

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Vol. XX1.] TORONTO, MAY, 1889. [No. 9.

Original Communications.

CLINIC—BY A. L. LOOMIS, M.D.,

Professor of the Practice of Medicine, University of
New York.

Delivered at Bellevue Hospital, May 1st, 1889.

This patient has been sick, off and on, since last Thanksgiving Day; up to that time he was perfectly well. For the last seven years he has been a heavy drinker. He is now 29 years of age, and up to 20 was comparatively temperate. He has been employed in a grocery store, and there had ample opportunities to partake of all the various liquors, which, he states, were of rather a poor quality. On Thanksgiving Day he got his feet wet, and had repeated chills. He rapidly became worse, so that he was compelled to take to his bed, and entered the hospital. After remaining there for a short while, he improved so that he was able to walk around, and leave the hospital. He immediately started his old alcoholic habits, and on the 23rd of January he again entered the hospital for œdema of the feet. He remained until March, when he was discharged improved.

In April, he again entered the hospital. Since Thanksgiving Day he has had gastric pains, and pains in the cardiac region; his feet have been swollen; he has spit blood, and now expectorates bright red blood; he has also had hæmoptysis; never has vomited blood, or voided any by the bowels or urine. Has also had pains in the chest, some cough and shortness of breath; when he attempts to read his eyes grow dim and the paper seems to go round; has never had headache, but has noticed some swelling under his eyelids; has never noticed any difference in the amount or character of his urine, but states that he has had some difficulty in passing it at times; there is no evidence of stricture or venereal disease. How-

ever, on examining his urine, a very different state of affairs is found, sp gr. 1025; acid, high in color; albumen, 60 per cent. The microscope shows hyaline, epithelial and blood casts, some red and white blood corpuscles—evidence of an acute parenchymatous nephritis. As you look at his face he is extremely anæmic; there is some œdema under the eyes; hands are white, pulse 84 and slightly irregular in force and rhythm. On looking at his legs you see purpuric spots, due to extravasations of blood under the skin. These spots are the result of blood and vascular changes.

This patient has an aortic regurgitant murmur, but you do not get the piston, or water-hammer pulse. In order to obtain this pulse two conditions are necessary: first, that you have an aortic regurgitant lesion; and, secondly, that you have a good sound heart-wall. In this case the second condition is wanting, as the heart is dilated, and its walls the seat of degeneration. You notice a pulsation in the arteries of the neck; you feel a thrill over the aortic valves, the aortic fremitus. The apex beat is diffused and displaced downwards, and to the left in the axilla; the point of maximum intensity is a little to the left of the nipple; there is a thrilling sensation felt with it, but it is not a purring thrill. The same thrill is felt over the arteries in anæmic subjects with valvular lesions. This man has cardiac valvular lesions, and the question comes up, whether the valvular lesion preceded the renal lesion, or is secondary to it. Much has been written, during the last few years, concerning the relationship of cardiac and renal diseases, and no subject has been so thoroughly discussed. That cardiac and renal diseases are often associated, and that, when there is renal disease, cardiac is very liable to go with it, cannot be denied. In chronic Bright's disease, valvular lesion is common, but you may have cardiac without renal.

A distinguished observer made the statement as late as one year ago that renal after cardiac disease is rare. This does not include passive hyperæmia of the kidney from cardiac disease. This is very common. You have a little albumen in the urine, but no casts, with the exception of a few hyaline ones. In this case the man has an intense valvular lesion. If at stages we found renal disease, it would be an interesting question which occurred first. He has not enough hypertrophy for

it (the cardiac) to occur after the renal. In those cases the heart is first hypertrophied, and, sooner or later, becomes secondarily dilated. You may not have endocarditic valvular lesions, although you hear murmurs; as, for instance, in the enlargement of the mitral orifice in cardiac dilatation from arterial sclerosis. You may even hear a murmur during life, and at the autopsy no valvular lesion is discoverable. This was first satisfactorily explained by Mahomet, who advanced the theory that the heart after death underwent contraction, and thus the abnormal size of the valvular orifice was reduced to normal, and, on applying the water test, no insufficiency could be discovered. This view is now accepted by most observers.

Chronic endocarditis from Bright's disease is rare, and is the exception to the rule. If I hear a murmur in one with Bright's disease, I am always led to the opinion that the valvular lesion is merely accidental. That you do have Bright's disease secondary to cardiac, cannot be denied, but more often the Bright's disease occurs independently of the cardiac trouble. My own view of the relationship of cardiac and Bright's disease is this: Bright's disease following cardiac is the exception; cardiac is very liable to follow Bright's disease, and especially arterio-capillary, fibrous and arterial disease. The cardiac lesions which follow these affections are those which have to do with the heart-wall, not the valves and endocardium, as hypertrophy, dilatation and the different forms of degenerations. On auscultating this man's heart, we find four murmurs, two over the aortic orifice and two over the mitral, the apex is carried well over to the left, the area of cardiac dullness is increased, but he has still considerable force in his cardiac walls, or else he is taking digitalis; the doctor informs me he is under digitalis. When he entered the hospital the heart-sounds were very feeble, he had severe dyspnoea and cyanosis, but under digitalis he has been greatly relieved. I can hardly believe that such an extensive Bright's disease preceded his cardiac. When he was in the hospital before, he had cardiac and rheumatism, but no Bright's disease, so that here you have evidence of an extensive cardiac preceding nephritis. The lungs show harsh respiration, some mucous râles and other evidence of cardiac pneumonia. The liver is very tender and somewhat enlarged, due to passive hyperæmia and some

perihepatitis. As regards treatment, very little can be done for this patient; he has reached the last stage of heart disease, his cardiac wall is both dilated and the seat of degeneration, and added to this he has an extensive nephritis. I am in the habit of placing such patients on the Fothergill pill, which is composed of one grain each of calomel, squills and digitalis. In this combination the calomel unloads the portal circulation and thus lessens the work of the right heart, and also acts as an admirable diuretic when combined with the squills and digitalis. The squills acts as a diuretic, while the digitalis both sustains the heart and increases the secretion of the kidneys.

CASE OF FIBROID TUMOR OF UTERUS, TREATED BY GALVANISM.

BY A. LAPHORN SMITH, M.D., M.R.C.S. ENG.,
Lecturer on Gynæcology in Bishop's College, Montreal.

As the opponents of Apostoli's method are continually making the statement that his disciples do not publish cases, but only say in a general way that the electrical treatment of fibroids is beneficial, I beg to submit the following very brief report of a case:

Mrs. S., aged 39 years, widow since eight years, an artist by profession, came to me on 1st January, 1889, with the following history: Began to menstruate at 13 years of age; married at 26½ years, first child nine months later, premature at five months. Eleven months later had another miscarriage at five months; fifteen months later she had another miscarriage; ten months later a child at full term, which is still living, but which she only carried to term by staying in bed four months.

After the first miscarriage she had a severe attack of inflammation which confined her to her bed for ten weeks; ever since then she has suffered from dysmenorrhœa. It was during this attack of inflammation ten years ago that the existence of a fibroid tumor was discovered by a Boston physician who confined her. The diagnosis was confirmed by Dr. Brown, of Montreal, a year later. Shortly after, she came under the care of the late Dr. Kennedy, who also diagnosed a fibroid tumor, situated in one side. She happened to be in Kingston when her last and living child was born, and she had a very severe labor, necessitating turning and instruments. Since then she has

never been free from pain during the day, and every three weeks she has been obliged to remain in bed for from one day to a week. During the last two years she has been getting much worse, and the tumor rapidly growing. She has been unable to walk down town and back, the slightest exertion, such as sweeping, compelling her to go to bed afterwards. She was liable to have nervous crises at least every month, independent of menstruation, during which she would be in bed and tremble for a day or longer, until she obtained sleep. Since seven or eight years she has had terrible headaches whenever she did any work; in fact, in order to obtain relief from pain, she would have to stay in bed all the time. She was obliged to get up six or seven times a night to pass water, and she could only evacuate her bowels with the greatest difficulty. She has had a severe pain in her side since seven years, and has not been able to wear corsets for several years; she also suffers great distress after eating. She menstruates twice every month, loses too much both times, and suffers terribly.

Local examination shows a large hard fibroid, completely encircling the uterus, filling the brim of the pelvis, and extending an inch above the umbilicus, or rather higher on the left side. It is exceedingly difficult to reach with finger, being carried backward and upwards, and it could not be drawn down. A very thin sound entered four inches with great difficulty, and only by being curved to a quarter of a circle forwards. The tumor was adherent, and could not be lifted up. There was no water in the abdomen, and not much gas; umbilical and left inguinal region very sensitive to touch.

Measurements—Waist, 30 inches; largest part of tumor 41 inches.

Treatment—3rd Jan., 50 M.,—five minutes (50 milliamperes negative for five minutes). 5th Jan., 100 M., five minutes; well borne. 7th Jan., 95 M., five minutes; pain which she had in side for eight years left her at first treatment, and has not returned.

10th Jan., 100 M.,—nine minutes; able to put on her corsets for the first time in six months. Has had no nervous attacks since beginning treatment; cervix uteri comes down to the lumen of the speculum easily.

