gilchrist, R. S. Hornell, A. J. Harrington, A. H. Holliday, D. Henderson, S. McKibbin, J. A. Millican, D. McKay, R. G. Montgomery, J. C. Patton, J. H. Reid, S. F. Rutherford, J. A. Ross, A. J. Reynolds, F. N. G. Starr, P. W. Thompson, T. S. Webster, H. Wallwin, H. A. Youmans.

**MCGILL UNIVERSITY, MONTREAL.**—The following gentlemen, 43 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M. from the University:

W. H. Aborn, J. A. Berry, E. H. P. Blackadder, B.A., S. W. Boone, B.A., W. Bowen, B.A., Jay Boyd, K. Cameron, B.A., W. Christie, B.A., A. M. Cowie, B.A., J. A. Dickson, B.A., C. L. Easton, C. J. Edgar, W. E. Ellis, E. J. Evans, J. D. Flagg, E. W. Fillmore, J. M. Fraser, A. W. Gardner, A. G. Hall, W. Hall, A. L. Hamer, J. W. Johnson, J. A. A. Kelly, A. M. Lafferty, H. A. Lafleur, B.A., W. F. Loucks, A. D. Macdonald, A. L. McDonald, D. D. McDonald, H. McKinnon, V. H. Morgan, T. J. Norman, J. A. Porter, B.A., J. C. Pothier, E. Reavely, G. O. Richardson, D. L. Ross, J. M. Scott, D. J. Scully, G. C. Stephen, H. E. Trapnell, P. H. Warneford, H. P. Wilkins, E. P. Williams, A. A. Young.

*Medals, Prizes and Honors.*—The Holmes Gold Medal, for the best examination in all the branches comprised in the Medical Curriculum, is awarded to Edward Evans, of Seaforth, Ont. The prize for the best examination in the final branches is awarded to Henri A. Lafleur, of Montreal. The prize for the best examination in the primary branches is awarded to Alex. E. Garrow, of Ottawa, Ont. The Sutherland Gold Medal is awarded to John Creasor, of Owen Sound, Ont. The following gentlemen, arranged in order of merit, deserve honorable mention:

In the primary examination—H. McKercher, G. G. Campbell, J. A. Creasor, W. S. England, W. G. Stewart, H. E. Young, D. H. McIntosh, G. A. Brown, D. A. Murray. In the final examination—J. M. Fraser, J. A. Kelly, L. D. Ross, W. Hall, A. L. Hamer, T. J. Norman, A. D. McDonald, W. Christie, E. H. P. Blackadder and J. W. Johnson.

*Professor's Prizes.*—Botany—R. McKechnie, Winnipeg. Practical Anatomy—Demonstrator's prizes: 2nd year, W. G. Stewart. 1st year, R. McKechnie. Obstetrics—Ed. Evans, Seaforth, Ont. Pathology—O. H. Hubbard, Gilsam, New Hampshire.

INTERNATIONAL MEDICAL CONGRESS.—The Senate of the United States will give \$10,000 towards defraying the expenses of the International Medical Congress, to be held at Washington this summer.

At a meeting of the Council of the University of Melbourne, it was decided, by a large majority, to admit ladies as students of medicine.

A DIPHTHERIA HOSPITAL IN NEW YORK.—Efforts are being made to establish in New York a special hospital for diphtheria patients.

### Medical Societies.

#### TORONTO MEDICAL SOCIETY.

STATED MEETING, March 31, 1887.

The president, Dr. McPhedran, in the chair.

#### *PATHOLOGICAL SPECIMENS.*

Dr. McPhedran presented a case of commencing rheumatoid arthritis in a young man aged nineteen: Three years ago the metatarsophalangeal joint of the left great toe began to get stiff and painful, with crackling on moving the joint. At present there is thickening of the ends of the bones, and considerable stiffness of the joint. The interphalangeal joints of the same toe are beginning to be affected. Iodides internally and local applications constitute the treatment. The prognosis is unfavorable.

Dr. Oldright exhibited a calculus weighing about 3iv, which he had removed from a boy aged 6 years. The symptoms commenced two

years ago, with frequent and painful micturition. Sand was passed at intervals. There was sometimes sudden stoppage of the stream. The lateral operation was performed and two stones removed, one having three facets and the other four. The number of facets could probably be accounted for by a change of the relative positions of the calculi.

Dr. W. H. B. Aikins exhibited a brain from a young woman, aged 24, who had died a few hours after labor. Bright's disease commenced three years ago. Before labor commenced there was a large amount of œdema of the lower limbs and of the external genitals. Urine loaded with albumen. Bowels moved freely, intellect clear, but slight headache. After labor had been in progress about four hours, the patient gradually became semi-comatose, right hemiplegia set in, the right pupil was contracted, and the patient had several convulsions. Patient was delivered of a dead fœtus, and shortly afterwards paralysis became general, coma ensued, and patient died about twelve hours after labor set in.