12th Jan., 135 M.,—seven minutes; feeling of

general well-being. 15th Jan., 150 M.,—seven minutes. 17th Jan., 145 negative, nine minutes; sound entered easily, current easily borne, and no pain whatever after application. Is now able to do a great deal of work; sleeps all night without passing water, and bowels are evacuated without straining.

18th Jan., 100 M.,—eight minutes. 22nd Jan., 110 M., eight minutes. 24th Jan., 100 M.,—ten minutes; sound enters three and a half inches. Has had no headache since beginning of treatment; walks down town and back twice a day, and does a great deal of shopping without feeling tired.

26th Jan., 150 M.,—ten minutes. 5th Feb., 100 M., ten minutes; has just menstruated, only lasted three days and was absolutely painless, being the only period she has had this month, instead of two periods a month as formerly; the quantity and quality of flow normal. Large sound enters easily three and a half inches.

Measurements.—Waist, $26\frac{3}{4}$ inches; largest part of tumor 38 inches, being a decrease of three and a quarter and three inches respectively in one month. She feels better than she did at 21 years of age, and has had no nervous attacks since beginning of treatment.

7th Feb., 100 M.,—eight minutes. 12th Feb., 75 M.,—five minutes. 14th Feb., 100 M.,—seven minutes. 16th Feb., 100 M.,—five minutes; has pain in left side since ten days. 18th Feb., 100 M.,—five minutes; pain in side gone again.

5th March, 110 M.,—ten minutes; has just passed a menstrual period free from pain and just lasting three days; feels remarkably well. Edge of tumor previously hard and sharply defined, now gradually softening down and melting away.

7th March, 125 M.,—ten minutes. 9th March, 75 M.,—five minutes. 12th March, 75 M.,—ten minutes. 16th March, 130 M.,—seven minutes; without causing any pain. Abdomen can be pressed and kneaded in every part without tenderness, which she has never been free from during eight years. She weighs six pounds more than she did on the first of January, and there is marked increase of the fat in the abdominal wall and on her limbs.

19th March, 126 M.,—five minutes. 23rd March. Menstruation came on without her perceiving it, and after the proper interval; the tumor is dimin-

ishing rapidly and is now less than half its former size.

Measurements—On first of March were: waist, 26 $\frac{3}{4}$ inches, instead of 30; largest part of tumor, 35 $\frac{1}{2}$, instead of 41 inches. She kindly accompanied me to the Medical Society to show the members that she was now able to overlap a cloak six inches, which she had been unable to make meet on her at Christmas. As she is symptomatically cured I have discharged her to-day, after two months and nineteen days of treatment, during which I only gave her twenty-four applications. She called in on the 24th April and 2nd May to reiterate the expression of her gratitude, and to say that she had neither pain or ache anywhere, and that she was able to withstand prolonged exertion without fatigue. I did not examine her again, but have no doubt that the tumor will entirely disappear, as in the case of Madame D., whom I discharged cured when the tumor was reduced to the size of an orange, and in whom, six months later, no trace of it could be found.

HOT WATER IN THE MANAGEMENT OF EYE DISEASES.*

BY LEARTUS CONNOR, A.M., M.D.

Ophthalmic and Aural Surgeon to "Harper Hospital" and "Detroit Free Children's Hospital."

In the management of a morbid state in any portion of the body, three things must be considered by the intelligent practitioner, viz.: First, the feeding of the parts during a continuance of the morbid state, else death or disablement may occur from simple starvation; second, the removal in so far as possible, of the cause of the morbid state; and third, the placing of the living matter of the part, under such conditions as will most rapidly accomplish the repair of the disabled structure. The management of any disease which accomplishes these three things must be scientific, and, in the main, satisfactory.

Eye diseases are subject to the same general laws of physiology and pathology that govern the diseases of similar tissues in the rest of the body. Hence their management falls under the same general principles. Anatomical and physiological

peculiarities simply modify the details of management.

All successful treatment of eye diseases is in its last analysis based upon its ability to accomplish one or more of these things. For instance, take the case of senile cataract. The morbid condition is a diseased lens (probably from starvation of the lens elements at first). However, when opaque, its management consists in its removal from the axis of vision. In doing this by extraction, care is taken that the feeding of the cornea be not shut off by too large a corneal incision, by too rough manipulation, or by an incarceration of a piece of the iris in the corneal wound. The reparative activities of the wounded parts are stimulated or assisted by the protection of the wound from all agents of inflammation, as germs, mechanical or chemical irritants, and by physiological rest to the wounded parts.

No thoughtful man will question the fact that the same principles apply to every case of eye disease. But the moment we begin to discuss the agencies by which these principles shall be applied in the treatment of any particular case or disease, divergence of opinion at once appears.

As a fact of experience, after more than ten years of careful observation and experiment, I am convinced that in the management of a large number of eye diseases, the use of hot water is a powerful agent in attaining the three things mentioned, viz.: The good feeding of the diseased tissues; the removal of morbid agents; and the promotion of healthful repair. In the brief space allotted to a paper before this body, it is impossible to present in detail the clinical evidence I have collected in support of this claim. I shall only hope to so present the matter as to induce others to give hot water a fair trial. Such trial will convince thoughtful observers that hot water deserves a more prominent place in ocular therapeutics than is usually accorded to it.

In many instances it will accomplish all that is called for in the management of slighter forms of eye troubles, as mild blepharitis, mild corneitis, especially phlyctenular, mild conjunctivitis. I have known numerous cases in which, by suggestion of one of my patients who had been taught the use of hot water, a goodly number of others had been cured of apparently similar troubles, by it alone. But of these cases I do not now speak,

* Read before the Ophthalmological Section of the Ninth International Medical Congress.

farther than to suggest that in this manner the people have a safe and reliable substitute for quack remedies and nostrums, and old wives' suggestions.

In more severe and grave affections it is used in connection with such other agencies as experience has demonstrated to possess undoubted value. Thus the use of mydriatics and the local abstraction of blood are the ordinary means of combating iritis. To these are added, in cases of specific iritis, the constitutional remedies for syphilis, and in rheumatic iritis such agents as sodium salicylate, while in all cases the general health is carefully looked after. In their place these agencies are all indispensable, but in every case hot water will promote the comfort of the patient, assist in dilating the pupil, and shorten the course of the disease. In addition, there are some cases in which the other remedies have failed to cause any perceptible progress to recovery, that at once begin to improve as hot water is added to the treatment, and go on to a rapid recovery. I have witnessed this in so many cases seen in consultation, that I am sure it represents an important fact. The most skeptical will be convinced when he sees the diminished vascularity of the conjunctiva, the increased dilation of the pupil, feels the diminished tension that sometimes occurs when the deeper tissues of the eyeball are involved, and hears the grateful comments of the patient on the relief from pain and other discomfort.

Similar results are observed from the use of hot water in both catarrhal and purulent ophthalmia, in ulceration of the cornea, and in many intra-ocular troubles of great gravity. In mild forms of glaucoma, it promotes the comfort of the patient until such times as an iridectomy can be performed. In cases of acute dacryocystitis, it is a most important addition to other treatment and operative procedures. In all these cases it is a prominent factor in relieving the symptom of pain. But there are numerous other diseases of these same tissues, in which there is little, if any pain present, in which hot water is as important in promoting recovery as in those having pain as a prominent symptom. In this class are interstitial keratitis, true trachoma, corneal opacities, intra-ocular hæmorrhage, turbid vitreous, choroidal diseases, etc.

It will thus be seen that hot water is not ranked as a specific for any particular disease, but only as an important adjuvant to the usual management

of most eye diseases. Omitting personal idiosyncrasies and conditions when its use is impracticable, there are no morbid states of the eye upon which it may not exert an influence strongly in the direction of health. This claim is based upon clinical experience, physiological experiment and well-known physiological and pathological laws.

The history of the use of hot water in the treatment of eye diseases is a meagre one. Little has been written concerning it. As a domestic remedy it has been employed from time immemorial. As such it has generally been used in the form of a poultice, and so does not constitute a hot water application in the sense that I use it. Even in the profession, it has commonly been employed by means of cloths, sponges, poultices, etc., etc. In a purely empirical manner it has found favor and disfavor during all medical history, and probably long anterior. That it did not continue in use uniformly was probably due to the fact that its mode of action had not been determined, and the means by which it was employed did not always give favorable results.

The data presented by medical history show that the divers results recorded by different observers, bore a close relationship to the method they employed in using it. It is plain that if the method was such that the water when it reached the eye was not hot, the results of using hot water could not be obtained. Farther, if sponges, cloths or other substances were employed to convey the hot water to the eyes, we would have the effect of a mechanical irritant added to those of the hot water. Besides, as these substances speedily cool, the effects of warm rather than hot water were likely to be obtained.

In the *American Journal of Medical Sciences*, October, 1881, I called attention to the value of hot water in producing a more or less permanent contraction of the blood vessels of the eye. At that time I had for several years been using hot water for the definite end of producing a contraction of the blood vessels in many diseases. Since then I have continued its use for this purpose with increasing satisfaction. Step by step I learned that hot water would do more than this, and meet other important indications in managing eye diseases. Of these I shall speak presently. That there may be no misunderstanding, I will briefly explain what I mean by hot water. By

observation I found that water was hot to some persons at one hundred and ten degrees Fahr., while others would bear equally well a temperature of one hundred and fifteen; others one hundred and twenty; others still one hundred and thirty or forty. It was found, also, that when persistently used for long periods, frequently during the day, that the temperature that could be endured was progressively greater. Hence, it became evident that the actual temperature must be made to correspond to the peculiarities of the patient. In the beginning I found it convenient to direct the patient to apply the water as hot as the end of the forefinger would bear without scalding. To quiet patients' fears respecting possible injury to the eye from the hot water, I told them that the eye would not be injured by the heat of the water, unless the skin dripped from the testing forefinger. As a fact, it appeared that eyes are able generally, to bear with comfort, water much hotter than the fingers.

Quite as important as the temperature of the water, is the method by which it is to be applied to the eye. At first I directed the patient to sit with the head inclined over a large bowl of hot water, and with the hand gently throw the water against the eye, taking care that the hand itself did not touch the eye. This enabled the patient to apply hot water directly to the eye. But it soon became fatiguing in cases where it was desirable to apply it for long periods at a time, and at short intervals. It was also objectionable because of the liability of the water to be spilled, to the annoyance of all parties. It was also difficult to keep the water sufficiently hot.

For special cases I devised a large rubber bulb, holding a pint or more, and so arranged that the eye of the patient could be placed in the large opening at the top. By a tube at the top, hot water constantly entered, and the cooler water as constantly escaped at the bottom, stop-cocks controlling the flow, as was necessary to keep the water at any desired temperature. A thermometer was immersed in the water so that the temperature could be regulated with exactness. This apparatus gave excellent results, and was used in many experiments, as well as for therapeutic purposes. The objections to it were its expense, its not being at hand when needed, and its failure to fit perfectly every variety of face. Hence for

general practice it could not be made. Another method found serviceable was the construction of a clay dam on the patient's face, so that when lying flat upon the back, the filling of the dam would keep the eye entirely covered with the hot water. The water was admitted and drawn off by rubber tubes arranged in a convenient manner. A thermometer was also placed so that the temperature could be kept at a definite point, as in the preceding apparatus. In several cases of malignant gonorrhœal ophthalmia, this apparatus proved extremely useful, and, in my judgment saved the patient's eyes. Still the disadvantages of this method are insurmountable for general use. It requires too much care and intelligent watching, and so is limited to the few cases attended by proper conditions.

The last method I shall mention is free from all of these objections, and leaves little to be desired. Briefly, it consists in the application to the eye of hot water by means of a common tumbler. The glass is filled to the brim, the head slightly bent forward, and the glass so applied to the face that that a dam is formed with the face below the eye and the side of the nose, so that the eye is fully immersed in the hot water. As the mass of water in the glass is considerable, the water will remain some moments at the proper temperature. As it can be renewed in a second, it is possible, with a small amount of fatigue, to keep the eye immersed in hot water by the hour, if called for. It will be apparent that the water can be made aseptic or antiseptic, as may be desired in any special case. Clearly this method meets all the requirements for universal application, as it is inexpensive, the apparatus being found everywhere within the limits of civilization.

The use of hot water by any of the methods described is safe; without the watchful care of the physician it may not accomplish all the good possible, but it will have done no harm. The same cannot be said of other and common modes of applying moist heat to the eye. Irreparable damage often follows the application of moist heat by means of some solid substance. Among the substances employed the most common is the poultice. As a general rule, this should never be applied to a diseased eye unless under the personal observation of a physician, if it is desired to obtain the benefits of hot water. With the greatest care, it is ex-

remely difficult to get the good effect of hot water, while avoiding the evil effects of the mode of application. In unskilled hands the most dire results are frequently witnessed. All poultices cool soon, and in such a condition they have none of the virtues of hot water, while they have the power of inducing and intensifying the very conditions which hot water tends to relieve. They dilate the blood vessels and render the circulation beneath them sluggish. Hence, if the cornea be suffering from lack of blood they still farther starve it, and so tend to the destruction of corneal tissue. The poultice in any of its numerous forms is an unsafe and unreliable means of applying hot water to the eye.

In many cases the poultice mechanically irritates an eye already in an irritated condition. This would be objectionable, if we were able to keep the temperature at the proper degree for a length of time.

The poultice is a dirty affair, inconsistent with the aseptic principles of modern surgery, especially when it is applied to surfaces which have lost any portion of their epithelial covering. In it may be countless morbid germs, and under it may be developed countless more poisonous elements.

The compress is another form of applying moist heat to the eye. It is less objectionable than the poultice, in that it causes less irritation mechanically, is less likely to get cool, and far less likely to become the carrier of morbid material. As a substitute for pure hot water it may occasionally be used, as a matter of necessity or convenience, but the results are, speaking generally, less favorable. Singularly, those who have used hot water in this form object to the use of hot compresses in acute affections of the conjunctiva and cornea, while they loudly commend their use in chronic affections of the same tissues. Apparently this is due to the fact that chronic diseases bring the eye into such a state of toleration that it will suffer less harm from the mechanical irritation of the hot compresses. Had these observers employed hot water in the manner suggested, they would have been quite as enthusiastic over its use in treating acute, as chronic, affections of the eye.

A form of compress, sometimes called for in the treatment of ophthalmia of the new born, is made of absorbent cotton. Watched as are similar pledges, when used to apply cold to the same class of

cases, they are safe and efficient, though less so than the water alone. As they are likely to be applied by the average nurse or attendant they are dangerous in the extreme, as promotive of suppuration rather than the reverse. Especially is this true if the cornea becomes involved in the disease.

It will thus be seen that I make a marked distinction between the effects of simple hot water applied directly to the eye, and the effects when any solid substance is employed, as a poultice, compresses, etc. etc. The first I have invariably found beneficial, and never harmful, while the latter often fails to do good, and frequently does irreparable damage.

We are now ready to ask, what are the local effects of hot water applied to the eye?

My first proposition is that *hot water, causes a contraction of the blood vessels in and about the eye.* The proofs of this are many.

1. With the apparatus already described I have carefully studied the effects of hot water upon the human eye, and have always found that when applied for a sufficient length of time it bleaches the normal tissues. This can be seen in the eyelids and in the conjunctival tissues. The time required varies with different conditions and in different persons, but by regarding these it can be obtained. The longer the application is continued the longer do the effects remain when the water is removed.

2. In operation upon the eyelids and external portions of the eye, as well as during the hæmorrhage which sometimes complicates an iridectomy or injury to the eye, I have found that hot water most quickly and effectually controls the hæmorrhage. What is still better, it stays controlled, while after using cold the hæmorrhage is likely to recur speedily.

3. In cases of blepharitis, conjunctivitis, in iritis, in acute dacryocystitis and other inflammatory affections of the external portions of the eye, the same results have been observed to follow so generally that I have learned to expect them with the same certainty that I do local anæsthesia from cocaine, applied to the conjunctiva. If these do not follow I know that the hot water has not been properly applied.

4. With the ophthalmoscope I have examined many eyes before and after the local application of hot water for from ten to twenty minutes, and found uniformly that the retinal vessels were re-

duced in size. In a subjective way I first noticed this upon myself. After some very exhausting work, during an attack of indigestion, my retinal vessels became so dilated as to seriously interfere with my distinct vision. Having in my mind the properties of hot water under consideration, I placed my eyes in water a temperature of one-hundred and thirty degrees Fahr., and at the end of ten minutes the disagreeable phenomenon had disappeared. Shortly after this a gentleman applied to me for relief from a similar condition. With the ophthalmoscope I ascertained the size of the retinal vessels, and made a drawing of the same. Then I caused him to use hot water locally as described. At the end of eight minutes he affirmed that his eyes were all right. An ophthalmoscopic examination showed that the vessels were reduced to their normal size and even less. A comparison of the drawing of the vessels before and after the use of the hot water, was additional evidence of the truth of the point in question. Continued clinical observation of similar cases has given me great confidence in the power of hot water to control the action of such blood vessels of the eye as retain sufficient vitality to respond to local remedies.

5. Surgical, obstetrical and gynaecological practitioners all tell us that hot water contracts the blood vessels, checks hæmorrhage and keeps it checked. The evidence here is abundant and conclusive.

6. Dr. R. H. Murray (*Edinburgh Medical Journal*, August and September, 1886) details some very accurate studies of cold and heat upon the blood vessels of the uterus. He found that water at a temperature of from one hundred and ten to one hundred and twenty degrees Fahr., constricts blood vessels and arrests hæmorrhage from small arteries. Water at from sixty to one hundred degrees dilates small blood vessels and promotes hæmorrhage. Water at from thirty to fifty degrees checks hæmorrhage by constricting blood vessels—but this only temporarily. After water at these temperatures has lost its power to contract blood vessels, water at a high temperature is still effective. From these experiments it is clear that hot water acts very promptly; that it produces a long contraction of the blood vessels; that there is an absence of vascular reaction; that there is no exhaustion following its use; and that the parts avoid all shock.