*Post-mortem.*—The lateral, third and fourth ventricles of the brain were filled with a recent clot. There was also a diffused hemorrhage into the membranes at the lower and back part of the cerebellum. The kidneys were large and white.

Dr. Carson expressed the opinion that when pregnancy is preceded and accompanied by Bright's disease, the gestation should be terminated prematurely.

Dr. Cameron thought simple albuminuria of pregnancy could be successfully treated if taken early. Abortion should only be induced when treatment proves of no avail. In such a case as the above the hemorrhage could probably be checked by venesection.

Dr. Oldright always administered pulv. jalapæ co., and alkaline diuretics, on the first appearance of œdema.

Dr. T. S. Covernton presented a specimen of carcinoma of the liver, from a woman aged 59. There was no history of cancer in the family. Patient had suffered from indigestion and hepatic colic. On March 5th an attack of pleurisy set in. The chest became filled with fluid and was aspirated. At the same time a

smooth, rounded tumor was felt in the epigastric region, apparently depending from the liver. No fluctuation was detected. After tapping the chest a second time an exploratory incision was made over the tumor. On finding the carcinomatous nature of the growth the wound was closed. Death took place on the 11th March.

*Post-mortem.*—The surface of the liver presented numerous soft, semi-fluctuating tumors, varying in size from a walnut to a goose-egg. The right lung and pleura also presented nodular growths. There was about a quart of fluid in the pleural sac.

#### STATED MEETING, April 14, 1887.

The president, Dr. McPhedran, in the chair. Dr. Osler, of Philadelphia, read a paper on

#### THE IRRITABLE HEART OF CIVIL LIFE.

This condition, though not so dangerous to life as organic disease, often gives rise to great discomfort and uneasiness. The prominent symptoms are palpitation, pain, dyspnoea, and slight enlargement. The condition is comparable to the irritable heart mentioned by Da Costa as occurring in military life, particularly among young recruits.

As regards the condition under consideration the following is the etiological classification:—

1. Toxic cases.
2. Those traceable to over-exertion.
3. Those due to sexual excesses.
4. Those accompanying neurasthenia.

The toxic agents giving rise to irritable heart are tobacco, (which is the most common), tea and coffee. Young men from 18 to 25 years are most frequently the subjects of irritable heart. There is usually some slight enlargement of the organ, and the symptoms accompanying this are palpitation on exertion, more or less pain, and occasionally dyspnoea.

The reader of the paper then recited several cases illustrating this condition. The principal points in treatment were removal of the cause, rest in bed, and pot. brom. gr. xv. *ter die*. Most of the cases recovered completely.

Irritable heart from over-exertion, otherwise known as heart-strain or heart-shock, is met

with in gymnasts, as runners, rowers, etc. There are two forms of heart-strain:

(1) Acute dilatation (heart-shock) the result of an individual great and continued effort. In such cases perfect recovery never takes place, and the subjects are thereafter incapacitated for any great effort.

(2) The irritable heart as the result of persistent and repeated great exertions. This is the condition described by Da Costa as occurring in young soldiers. Gradual hypertrophy and dilatation may precede the irritability. These conditions are sometimes classified under the head of idiopathic hypertrophy and dilatation. Cardiac dropsy and murmurs may be accompanying symptoms. Chronic alcoholism and syphilis, as well as over-exertion, enter into the causation.

Sexual excess, either in the form of coitus or masturbation, induces irritability of heart. The following case is illustrative: A male, aged 26. History good. Had chewed tobacco moderately but never smoked to excess. Had lifted a good deal. Had been a masturbator and also of late had indulged in sexual excess with women. The heart-beat was hard, but not rapid when at rest. There was considerable pain in the chest. Fluttering at night was a distressing symptom. The pulsations were very variable. In recumbent posture the pulse was 74; when erect, 132. There was no murmur. Under treatment he recovered in about three months.

The cases of irritable heart, occurring as a result of neurasthenia, are nearly twice as frequent in females as in men. They are accompanied by mental distress, debility, nervous dyspepsia, and, in women, uterine disease. There is sometimes a peculiar vaso-motor disturbance, causing flushing or even lividity of various parts of the cutaneous surface. A feeling of impending death is a frequent and most distressing symptom in some cases.

Two other conditions, tachy-cardia, in which the pulsations reach 180–200, and Graves' disease, are forms of irritable heart.

*Treatment.*—Perfect rest in the recumbent posture, careful feeding, and removal of the cause are important. The application of cold (50° or 60° F.) to the præcordia, by means of Littré's tubes, frequently allays the pain and rapid action of the heart. Galvanism has been

used with some benefit in the tobacco heart. Of drugs, pot. brom., in doses of gr. xv. *ter die*, has been found signally useful. *Nux vomica* is also beneficial. *Aconite* and *digitalis* seem to have no special influence over this condition.

*Discussion.*—Dr. Graham considers that among toxic agents might be mentioned those formed in the system, especially in patients of the gouty or rheumatic diathesis. In these cases large quantities of starchy or saccharine foods, or even small quantities of alcohol, give rise to extreme irritability of the heart.

Dr. Bryce had met cases in which saccharine and starchy food caused distressing cardiac symptoms by distending the stomach.

Dr. Wilson had used nitro-glycerine and ammonia in such cases with benefit.

Dr. Zimmerman found that emp. belladonnae over the præcordia often gave relief. Arsenic and cod liver oil were also found beneficial. In cases of irritability due to distension of the stomach small doses of ac. carbolic are useful.

Drs. Workman, Covernton, Mullin (of Hamilton), McPhedran and Macdonald also took part in the discussion.

were then brought together with sutures, and the necessary dressings applied.

Dr. Malloch also reported two cases of perineal section, which occurred during the past week—one from retention due to hypertrophy of the prostate complicated with a false passage. Commenting on the operation for its relief, he expressed an opinion in favour of Harrison's method of puncturing through the prostate; but, not having the necessary instrument, he cut into the membranous portion of the urethra, and established communication with the bladder. The second case was one of extravasation of urine, resulting from a traumatic stricture of two years' standing. The patient, when first seen, had not passed any urine for four days. When examined, the scrotum was found enormously swollen, and the bladder distended. Very little pain was complained of. Wheelhouse's operation was performed. A grooved straight staff was passed into the urethra until it came to the stricture; the incision was then made in the perineum, the stricture divided, the staff then turned so that the knob on the reverse side hooked on the urethra, and, by gentle pressure, the urethra was put on the stretch. A sufficient opening being made in the urethra, a No. 12 gum elastic catheter was passed into the bladder. The catheter was then bent, and the other end passed into the urethra above the stricture, and carried up till it appeared at the meatus. The scrotum was then freely incised, to allow the escape of urine, and a large quantity was passed from the bladder through the catheter. The last account states that the patient is doing well.

F. E. WOOLVERTON, *Secretary.*

#### HURON MEDICAL ASSOCIATION.

##### STATED MEETING.

Clinton, April 19th, 1887.

The President, Dr. William Graham, in the chair.

Dr. Taylor, Goderich, presented a case of

##### PARALYSIS,

following severe attack of diphtheria in a child of seven years. In this case the disease had manifested itself in a severe form, and the

#### HAMILTON MEDICAL AND SURGICAL SOCIETY.

Hamilton, April 13th, 1887.

Regular Meeting held April 5th, Dr. McCargon, President, in the chair.

Dr. McCargon exhibited a specimen of disease of the vermiform appendix, with part of the ileum, and gave some history of the case. He also exhibited a specimen of cancer of the penis, from a negro, aged about sixty years, of some months duration. Dr. Malloch removed the penis. In this case, the disease had extended so high up, and being complicated with a swollen gland in the groin, amputation close to the pubis was necessary. The gland was also removed. To obviate the irritation which would be caused by the flow of urine over the scrotum and adjacent parts, the scrotum was split, the spongy portion of the urethra dissected down to the triangular ligament, and brought out in the perineum—the corpora cavernosa cut close to the bones. The incisions

characteristic patches of diphtheria were very prominent. The constitutional symptoms were very severe, and the recovery of the patient was not expected; but he slowly convalesced, and the paralysis became very noticeable. It is disappearing now very gradually with the use of *tr. ferri mur.* and *tr. nux vomica.* A point of interest in this case was the fact that, although it had occurred in a family of ten persons, living in most favorable quarters for the development of an epidemic, yet no second case had followed in the family. The doctor had ordered isolation of the other members of the family and disinfection, but his orders were not obeyed.

Dr. Chisholm, Wingham, said he had noticed that children who swallowed the membranes when it became dislodged from the throat were more frequently affected with diphtheritic paralysis.