(To be continued.)

Correspondence.

DROWNING.

To the Editor of the CANADA LANCET.

SIR,—To settle a dispute will you kindly inform me what is the longest period of time any person was ever known to be under water, and, when brought to the surface, was resuscitated?

G. W. L.

[Dr. Aubrey Husband, in his *HAND-BOOK ON FORENSIC MEDICINE*, states that "few, if any persons recover who have been submerged *four minutes*, and even in cases where this time has been reached, followed by recovery, this result was probably due to the person fainting before entering the water."

The author here means to convey the impression that if the person be in a faint when entering the water, that fluid would not find its way into the stomach and lungs, and thus the process of restoration would be easier and more likely to be attended by success. It would thus appear that four minutes is the limit.—ED.]

Selected Articles.

THE TREATMENT OF LOCOMOTOR ATAXY BY SUSPENSION.

Under the above title, Dr. A. de Watteville has translated and edited the paper in which Professor Charcot describes the method of treatment of locomotor ataxy, and other spinal diseases, at the Salpêtrière, of which some account was first given in our pages in the letters on "Medical Paris of To-day." So much interest has been shown by our readers in this subject, and so many enquiries have been received, that we publish subjoined that part of Dr. de Watteville's pamphlet which relates to the practice of the methods of treatment and its details. He writes as follows:

As was to be expected, some persons have already endeavored to improve upon the method, such as, for instance, by advising the adjunction of plaster spinal supports that are, to say the least of them, entirely superfluous under the circumstances, at any rate in cases of true ataxy.

Professor Charcot has thought it advisable, therefore, to publish the following technical details, suggested by an experience acquired in the course of over 800 suspensions, practised under the supervision of his chief assistant, in the cases of forty patients. For, though the operation is, in

itself, very simple indeed, it yet requires a certain skill that is more easily acquired with the assistance of definite rules, than by the sole experience of entirely original experiments.

The apparatus used is that contrived by Sayre, of New York, for the application of plaster jackets used in cases of spinal deviation. Though pretty extensively known, we shall give a short description of the form of it used in Professor Charcot's *clinique*. A transverse piece of iron, about eighteen inches in length, is suspended by means of a central ring to the pulleys which are used to lift the patient from the ground. Each extremity of the bar ends in a hook, intended to support the ring, which carries the straps intended to give support under the armpits. Several notches on the upper-aspect of the bar serve to fix the rings from which hangs the head-piece. The latter consists mainly of two broad strips of leather, elongated oval in shape, moulded to receive the chin and the occiput respectively. These are connected above with the rings just mentioned, and are held in position by means of a strap sewn to the posterior flap, and fixed to buckles carried by the chin-piece, so as to hold the head-support in place when the patient is suspended.

Much depends upon this strap, which must be tightened enough to prevent any slipping, and yet not sufficiently to cause compression of the blood-vessels of the neck, and thereby unpleasant head-symptoms. It must be provided with a sufficient number of holes to accommodate itself to the varying thickness of the neck among those to be suspended. In case of need, which is not often, a soft body, such as lint or cotton-wool, may be inserted so as to prevent undue pressure of the strap or broad piece upon the skin. It is necessary to exercise much care in fitting the head-piece and padding, so as to suit the peculiarities of each subject. The size of the head determines the notches into which the rings of the head-piece are to be fixed, the larger the head the wider apart they must be, of course.

When the head is duly disposed of, the shoulder-pieces are slipped under the armpits. Though they may appear of minor importance, they really play the part of regulators during the period of suspension. For it is necessary that whilst lifted off the ground the patient should not be entirely supported by the head-piece, for then the traction would become, in some cases at least, absolutely intolerable. But though the weight of the body must be distributed upon other points, this additional support must not be so effectual as to prevent as complete an extension of the spinal column as possible.

The shoulder-pieces consist of elongated cylindrical padded cushions, terminating in straps provided with a series of holes so as to suit, by appropriate lengthening or shortening, the re-

quirements of each patient. This adaptation is very important; for if too short, the shoulder-pieces exercise such a pressure upon the axillary vessels and nerves as to compel the operator to bring the suspension to an abrupt and premature termination. If, on the other hand, they are too long, the traction on the structures of the neck may become too painful to be tolerated, and interfere likewise with the treatment.

Careful trials are necessary to determine the exact length of the several straps; but after three or four operations it becomes easy to decide the arrangement suitable for each case.

When all is ready, the physician orders his assistant—with some practice he may do without one—to apply traction upon the cord, very gently and slowly, so as to avoid jerks, and to accustom gradually the muscles and ligaments to the unusual tension to which they are going to be submitted. The patient is to be cautioned not to make any movements whatever whilst he feels himself being lifted off the ground, for that would give rise to unpleasant lateral and rotatory displacements.

A soon as the toes cease to touch the floor, the operator holds the patient lightly, so as to check any oscillation or torsion of the cords, and carefully watches the number of seconds that elapse, so as to regulate minutely the length of each suspension. During this period the patient is made, at intervals of fifteen or twenty seconds, to raise his arms laterally away from the body, so as to transfer more weight upon the head-piece, and so render the traction upon, and elongation of, the vertebral column still more complete, as complete as is tolerated by each individual. Much care and vigilance is to be bestowed upon the proper performance of these abductions of the arms, both by patient and physician. As a rule, the longest time of suspension must not go beyond four minutes, three minutes being taken as the average duration. Half a minute is enough at the outset, the maximum being gradually reached during the first six or eight applications of the treatment.

Here again it is essential to take into account certain individual susceptibilities or physical peculiarities, among which stands foremost the body-weight of the patient; for whilst a person weighing from about 130 to 150 pounds may be suspended forthwith during two minutes or more, the case is quite different in the case of those whose weight reaches 180 pounds or more. In the latter, the tension to which the structures of the neck are subjected may become very severe and painful, and be felt sometimes for a whole day afterwards, an occurrence which must be avoided if the treatment is to be correctly carried out.

It is well to note that certain patients have such a wish—a very natural wish—to get better, that they think themselves bound to stand any amount of pain without complaining; but this circum-

stance is positively detrimental to the success of the treatment, which must be accompanied with but trifling discomfort at the most, without real pain or fatigue, lest it should defeat its own ends.

The maximum length of the suspension must, therefore, be suited to the requirements of each patient; it is obvious that in the case of heavy persons the effect on the spine must be very thorough and effective, owing to the greater traction to which it is subjected. Suspension must not be carried out oftener than once on alternate days, otherwise it may become more hurtful than beneficial. The time of the day is indifferent, but regularity in the operations is to be observed.

When the full time has elapsed, the operator very gradually lets the rope loose, so as to avoid every trace of jerking during the descent. The patient is to be supported whilst being freed from the apparatus, and made to rest a while in an arm-chair brought near for the purpose.

The patient, before the operation, should divest himself from his coat, so as to give freedom to the arms, and his neck must be free from any pressure from the collar, so as to avoid any trouble or discomfort from the compression about the neck. Sayre's original apparatus usually comprises a moveable tripod, to the top of which the upper pulleys are fastened by means of a hook. This tripod is not to be used for suspending ataxics, who, being often deficient in power to sustain their equilibrium, are apt to seize convulsively its legs in order to steady themselves, and in so doing would knock down the whole apparatus, and injure themselves and the bystanders. As shown in the figure, the suspensory apparatus must be fixed to an iron ring firmly screwed in the ceiling.

"The results obtained by Professors Eulenberg and Mendel, at the Berlin Clinic for nervous diseases in the case of twenty ataxics, fully confirm, so far as can be judged from the comparatively recent introduction of the new treatment, the encouraging outlook sketched out in Professor Charcot's communications. The improvement observed bears chiefly upon the walking power, the equilibration, the lightning pains, and, in a few cases, the bladder troubles. Moreover, no bad symptoms whatever have been observed, even in the case of the female patients who are undergoing the regular course of suspensions. At the same time, the most sanguine observer must acknowledge that it is entirely premature to come to any definite conclusions upon a point of such deep perplexity as the question of the possibility of absolute cure in locomotor ataxy. Physician and patient alike must beware from falling into the temptation of conceiving exaggerated hopes as to the final results in the presence even of effects as incontrovertible as those testified by so many able and critical observers."