Dr. Smith, Seaforth, related the history of a case of

#### DIABETES INSIPIDUS

under his care. The disease first appeared about five months ago, when the amount of urine passed was nine and ten pints daily. The amount was slowly increased, until in two months the amount voided daily averaged fourteen pints. The specific gravity in the early part of the disease was 1003 to 1005, and at no time could the presence of sugar be detected. Ergot, in doses of 30 minims of the fluid extract, had been given three times a day, also a pill containing a grain and a half of extract of belladonna and half a grain of opium daily, but these failed. Latterly, by using Clement's solution of bromide of arsenic in three-drop doses after each meal, and acid phosphoric dil., in small doses, to lessen the thirst, the quantity of urine had been lessened to five pints daily, with specific gravity of 1012. The patient's general health was improved, but the polyuria still continued, though not to as great an extent as formerly.

Dr. Mackenzie, Belgrave, read notes of an interesting case of

#### RHEUMATOID ARTHRITIS,

occurring in a woman, aged 50 years. The knee was the joint involved. Although the

treatment of these cases was generally very unsatisfactory, a favorable result was reported from the use of arsenic, in gradually increased doses of Fowler's solution, until eight minims were taken after each meal. The Faradic current was also tried, with satisfaction in this case. The treatment in the latter part of the disease consisted of the administration of potass. iodide combined with liquor arsenicalis, and the case might now be pronounced cured, as the patient had been for some time free from any symptoms of the disease.

Dr. Mackid, Seaforth, exhibited a pathological specimen of a

#### FIBRO-CYSTIC TUMOR,

removed from the superior angle of the neck of a woman who had previously appeared at meeting of the Association. The case was then considered to be one of Hodgkin's disease, but latterly no improvement taking place a microscopic examination was made of a small section, and the growth proving to be fibro-cystic its removal was decided upon. The wound healed nicely by the first intention, and the patient is able to attend to her usual duties.

Dr. Worthington, Clinton, read a paper on

#### PURPERAL FEVER

preceding delivery, and gave an interesting account of three cases which he had met with in practice, one of these being of recent occurrence. He was called to see a lady in the third month of pregnancy, and found hemorrhage from the uterus had been going on for ten hours, but without any labor pains. After prescribing complete rest and giving ergot in small doses the hemorrhage was lessened, and on making a digital examination the following morning the fœtus was found in a position to be removed, but the os uteri was rigid and undilatable. During the day the hemorrhage was slight, but during the following night it was increased, so that when called in the morning he found marked change in the patient's countenance. Nothing had come away and nothing could be detected upon examination, the os uteri being still rigid. While considering what course to pursue a severe chill came on and lasted for two hours. Decided at once to dilate the os, first using (without success) Barnes' dilator, and

then inserted two small spongetents. After waiting a short time and administering a full dose of ergot he had the satisfaction of seeing the fœtus and placenta discharged. The patient's pulse was then 130 and the temperature 105°F. At once gave quinine and prepared and used a sublimate solution (1 to 3000) to wash out the uterus and vagina. Gave quinine every three hours and repeated the uterine irrigation every six hours. In a short time the pulse had fallen to 105 per minute, and the temperature to 102°F. She slowly convalesced and made a good recovery. The questions arose (1) Could not the septic action have been prevented by the early use of sublimate or carbolic injections? (2) Could not the hemorrhage have been more completely controlled? The other two cases which Dr. W. related were also interesting. One of them occurred three weeks before labor was expected, and by the use of opium in full doses, and the application of turpentine stupes to the abdomen, the symptoms of a severe attack of puerperal peritonitis slowly abated, and the patient went on to full term. The other case was similar to the last one mentioned, with the exception that the attack was nearer to the time at which delivery was expected. The discussion following was mainly on the use of antiseptics in these cases.

Dr. Williams, Clinton, gave an account of a case at present under treatment which he had diagnosed as a mild case of typhoid. In the latter part of the disease, a slight swelling was noticed in the right iliac region where fluctuation was detected, and from which, on opening, a small quantity of healthy pus and blood discharged. There had evidently been no absorption of pus as the temperature was not increased. There was considerable induration at the site of the opening, which was still continuing to discharge. The question arose and was discussed as to the most probable cause of this interesting sequel to the disease.

Dr. Graham, Brussels, presented a case of progressive

#### MUSCULAR ATROPHY

in a man aged 55 years. The symptoms were well marked. The duration of the disease had been about two years. During that time the patient had been slowly failing in strength.

The muscular wasting was most noticeable about the shoulder and hip-joints. While the prognosis was regarded as unfavorable, massage and faradization were recommended.

The following resolution was moved by Dr. Taylor, Goderich, and seconded by Dr. Williams, Clinton, and unanimously adopted:—

"That whereas a scheme has been proposed having for its object the formation of a Faculty of Medicine under the direct control of Toronto University and in intimate relation to the General Hospital, the members of Huron Medical Association desire to place on record their appreciation of the plan proposed and their confidence that if the same is carried out the cause of medical education in Ontario will thereby be greatly perfected, and many of the well-founded objections to the present system removed; and that we assure the promoters of this scheme, that they will have our hearty co-operation and sympathy in their efforts to establish in close connection with our Provincial University a Medical School which shall afford the best known facilities for the study and investigation of Medical Science."