Dr. de Watteville, in an appendix, describes what he considers to be the best form of Sayre's suspension apparatus he is acquainted with in England. "The maker of it, Mr. Hawkesley (357 Oxford Street), has skilfully carried out several improvements upon the old form, in order to suit it better to the requirements of the new suspensory treatment. As a rule, Sayre's apparatus is made too slightly to bear the weight of adults,

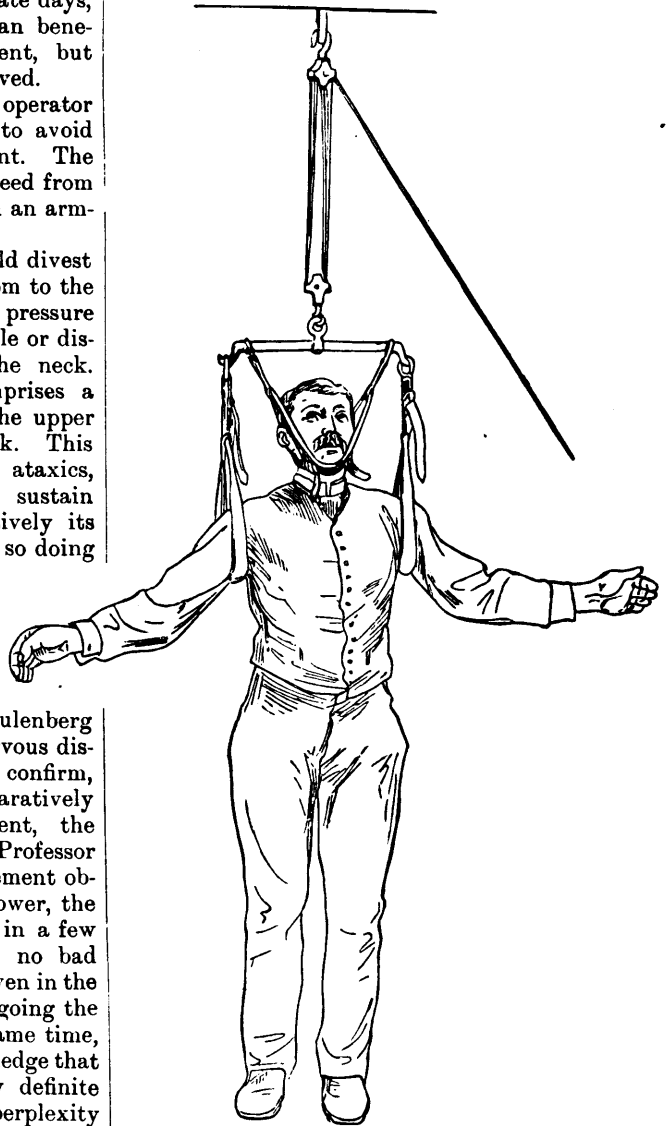


Figure showing patient suspended and performing arm-movements. (As used in Paris.)

especially if they happen to be of large size. Moreover, the neck and chin pieces are not always cut so as to give comfortable rest to the parts when the whole weight of the body rests upon

them. The ears often get into the way of the strap, and must be protected by leather flaps. All such points must be sedulously attended to before the treatment can be carried out fully, and success be reasonably anticipated.

"It will be noticed that I do not use any adjustment straps, and that the lengthening and shortening of the supports of the shoulder and head pieces are managed by an arrangement of strings simply pulled through a hole in an iron disc, and held in place by a contrivance well-known to sailors, I believe. The convenience of this little apparatus will be readily appreciated by everyone who tries it after the old strap system. I am personally inclined to think that the introduction of a spring balance between the pulley and the transverse bar, as shown in the figure, is an advantage. It enables the operator to ascertain the weight of the patient, and it also breaks any possible jerk whilst the patient is being lifted off or deposited upon the ground by means of the pulleys.

"I wish particularly to waive any claim on my part to innovations in these trifles, but am led to mention these details in order to facilitate the selection of an apparatus by any of my professional brethren anxious to obtain a new one. An old-fashioned "Sayre" may, if sufficiently firm, and if managed with due care, fulfil all the indications laid down in the preceding pages; but it cannot be expected to suit all cases with equal comfort.

"I may add that I become more and more convinced that, in many cases at least, the essential road to success in the treatment by suspension is minute and personal attention on the part of the physician to all the details of the operation. It is a monstrous thing, if the report be true, that in any English hospital patients should be entrusted into the hands of mere underlings for the purpose of suspension. A trained and careful medical man should always supervise each and every performance; for, though perfectly harmless when properly carried out, I have reason to say that suspension may prove an unsafe operation if carried out in a bungling and inattentive manner, at least in the case of sensitive patients."

CHLOROFORM IN LABOR.

Unquestionably one of the greatest benefactors to womankind the world has ever known was the Scottish physician, born at Bathgate, Linlithgowshire, June 7, 1881, who died in Edinburgh, May 6, 1870; he who was the first to apply the new discovery of anæsthesia to midwifery practice, which he did January 19, 1847, and was awarded in 1856 the Montyon prize of 2000 francs by the French Academy of Medicine "in consideration of his services to humanity by the introduction of anæsthesia into the practice of midwifery and the discovery of the anæsthetic properties of chloro-

form," and who was, as a reward for these and other great services to his kind and the cause of science, created a baronet by his government in 1866.

Sir James Young Simpson should be the patron saint of every woman, and every man born of woman, as long as the world goes round. His name will be most loudly echoed down the corridors of time along with the greatest of the earth's great names, and if there be any reverberated upon the shores of eternity, his will surely be among the number.

Upon entering the medical profession in 1872, in consequence of association with those who were somewhat opposed to anæsthesia in labor, I for several years, in hospital and private practice, did not give my patients the benefit of this great boon. In 1878 my attention was specially called to the subject, and I investigated it thoroughly. I interrogated closely the literature and the most successful workers in this field, and became so thoroughly convinced that it was the duty of the accoucheur to give his patient the benefit of anæsthesia, that I became a devotee to the practice. I think, as has been stated by Simpson, that in midwifery practice chloroform may be regarded as more manageable and powerful, more agreeable to inhale and less excitable than ether, and as giving greater control over the superinduction of the anæsthetic state.

I cannot recall from any source a report of a death from the use of chloroform in labor.

Some of the objections to its use that have been urged are that:

1. It retards the labor.
2. It increases the tendency to postpartum hæmorrhage due to its supposed relaxing effect upon the uterine fibres.
3. It prolongs the convalescent period of the parturient woman.
4. It endangers the safety of the child.

So far as the retardation of labor is concerned, I am convinced to the contrary.

Chloroform calms the agitation and mental excitement often present in nervous women. It is conservative and conducive to the good of the patient, in that it relieves her of the spasmodic and irregular contractions which in no way advance labor, but tend to a condition of exhaustion and nervous irritability bordering upon frenzy. A pregnant woman properly cared for will have her bowels thoroughly emptied once or twice daily up to the hour of her trial. When the first preliminary pains appear she should receive a hypodermic injection of morphine, and if the first stage be prolonged, she should have administered to her one-half teaspoonful doses of bromidia every hour or two, so that a very thorough state of tranquility be secured. After the first stage has passed, and the patient has entered well into the

second stage—the latter half of it—chloroform should be administered to every case, natural or unnatural, that will consent to take it. A partial obtundity only is desired, except in operative procedure. Occasionally, indeed in the majority of cases, the administration of an ounce of spiritus frumenti every one or two hours will be an advantage.

In the administration of chloroform, we should pursue the same course we do in the use of other remedies. We should make haste slowly, carefully study the individuality and idiosyncrasy of the patient. Guard against over-susceptibilities. I have yet to find the parturient woman by whom chloroform was not received well, no matter how strong the prejudice against it previously by her family or her physician.

The observation of several cases of labor during my term of office as city physician of St. Louis, in 1875 and 1876, occurring in women who were "dead drunk" and the victims of opium narcosis, which were accomplished without interruption, together with several recently-recorded victims of hypnotism, are all arguments in favor of the thought that agents which interfere with sensation and volition do not affect unfavorably uterine contraction.

Dread and fright in the parturient are responsible for many of the accompanying dangers, and the agents above referred to materially mitigate them.

The mental tranquility secured is of great advantage.

The softening of the asperities of the accouchement is a great husbandment of the resources of the patient. Sharp and severe, though brief, pain is demoralizing to the nervous force.

Constant nagging, ineffectual, long-continued spasmodic pains are essentially exhausting, and the patient should be saved from them.

In my judgment the course outlined above is advantageous for the reasons that :

1. It adds to the pleasure and comfort of the patient and robs maternity of many of its terrors.
2. It conserves the strength and endurance, and other things being equal, the patient will more promptly recover her normal condition.
3. By its tranquilizing effects, the tendency to puerperal convulsions is more than likely greatly lessened.
4. Coupled with proper care and the administration of a drachm of Squibbs or O. W. L. ergot immediately upon the expulsion of the head, postpartum hæmorrhage is almost completely obviated.
5. Pursuing this plan the perineum is probably less liable to be ruptured.
6. The child is in no manner unfavorably affected.

During the past eleven years, I have almost, without exception, purged my patient daily during

her entire pregnancy and each day thereafter, commencing within an hour after the termination of labor.

I have saved here every pain and discomfort possible during parturition, and I have during this time had not one case of puerperal convulsions or postpartum hæmorrhage. The cases have almost uniformly made rapid recoveries whether primipara or multipara.

In no case was there a fatal result.

In closing I give the following clinical report :

Mrs. X., mother of three living children, the oldest seven years old.

All her labors had been very severe, prolonged, agonizing and exhausting, and terminated with forceps. Patient stated that her physician had always said that it was impossible for her delivery to be accomplished without forceps owing to narrowness of pelvic diameter. Had never taken any anæsthetic owing to the fact that the doctor said she was not a good subject for it.