It was decided to have a Question Drawer at future meetings. Each member will have the privilege of depositing questions with the secretary before the meeting, the answers to be given by the Association during the session. This will likely prove an interesting feature of future meetings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, JANUARY 28TH, 1887.

J. C. Cameron, M.D., President, in the Chair.

#### LARYNGEAL CYST.

Dr. Major exhibited a small fibrous cyst removed from the margin of the anterior commissure of the larynx. Before the operation the voice was harsh, rough and breaking from bass to treble during ordinary conversation. Since the removal of the cyst, however, the voice has been gradually improving, until of late it has become almost normal.

#### TUMOR OF THE OVARY AND FALLOPIAN TUBE.

Dr. Gardner exhibited a friable, irregular

tumor about the size of a child's head, removed by him a few days before from a maiden lady of 43 years. On opening the abdomen, the tumor of the right ovary and tube was found firmly adherent to the intestines, omentum and floor of the pelvis. The operation was a very formidable one. The patient, however, recovered well from the effects of the operation, having experienced no severe shock, and was apparently making a rapid recovery.

#### MYXŒDEMA.

Dr. James Stewart read a paper on a case of myxœdema.

*Discussion.*—Dr. R. L. MacDonnell said that the patient had been under his observation in the General Hospital at different times. It was generally regarded there as a case of tetanus. He had never been able to find that the patient had any tetanic spasms in the hospital, though these were carefully looked for. He did not think that the thyroid in the patient was altogether absent. In many it is difficult to make out the gland by external manipulations. Finally, he asked if Dr. Stewart had ever seen the patient in a tetanic spasm.

Dr. Merrill said he had known the patient some years. He had never seen any tetanic spasms, but the patient had complained about frequent attacks of severe colicky pains. He was always a very badly-nourished, dyspeptic-looking man.

Dr. Shepherd could not agree with Dr. Stewart's suggestion, that the reason myxœdema or cachexia strumipriva follows excision of the thyroid is because of the disturbing damage done to the sympathetic system, as the affection, so far as he knew, never followed extensive operations in the neck (as removal of chains of enlarged glands and tumors), when the sympathetic trunk is quite as much interfered with as in the removal of the thyroid. When no myxœdema follows the operation of removal of the gland, it is supposed to be incomplete removal.

Dr. Reed asked if Dr. Stewart could give the average temperature of the patient?

Dr. Mills said to believe that any gland or other organ existed to prevent the formation of a substance, whether normal or abnormal, was

inconsistent with general physiological principles. True, the removal of certain glands, as the testicles in the young, arrested development, both physical and psychological. In the adult dog, such removal was followed by obesity, which could be largely accounted for by the inactivity of the animal, associated with the psychological shrinkage—the curtailment in the number and variety of the afferent impulses reaching the nerve centres. It had been asserted that, after the removal of the thyroid in children, there was stunted development, especially intellectually. It is likely metabolic changes follow removal of the thyroid; owing to the influence on the nervous system there is a loss of balance. All healthful life implies balance of function. It was not yet clear how the balance was destroyed by removal of the thyroid; but we were on the way to knowledge, for we had learned, experimentally, that this organ was not a blood-former. If, as had been suggested, the changes following experimental or surgical removal were due to injury to the sympathetic, one would expect to observe vaso-motor symptoms, which had not been the case, though such an objection must not be too strongly urged; for though dilation follows section of the cervical sympathetic, such is not permanent, and, if transient, might be overlooked.

Dr. Stewart, in reply, stated that he had seen the patient in tetanic spasms many times. When first seen the patient had an attack. With regard to the average temperature, it was low—about 97°. The patient always complained of cold. The whole question of the function of the thyroid was still in a very unsettled state. He did not wish to be understood as saying that atrophy or disappearance of the thyroid had nothing to do with myxœdema. There is certainly evidence pointing strongly to both myxœdema and tetany, being due to changes in the nervous system.

EXCISION OF THE LARYNX.—We learn from the daily papers that a larynx has been removed *in toto* by a Philadelphia surgeon. The patient died. The same operation with the same result has recently been done in Baltimore and London.

### Book Notices.

*Report relating to the Registration of Births, Marriages and Deaths, in the Province of Ontario for the year 1885.* Toronto, 1887.