August 15, 1888, was called at midnight, the family physician being out of the city. Upon examination found Mrs. X. in the first pains of the first stage of labor. She was a snugly-built, firmly knit little woman of a probably natural weight of one hundred and thirty pounds. No evidence of special narrowing of the pelvis which I could discover. The os was just beginning to dilate, and was evidently quite rigid. Patient nervous but anxious over the prospect of her usual terrible trial and the absence of her usual medical attendant (the labor having commenced a week earlier than she had anticipated). The position of the child was a natural one.

I applied myself to the quieting of her fears, assuring her that everything was in good shape, administered a fourth of a grain of morphine, hypodermically, which had a very happy effect; instructed the nurse to give my patient a half drachm of bromidia every hour or two if she did not rest comparatively well. Went to bed in an adjoining room myself, directing that I be called when the demands became urgent. At 5 o'clock I was summoned, and examination revealed the second stage of labor well advanced. Pains regular, strong and full and satisfactory at intervals of three minutes, the patient resting and dozing between pains.

To my mind there was nothing to contraindicate chloroform, in spite of the fact stated that the family physician objected to giving it to her. (I recalled the fact that the doctor rarely gave chloroform to any one, indeed was opposed to it), and so I proceeded to administer it to her (having first given her a toddy), only giving sufficient chloroform to render her partially insensible. Between pains she rested calmly and slept; during the pains she "bore down" well and aided materially.

Within an hour after I was last summoned she was safely delivered of a large child—her first boy. A large dose of oil was at once administered to her. She rested quietly (having frequent naps) during the day. In the evening her bowels moved freely. She made a rapid recovery, much more so than ever before.

It is needless to say that, having so quiet and comfortable a time and an apparently brief labor, without forceps (though the child was larger than either of the other three), with a pleasant and rapid convalescence and more complete recovery than usual, this patient became a confirmed convert to chloroform in labor.—*Dr. I. N. Love in Med. Reg.*

TREATMENT OF ASCITES AND GENERAL DROPSY WITH MILK DIET.

That ascites and general dropsy very often yield to the milk diet treatment is a fact which had been recognised by the native physicians of India from a very remote age. Even in modern times many of the native physicians and quacks treat their dropsy cases in the same way, with at least partial success. They prohibit solid food of every kind, and all articles containing salt. They also prohibit the drinking of water, and make their patients take milk or curd in abundance. But there are a few particulars in connection with this treatment which they do not carefully attend to, and it is for this reason that they do not succeed in many cases. This plan of treating cases of ascites and general dropsy has not, so far as I am aware, received much attention from European physicians. The ordinary text-books say nothing on the subject. The treatment generally recommended is that by *watery* purgatives, diuretics, and diaphoretics. Paracentesis abdominis, is recommended as a last resource in cases of enormous distention, interfering with breathing, etc. The introduction of Dr. Southey's small trocar and cannula through the skin into the sub-cutaneous cellular tissue is advised in cases of general anasarca with much tension in the extremities. As for *purgatives*, we find them injurious in most cases in India. They seem to irritate the stomach and intestines of the patients, and to very much interfere with their digestion. Though an occasional purgative, by removing the accumulated fæces from the intestines and by inducing secretions from the intestinal glands, gives great relief to the general system during the course of treatment, we are inclined to think that a systematic use of purgative medicines, with a view to removing the dropsical effusions, does more harm than good. In most cases thus treated, we find that dysentery supervenes; this, in India, we look upon as a fatal symptom in connection with ascites or general dropsy.

The idea of treating ascites and general dropsy by the exclusive use of *milk diet* was first suggested to my mind by perusing an article on this subject, with illustrative cases by Dr. Richards, published in the *Medical Times and Gazette* in November, 1872. From that time I have adopted this course of treatment in a considerable number of cases, with almost uniform success. The very few failures that I met with occurred in cases where organic mischief had proceeded too far to be consistent with the maintenance of life. In such cases, I believe, no treatment of any kind is likely to do good. To avoid tiring my readers with unprofitable repetitions, I shall be satisfied with giving details of only two cases of dropsy, which completely recovered under this plan of treatment.

CASE 1.—M—, a Mohamedan male, aged about forty years, and a cultivator by profession, had been suffering for a long time from repeated attacks of malarial fever. His spleen also was enormously enlarged. Later on he had ascites, and was in this state admitted into the Burdwan Charitable Hospital on Aug. 7th, 1886. His abdomen measured at midway between the umbilicus and ensiform cartilage 3 ft. 4 in., and at the umbilicus 2 ft. 10 in. His urine was acid in reaction and its specific gravity was 1015; no albumen or phosphates were discovered. He was ordered tincture of iron (fifteen minims), infusion of quassia (one ounce), digitalis powder (one grain), squills in powder (one grain), and oil of juniper (one minim), three times a day. Three pounds of milk were ordered as diet, which on the 11th was increased to four pounds and a half. On the 14th the abdomen measured at midway 3 ft., and at the umbilicus 2 ft. 9 in.; on the 27th, 2 ft. 10 in. and 2 ft. 6 in., on Sept. 1st 2 ft. 8 in. and 2 ft. 4 in.; and on the 6th, 2 ft. 5 in. and 2 ft. 4 in. At this time his abdomen attained almost the natural girth, and no more measurements were taken. His spleen, which was considerably enlarged, could now be felt very distinctly. After his dropsy was cured, he was kept in hospital a few days longer to improve his general health, and red iodide of mercury ointment was rubbed over the spleen, which diminished its size very much. The same medicine was continued throughout, except that the digitalis and squill powder were not given after the disappearance of dropsy. He was discharged completely cured on Sept. 30th, 1886.

CASE 2.—S. B—, a Mohamedan female, aged about forty-five, and a labourer by profession, was admitted into the Burdwan Charity Hospital on Dec. 27th, 1887. She had been suffering from attacks of fever, off and on, for two years. She also had enlargement of the spleen, and had ascites some three months before her admission. The spleen could not be perceived for the enormous distention of the peritoneal cavity. On

Dec. 28th the abdomen measured at midway 3 ft. 2 in. and at the umbilicus 3 ft. 3. A drachm of compound jalap powder was ordered to start with, and two pounds and a half of milk were ordered as diet. The ordinary spleen mixture, containing a grain of cinchona febrifuge, five minims of dilute sulphuric acid, and half a grain of sulphate of iron, in an ounce of water, was ordered to be taken three times a day. The jalap powder was repeated on the 30th, and on the 31st the abdomen measured at midway 3 ft. 2 in., and at umbilicus 3 ft. 1 in. On Jan. 7th, 1888, the measurements were 2 ft. 8 in. and 2 ft. 9 in. The digitalis, squill, and juniper powders were also ordered from the beginning, and on the 13th her abdomen measured at midway 2 ft. 4 in., and at umbilicus 2 ft. 5 in. As the abdomen had now attained its natural size, no more measurements were taken. On the 14th she was discharged from the hospital as cured of her ascites. The same iron and quinine mixture was given to her to be taken for some time longer, with a view to get rid of the splenic enlargement.

Remarks.—The rationale of this treatment, as it appears to me, is founded mainly on the well-known principle of endosmosis and exosmosis. The exclusive ingestion of milk brings a very large quantity of nitrogenous material, in a safe and convenient form to the blood. It is well known that milk contains all the necessary elements of nutrition in the most easily digestible form and in proper proportion. This diet very quickly enriches the blood and thickens it in its consistence. The iron used in medicine also increases the number of red globules of the blood. The improvement of the consistence of the blood causes the greater portion of the fluid, already thrown out into the serous cavity of the peritoneum and into the cellular tissues of the body generally, to be reabsorbed and excreted by the various emunctories of the body. The kidneys, if not diseased, take the largest share in this work, and the sweat glands and intestinal glands also largely contribute to relieve the system of the excess of fluid. To help the kidneys in their action we generally prescribe digitalis, squill, and juniper powders; to help the sweat glands we prescribe warm clothing, hot bottles, etc.; and to help the intestinal glands we prescribe an occasional purgative. The main treatment is directed to the improvement of the blood by the use of very mild preparations of iron; but all these methods will fail to effect a cure if the milk diet is not given. Trials have been made with ferruginous tonics, diuretics, and diaphoretics, but with no great success unless the milk diet had been strictly adhered to. I have seen many cases in hospital which do not improve, though we have been giving all the remedies enumerated; and in these cases I have often found out by investiga-

tion that the milk diet has not been strictly adhered to. The patients had stealthily taken some other solid food in lieu of the milk ordered. I admit it is difficult to induce patients to be confined entirely to milk diet; but it is the only safe course which brings on quick recovery. Another point to be carefully attended to with regard to this treatment is that the milk is to be given in very small quantities. Eight ounces of milk is generally the highest quantity I allow to the patients at a time. The dose may be repeated every three or four hours. If the digestive power is pretty strong, a little more may be allowed on each occasion. From four to six pounds of milk may be consumed during the twenty-four hours by most of the patients. The result is a quick recovery. I have seen most hopeless cases of dropsy, which have arrived at the last stage of anæmia, quickly recover under this treatment. No doubt the iron and other remedies mentioned are also required to bring about the cure, but the exclusive milk diet being at the foundation, other required remedies will be suggested to the mind of every intelligent physician according to the circumstances of the case. I have found difficulty and delay in cases of renal dropsy, because in these we cannot make the kidneys work and drain much of the fluid. The work is done slowly by the skin and the intestinal mucous surface. Yet I have in many cases succeeded in bringing round the patients.—*K. P. Chowdhury in Lancet.*

DYSPEPSIA.