*Proceedings and Addresses at a Sanitary Convention held at Coldwater, Michigan—Supplement to the Report of the Michigan State Board of Health, for the year 1886.*

*Annual Address delivered before the American Academy of Medicine at Pittsburg, Pennsylvania.* By R. S. SUTTON, A.M., M.D., President of the Academy.

*A Text-Book of Pathological Anatomy and Pathogenesis.* By ERNEST ZIEGLER. Translated and edited for English Students by DONALD MACALISTER, M.A., M.D. Three parts complete in one volume. Octavo, 1118 pages, 289 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: Wm. Wood & Co.

Mr. John Burroughs will open the *May Popular Science Monthly* with an article on "The Natural versus the Supernatural." The paper is admirable in tone, clear and outspoken, and is intended to vindicate the position taken in his article on "Science and Theology" published in the *December Monthly*.

*Manual of Operative Surgery.* By JOSEPH D. BRYANT, M.D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery in Bellevue Hospital Medical College, etc. 500 pages; 800 illustrations. New York: D. Appleton & Co., 1887.

This work gives a description of all the ordinary surgical operations, excepting those peculiar to the female sex, and the eye and ear. The general plan is good, the advice as to choice of methods of procedure is judicious, and the descriptions of operations are clear and interesting. We can recommend this book with confidence, both to advanced students and practising surgeons; we have seen nothing of the kind we like so well.

*A Reference Handbook of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and Allied Sciences.* Edited by A. H. BUCK, M.D. Wm. Wood & Co., Lafayette Place, New York. 1887.

The 4th volume of this work is now to hand

and shows no evidence of falling off from the standards of its predecessors. The same comprehensiveness of character and minuteness of detail are still displayed in the discussion of every subject. This volume brings the work up to words beginning with mil. Three excellent chromo-lithograph plates are given: one on carcinoma and sarcoma of the larynx, with twelve different examples, and two plates on the various bacteria cultures in test tubes. The completed series will constitute a whole medical library in itself.

*The Journal of Morphology.* Edited by C. O. WHITMAN, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Cambridge, Mass. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Subscription price, \$6.00 a year. Single numbers, \$3.50. Cordial promises of support have been received from many of the most eminent investigators in this department. The Journal will be issued in the best style, with elaborate lithographic plates. Contributors to vol. I, May, 1887. Prof. R. Ramsay Wright, and A. B. Macallum, of University College, Toronto, Canada. *Sphyranura Osleri*, a contribution to *American Helminthology*. Dr. J. S. Kingsley, Dr. William Patten, Dr. G. Baur, C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Prof. E. B. Wilson. This number will contain Seven Double Lithographic Plates and one Heliotype Plate. Ginn & Company, Publishers, Boston, New York, and Chicago.

*On Fevers: Their History, Etiology, Diagnosis, Prognosis, and Treatment.* By ALEXANDER COLLIE, M.D. With colored plates. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street, 1887.

The author in the preface says that the observations are for the most part founded upon over 21,000 cases which he had personally treated. The book is written with precision, and the many quotations from known authors, which greatly increase the bulk of the volume—are well selected to bear out the views of the author. We are surprised in the face of the mass of literature now pouring from the press in favor of the bacterial origin of some of the infectious

diseases, to find the older views of pathologists presented with the conservatism of a true Briton, and in disregard of recent weighty additions to pathological certainties. Well colored plates, a dietary scale, and the prescriptions from the pharmacopœia of the London Fever Hospital are added. The retail price is \$2.50.

*The Nursing and Care of the Nervous and the Insane.* By CHAS. R. MILLS, M.D. J. B. Lippincott Co., Philadelphia.

This little manual is one of a series of "Practical Lessons in Nursing." Among the numerous books on nursing which have appeared from time to time, none has before been specially devoted to the nursing of patients suffering from nervous disease, or the different forms of insanity. In the first chapter points in the general management of such nervous manifestations as hysteria, epilepsy, etc., are given, and narcotic habits are dealt with. The second and third chapters are devoted to massage, etc., and electro-therapeutics, while the nursing and care of the insane is the subject of the last chapter. This work may be perused with advantage, not only by professional nurses, but also by medical men, who, it must be admitted, are not too familiar with the proper management of many of the nervous diseases met with in general practice.

*Drug Eruptions.* A Clinical Study of the Irritant Effects of Drugs upon the Skin. By PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases; Consulting Surgeon to the Bellevue Outdoor Department, etc., etc. Octavo, 206 pages, one lithographed plate. Extra muslin. Price, \$1.75. New York: William Wood & Company.

Dr. Morrow has for some years past made a study of the action of drugs in the production of skin eruptions. The result of his elaborate investigations he has given in the present work. As the author states in the preface, "The physician should not only be acquainted with the drug's normal typical mode of action, but also with its abnormal and incidental effects."