No affection is more frequently met with in practice or more embarrassing to the young practitioner than dyspepsia. It is of daily occurrence, and so protean are its forms that the rules for treatment offered by our text-books often necessarily fail from want of directness and particularity. No doubt, much may and must be done by the proper regulation of diet. Disorders of digestion are almost invariably due to some error either in the choice, preparation, quantity, or mastication of food. When the practitioner has laid down rules for a diet that shall be plain and assimilable, yet sufficiently varied and nutritious; when he has cut off all injurious articles and regulated the times of eating and the quantity of food,—when these ends have been accomplished (his patient having proved amenable to authority in matters where obedience is specially difficult,) the required object is not far from being attained. It remains to consider what medicinal measures are indicated, and in spite of the host of new remedies for digestion our main reliance must often be still placed in acids and alkalis. Few questions are more commonly put by the medical student, or more guardedly answered by the man of wide experi-

ence, than the following: When should we use acids and when alkalies? Many of our text-books solve the difficulty in an aphorism thus: "Acids increase alkaline secretions; alkalies increase acid secretions." Hence, if we wish to increase the flow of gastric juice (or acid secretion,) we should give alkalies; if we wish to diminish it, acids; and so on for the other secretions that take part in the processes of digestion. There is an engaging simplicity about this rule; but, while we do not deny that it may be occasionally serviceable, we doubt whether the most experienced practitioners would venture to apply it universally or with confidence. Its weakness seems to rest in this—that we can only exceptionally say that dyspepsia is wholly due to defect or excess of any *one* secretion. In its passage along the alimentary canal, the food comes in contact successively with the saliva, the gastric juice, the bile, the pancreatic juice, and the succus entericus. Of these, all except the gastric juice are alkaline secretions. As in many cases of defective digestion, several of these secretions are in all probability simultaneously affected, it is evident we are on slippery ground if we reason from the chemical action of our remedies upon one secretion only. A remedy that promotes the flow of gastric juice may diminish the flow of pancreatic juice, and so on.

Perhaps, a sounder initial principle may be found in the state of the gastric mucous membrane, rather than in the condition of any one of the digestive fluids. Where we have reason to believe that this membrane is relaxed and atonic, acids are indicated; where it is irritable and inflamed, we should prescribe alkalies, often with the addition of bismuth. Some help may be obtained from the state of the tongue, bowels, and urine. If the tongue be red and raw-looking, or covered with a thick creamy fur, acids will usually do harm, while alkalies will often prove beneficial. If, on the other hand, the tongue be soft and flabby, indented by the teeth, fairly clean in front, and with a thinnish fur behind, then acids (with or without *nux vomica*) will usually be found most applicable. The state of the bowels may be of some help, although no general rule is possible. With atonic dyspepsia, constipation is the rule; with irritative dyspepsia, diarrhoea. In children, diarrhoea is in a large proportion of cases due to acidity, and must be combated by alkalies. The state of the urine must be noted, but we must avoid drawing too positive conclusions from it. Thus, if we find the urine loaded with lithates, and discover that these disappear on the administration of a few doses of an alkali, we are apt to think that the indication for alkalies is evident. But this deduction is by no means warrantable, inasmuch as lithates occur in undue proportion in the urine in a great variety of conditions, and may be due simply to the febrile state, or to disorder

of other than the digestive organs—the heart, for example. On the other hand, oxaluria is not a definite indication for either acids or alkalies, being best treated sometimes by one sometimes by the other. When sour eructations take place one or two hours after food, alkalies are always found palliative, and are in universal use. They are but seldom curative, however, in this condition, for the permanent relief of which we must look rather to dietetics or to the removal of some gouty or other taint.

When we have determined whether to use acids or alkalies a further important question remains regarding the time of their administration. On this subject a wide diversity of practice exists. Acids are given either before, with or after food, and many practitioners are much puzzled to decide which course should be preferred. If we aim definitely at improving the tonicity of the gastric mucous membrane, there seems valid *a priori* ground for giving acids when the stomach is empty; but experience shows that in many cases acids are better borne and more useful when given either with or immediately after meals. We believe the latter was the usual practice of two such eminent therapeutists as Trousseau and Sir Robert Christison. The very wide prevalence of the practice of partaking of acid wines with food may be accepted as an indication that acids are often helpful at this time.

We do not propose the above suggestions as in any way an exhaustive analysis of a difficult therapeutic problem; but, as the question of the use of acids and alkalies is constantly cropping up in practice as in clinical teaching, any suggestions on the subject may be of some help to our readers. —*Lancet*.

THE ABORTIVE TREATMENT OF SPECIFIC FEVERS.

A little work has recently been written by Dr. C. R. Illingworth, of London, entitled "The Abortive Treatment of Specific Febrile Disorders by the Binioidide of Mercury." The contents of this brochure are hardly so pretentious as the title. Dr. Illingworth claims only that the drugs which he recommends are the most effective agents in treating the specific fevers. He does not waste time in laboring to prove any hypothesis, but contents himself with asserting that the disorders in question are caused by germs which, when acting virulently, makes exhausting depredations upon the corpuscles of the blood. The treatment, therefore, indicated, should be germicidal and hæmationic.

The binioidide of mercury will answer every purpose as a germicide, while iron serves as a hæmationic. Furthermore, since the abstraction of oxygen from the blood reduces also the amount of fibrin, making it more fluid, the use of ammonia,

soda, and such medicaments as lessen the fibrin-forming power of the fluid is contra-indicated.

While all the specific febrile disorders, from whooping-cough to syphilis, may be treated by the biniodide, it is in scarlet fever, diphtheria, and measles that its action is here specially described.

The biniodide is given in the form of pills, powders and mixture.

The mixture for an adult is as follows :

R.—Sol. hydrarg. biniodid. (B. P.), $\bar{3}$ j.
Potas. iodid., $\bar{5}$ ss.
Syr. et aq. menth. pip., q. s. ad $\bar{3}$ viij.
M.— $\bar{5}$ ss. q. 2, 3, or 4 h.

For a young child, from one-third to one-half of this quantity is given. The pills contain gr. $\frac{1}{16}$ gr. $\frac{1}{8}$, and gr. $\frac{1}{4}$, to be taken three times daily. For infants and young children the powders answer best, and they are made of the strength of gr. $\frac{1}{6}$, mixed with sugar, and taken three times daily.

In the treatment of mild cases of scarlet fever the patient is given gt. ss. to gt. j. of perchloride of iron, with gr. ij. of chlorate of potash, every two or three hours, and biniodide three times daily. When there is very great disturbance of the stomach, the acetate of ammonia, or salicylate of soda, may be added to the above for a time.

Local treatment at the same time is imperative. This consists in the application to the throat of a solution made as follows: Add ten minims of a 1 in 4 solution of potassic or sodic iodide to $\bar{3}$ jss of a 1 in 500 solution of the bichloride of mercury and sweeten to $\bar{3}$ ij. with pure glycerin. This makes a red mixture, in which the biniodide forms a fine red precipitate suspended in glycerin. In those cases in which the biniodide mixture is vomited, a combination of bismuth, carbolic and hydrocyanic acids answers well, while the biniodide is given in powdered form.

In the malignant form of scarlet fever, Dr. Illingworth follows the usual practice. He increases the amount of iron in its astringent forms, adds alcoholic stimulants, and gives the biniodide as usual. He wisely advises against the use of antipyretics, such as antipyrin, antifebrin, or aconite. The biniodide has also proved an efficient prophylactic. The biniodide treatment of diphtheria is much the same as that for malignant scarlet fever. The same treatment is "signally efficacious" in whooping-cough. The criticism which would be made of Dr. Illingworth's biniodide treatment is, that it is not a biniodide treatment at all, but might just as well be called the iron and potash treatment. How much of good effect comes from the germicide is a question very far from being settled by the evidence Dr. Illingworth gives us.—*Med. Rec.*