It is quite probable that many eruptions have been put down as the result of disease, which have really been produced by drugs.

This is particularly the case with such common remedies as quinine, the iodides and bromides. The general practitioner will find the present work an excellent book of reference when such cases are met with.

There is an extensive bibliography at the end of the volume, which adds very much to its value.

*Nervous Diseases and their Diagnosis.* By H. C. WOOD, M.D., LL.D. Philadelphia: J. B. Lippincott Company.

This volume is the result of clinical investigations carried out in a long-continued hospital service of twenty-five years. The reader at once is convinced that the work is not a compilation, but rather the record of independent opinions and investigations. The same originality is also seen in the arrangement of the various subjects throughout the book. It is therefore calculated to be of great service for reference in this obscure and difficult department of clinical medicine.

He first takes up the various forms of paralysis, dividing them into the functional and the organic. In the second chapter, motor excitements are treated of, including those of more infrequent occurrence, such as tetany, etc.

The last chapter—the eleventh—is devoted to disturbances of intellect. It is really a short treatise on the subject of insanity, and will be found of great value.

Dr. Wood is one of the most brilliant and accomplished physicians of America, and this his last work is not inferior to any which have preceded it.

*Outlines of the Pathology and Treatment of Syphilis and allied Venereal Diseases.* By HERMANN VON ZEISSL, M.D. Second edition. Revised by Max. Von Zeissl, M.D. Translated, with Notes, by H. Raphael, M.D. New York: D. Appleton & Co.

The chief value of this work consists in the fact that it is the embodiment of the life-work and almost unrivalled experience of its author. Following a very brief, though interesting, introduction, and exegesis of the venereal contagions, of which, in accordance with the most widely-accepted views, three varieties are recognized, the first section, of about 100 pages,

is devoted to gonorrhœa and its complications in male and female—on the whole, not a remarkable or noteworthy chapter. The next 30 pages are taken up with a brief and very ordinary account of the soft chancre; and the remaining 250 pages present the *pièce de résistance* of the book—syphilis. This chapter is well worth perusal, and will prove especially valuable for students, since it is dogmatic and concise in the highest degree. It must, in justice to the author, be admitted that as he set out with the intention of writing for the student a brief guide to the study of syphilis, which should be at once graphic and concise, he has admirably succeeded in his self-allotted task; but, in justice to the general reader, we are at the same time bound to say that, in our opinion, the work will bear no comparison—from a clinical standpoint—with that of Bumstead or of Keyes; or, in an anatomico-pathological respect, with the lectures of Cornil, so ably rendered into English, a few years since, by Drs. Simes and White, of Philadelphia.

*A Practical Treatise on Obstetrics.* Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. CHARPENTIER, M.D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I. of the *Cyclo-pædia of Obstetrics and Gynecology* (12 vols.), issued monthly during 1887. New York: William Wood & Co.

The American editor of this cyclo-pædia, Dr. Grandin, of New York, says in his preface: "Charpentier's work on obstetrics is the most complete in any language, and is a faithful and unbiassed mirror of the theories and of the practice of the most renowned obstetrician." The correctness of this statement will be pretty generally conceded. Dr. Charpentier had exceptional advantages while acting as head of the Obstetric Clinic at the Paris School of Medicine, and when associated with Pajot and Depaul in the chair of obstetrics, and his work published in 1882 was highly appreciated. There will be twelve volumes in all, which are being issued monthly during the year 1887. That portion devoted to obstetrics will occupy four volumes. The remaining eight volumes will be devoted to gynecology, and will be the combined work of several distinguished and

well known authors. We may state that we have in this work a good example of the advantages we enjoy in this day of getting the best of medical literature at a low price—the price of the set of 12 volumes being \$16.50. Vol. I. treats of the anatomy of the internal and external genitals, menstruation and fecundation, and normal pregnancy and labor. Vol. II. treats of the pathology of pregnancy, and Vol. III. takes up the pathology of labor.

*Medical and Surgical Memoirs; containing investigations on the Geographical Distribution, Causes, Nature, Relations and Treatment of Various Diseases, 1885-1886.* By JOSEPH JONES, M.D. New Orleans, La. 1887. Pp. 1318.

This work may justly be termed encyclopedic. Every page bears evidence of hard original work, and one marvels that so much could have been accomplished by one man even in thirty years of incessant investigation and recording. The author, from the absence of medical publishing houses in the South, has been compelled to act as his own publisher, and has spared no pains. One hundred and forty engravings, and sixteen plates, comprising seventy-five figures, illustrate the work. This volume relates chiefly to intermittent, remittent, pernicious and hæmorrhagic malarial fevers, yellow fever, and Oriental leprosy, each of which is treated of in a most careful and minute manner, every page testifying to the author's laborious original investigations. Probably no single volume has ever been published anywhere that contains so much information on the character and changes of the blood in different diseases. The first volume of these memoirs, published eleven years ago, was reviewed in the *CANADIAN JOURNAL OF MEDICAL SCIENCE* in 1876, and future volumes are promised on yellow fever, typhoid, dysentery, scurvy, small-pox, vaccination, spurious vaccination, syphilis, hospital gangrene, and other diseases, provided the medical profession accord the author that generous and hearty support that will enable him to conduct the work to a successful termination. We have no doubt this support will speedily reward the author for his wonderful enterprise. Even an extended review of the book would be utterly inadequate to convey to our readers the vast amount of information these memoirs contain.

*M. Pasteur et La Rage.* Dr. LUTAUD redacteur en chef du *Journal de Médecine de Paris.* Exposé de la méthode Pasteur. *Frequence de la Rage. Insuccès du Nouveau treatment. La Rage du Chien et du Loup, Statistiques Complètes, etc., etc.* Publications du *Journal de Médecine de Paris.* Paris, 1887.

This book comprises a description of the methods of M. Pasteur, and discusses the merits of the inoculation cure that Pasteur claims to have discovered, with all the bitterness and violence of a partizan Frenchman who is an out and out skeptic as to its reliability. In chapters v, vi and vii, the frequency of hydrophobia, and the symptoms and history of the disease in the dog and the wolf are ably treated of. Pasteur's statistics are shewn to be incorrect, and the results published by Pasteur and his followers are said to be untrue and misleading. It is claimed that instead of checking hydrophobia, Pasteur's method has resulted in increasing the number of deaths from hydrophobia, or from "la nouvelle maladie Pasteur."

Many interesting points relating to hydrophobia are discussed in the book, and from the author's standpoint a very strong case is made out against M. Pasteur and his method, and one is almost compelled to believe the now celebrated Parisian to be a gigantic humbug and his so-called inoculation cure a delusion and a snare. In the April number of the *American Journal of the Medical Sciences*, Dr. Harold Ernst, of Harvard, publishes the results of a series of inoculation experiments, which are especially valuable, coming from an independent observer who began his investigation as a skeptic, as a disbeliever in the existence of virus that would produce such symptoms as were claimed. He had not visited Pasteur, was ignorant of his precise methods, and knew nothing more of his methods than he has seen fit to publish. Dr. Ernst's conclusions are in accord with the declarations of Pasteur. They were reached at a distance from him and by work entirely separated from any personal influence and bias.

### Marriage.

ZIMMERMAN—ROGERS. — At Toronto, April 18th, by the Rev. Henry Grasett Baldwin, R. Zimmerman, M.D., of Toronto, to Emma, eldest daughter of R. N. Rogers, of Sterling, Iowa, U.S.

### Personal.

Dr. Whiteford has given up practice in Winnipeg.

Dr. Zimmerman has removed to 283 Church Street.

Dr. W. G. Dow has started practice in Owen Sound.

Dr. B. T. Gahan, of Penetanguishene, wishes to dispose of his practice. See advertisement.

Dr. McKenzie, late of Riverside, intends to leave shortly for a two years' sojourn in Europe.

Thos. McKenzie, B.A., was elected resident medical officer of the Home for Incurables, Parkdale.

Dr. W. T. Parry (Toronto School of Medicine) was admitted to the membership of the Royal College of Surgeons, England.

Dr. J. S. Jewell, Editor of the *Neurological Review*, who had been in poor health for a considerable time, died April 18th, at Chicago.

Dr. E. B. O'Reilly, brother of the Medical Superintendent of Toronto General Hospital, has been appointed resident surgeon of the Winnipeg Hospital.

We have heard from different parts of the country very favorable comments upon the excellent and effective speech delivered by Dr. Gilmour, member for West York, on the University Bill.

Dr. H. A. Husband, formerly of Edinburgh, and author of several student's hand-books, was co-examiner with Dr. Ferguson in physiology, at the recent medical examination of Manitoba University.

Dr. D. W. Montgomery, (Toronto School of Medicine,) is now lecturing on pathological histology in the medical department of the University of California, and has also a skin clinic in the same institution.

HOSPITAL APPOINTMENTS.—Drs. D. A. Dobie and W. O. Stewart, from Toronto School of Medicine, and Drs. W. A. S. Shannon, C. Grasett and E. C. Clouse, from Trinity Medical School, are the appointees to the House Surgeries at the Toronto General Hospital for the ensuing year.