FALSTAFF'S DEATH-BED.—In *Blackwood* for March appears an able article from the pen of Dr. Creighton, on the correct reading of that much-disputed passage in Dame Quickly's report of Falstaff's death, "His nose was as sharp as a pen, and 'a babbled of green fields," and which Dr. Creighton would have us read, "His nose was as sharp as a pen on a table of green frieze," and supports this emendation with considerable force and learning. According to Dr. Creighton, Shakespeare made Falstaff die of the sweating sickness: first, because in the epilogue to the second part of "Henry IV." he promises that he shall die of "a sweat;" secondly, because many of the symptoms of death, as noticed by Mrs. Quickly, correspond with those given by Caius in his "Boke of Counsell against the sweat;" and lastly, because the skin in "the sweat" often assumed a pimply roughness, which at first would be of a turgid and red tinge, but as the cadaveric hue of death came on would become *chlorotic* or greenish: in fact, the colloquial name given to the sweating sickness later on, in Germany, was *der Eriesel*. The arguments in favor of the older reading are, briefly, that the sweating sickness did not make its appearance till more than seventy years later; that had Shakespeare really intended to represent Falstaff as dying of that disorder he would have said "the sweat," instead of "a sweat." Moreover, it is not natural to make Mrs. Quickly such a minute clinical observer; whilst the picture of the drawn features and the childish and innocent babblings of the old sinner's delirium is one of those powerful touches that the poet delighted to draw. Besides, there was no necessity to make Falstaff die of an accurate disease when Shakespeare had already represented him as suffering under a complication of disorders, with symptoms so graphically described that we can readily diagnose his disease. The Chief Justice, addressing Falstaff, says: "Have you not a moist eye, a dry hand, a yellow cheek, a white beard, a decreasing leg, an increasing belly?" &c.: the yellow cheek, the increasing swelling of the belly, with the shrunken limbs, telling of the onset of the jaundice, and the ascites which accompany the later stage of cirrhosis of the liver. Nor are the presages of his death incompatible with this view: the burning heats succeeded by sensations of intense cold, the rambling delirium, and pinched features are characteristic of death by this disease. But whichever reading may ultimately be adopted by the critics—and the question is sure of securing ample discussion,—we must feel indebted to Dr. Creighton for introducing the subject, and giving us an intellectual treat in the scholarly manner in which he has arranged his facts.—*Lancet*.

THE TANNIN TREATMENT OF PHTHISIS IN BRUSSELS.—Dr. F. House, of the Hospital St. Jean,

Brussels, after having tried the tannin treatment on all his phthisical patients for the last year and eight months states as the result of his observations that it gives excellent results in all stages of the disease, and especially in the condition where cavities exist. Indeed, he has no hesitation in declaring that of all the different kinds of treatment for phthisis which he has tried this has given by far the most encouraging results. The dose he employs ordinarily is fifteen grains, which quantity is taken three times a day. It is, as a rule, well borne; where this is not so, it is ordered to be taken with meals. After the first few days the expectoration and the sweats diminish, the cough decreases, and in many cases the appetite undergoes a marked improvement. The majority of the patients suffered from some slight degree of constipation, though in some this feature was sufficiently marked to require treatment; while others, again, suffered from diarrhoea. The character of the expectoration changed for the better, the sputa becoming white and frothy instead of green and firm. In some cases the diminution of the expectoration was followed by increased dryness of the cough, so that the patients complained that it fatigued them more; this was easily remedied by prescribing a few spoonfuls of syrup of codeia. The physical signs underwent a remarkable change for the better, at least those depending on auscultation, moist rales giving place to dry rhonchi, and large gurgling rales decreasing progressively until they gave place to mere blowing respiration. These changes were evidently due to the drying up of the cavities, in consequence of which the hectic present in many of the cases vanished, the patients increasing considerably in weight and gaining strength in a remarkable manner. The percussion signs were not found to undergo so marked a change as those dependent on auscultation, but even here some improvement could be detected. No bacteriological observations were made.—*Lancet*.

THE DISAPPEARANCE OF CARDIAC MURMURS.—Dr. M. A. Boyd, of Dublin, at a recent meeting of the Royal Academy of Medicine in Ireland, read a paper on the disappearance of cardiac murmurs which have existed sufficiently long, and have led to such changes in the cardiac walls as to be considered organic in character. Such disappearing murmurs are generally consecutive to acute rheumatic endocarditis; cases also occur of chronic endocardial changes which ultimately leave the heart free from all traces of disease. Dr. Boyd gave three instances of cases under his own observation—one the murmur of mitral regurgitation, with consecutive changes in the left ventricle and auricle, which existed for two years, and ultimately disappeared, as did the hypertrophy associated with it; and two others of aortic regurgitation existing for a considerable period,

which finally got quite well also. In both these latter cases the existence of hypertrophy and dilatation of the ventricle might be taken as sufficient evidence that they were of a permanent nature, as also the length of time they continued after the primary endocarditis. A well-established constrictive murmur, in his opinion, never gets well; it may disappear or cease to be heard, owing to failure or weakness of the cardiac walls, or to excessive dilatation of either of these or the aorta, but the symptoms associated with it remain, and *post-mortem* evidence shows no cure. Plastic material deposited on or in valves, may ultimately get absorbed when it only interferes with their adaptation, but when deposited around the margin of an orifice it must ultimately, by its contraction, cause obstruction. Such absorption is most likely to take place in young subjects, owing to the rapid metabolic changes which occur in their tissues and to compensation being more easily established; and is more frequent where the valvulitis is rheumatic than where it is the result of alcoholism, gout, or contracted kidney.—*Med. Press*.

AN EARLY SIGN OF ENDOCARDITIS.—Dr. Duclos, of Tours, writing *Rev. Gén. de Clin. et de Thérap.* records a fact of his experience, in regard to commencing endocarditis, which may possibly be of value as an aid in the early recognition of this affection. While in charge of a military hospital he chanced to have a large number of young soldiers suffering from acute articular rheumatism under his care. One day, while listening to the heart-sounds of one of his patients, his finger bearing at the same time on the radial pulse, he was struck with the want of synchronism between the ventricular contraction and the pulsation at the wrist, the latter being delayed about two-thirds of a second. The following day a systolic apex murmur was heard. Thinking that this retardation of the radial pulse might have some significance in connection with the subsequent development of endocarditis, he took pains to note its occurrence in other cases, and found that it was followed by a murmur at the end of from twenty-four to thirty-six hours in every instance. These observations were extended over a period of several years, and were confirmed in a number of cases by Professors Parrot and Potain.

The author has no conclusive theory to offer in explanation of this phenomenon, but he thinks that it is probably due to a weakening of the muscular fibres subjacent to the endocardium. He compares it to the weakened respiratory murmur frequently observed at the beginning of a pleurisy a few hours before a friction sound is developed or effusion takes place. It would be interesting to learn whether this want of synchronism is present in the beginning of endocarditis arising in the course of other diseases, but the author has few

observations bearing on this point to record. He has noted it, however, in two cases of typhoid fever and in three of erysipelas, in which endocarditis, subsequently developed.

Dr. Duclos draws some practical conclusions, in regard to treatment, based upon the early recognition of the affection, and he believes that he has succeeded in arresting the disease, in certain cases, before irreparable injury had resulted. His plan is to apply immediately a large flying blister over the præcordial region, or, in default of this, a mustard-plaster, dry cups, or leeches. He increases also the dose of the remedy that is being at the same time given for the rheumatism. Of course, a strict enforcement of recumbency is also indicated.

When we consider the importance of an early diagnosis of endocarditis, and the possibility of arresting the disease if detected in its incipency, this alleged premonitory symptom of the affection is worth testing in order to determine the amount of practical utility that it may possess.—*Med. Rec.*

NEW PROCEDURE IN ANTICIPATED COMPLETE RUPTURE OF THE PERINEUM.—At a meeting of the Chicago Gynecological Society, Nov. 16, 1888, Dr. Edward B. Weston read a paper entitled, A New Procedure in cases of Anticipated Complete Rupture of the Perineum, in which he said that on the fourth day of last October he was for the fourth time, called to attend Mrs. H. in labor. The patient was a woman somewhat below the average size, and had rather a narrow pelvis, while her children were all large at birth. At the birth of her first child, a boy who weighed twelve pounds, a complete laceration of the perineum was received. The second child, also a boy, weighed nine and one half pounds, and the perineum was torn to the anal sphincter. The third pregnancy was terminated in the sixth month by unknown cause. The child was of course small, but delivery took place very rapidly, and there was again a rupture, though not to the same degree as in the second labor. On visiting the patient at the beginning of her last labor an examination showed a well-restored perineum, a child and seemingly very large, presenting in the first position.

On meditating over the situation, remembering what had taken place in her previous labors, Dr. Weston feared a complete rupture would again occur, however well he might apply the various methods or procedures for protecting the perineum. The thought came to him that it would be well to introduce a deep suture before the laceration occurred, and before the head began to press upon the perineum, so that if complete rupture did take place he would have one suture already in place, by means of which he could easily bring the parts into accurate apposition, and which could, in a measure, be used as forceps, or tenaculum, and be

of great service in whatever after-operation might be necessary. He therefore with a long curved needle introduced a silk suture a little more than half an inch to the right of the anus, and carried it up about an inch and a half in the recto-vaginal septum, and brought it out on the left side at a point corresponding to its point of entrance. Each end was left six inches long and then tied together. Again there was a laceration, though not a complete one. The child, a boy, weighed eleven pounds.

In the discussion that followed the reading of the paper most of the speakers agreed that the procedure instituted by Dr. Weston was a proper and valuable one as simplifying the primary operation for rupture of the perineum.—*Am. Jour. of Obstet.*

A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.—When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effect upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing a small deposit crystallises out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time—*i.e.*, if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exist, is not coagulated. The organic elements—as epithelial cells, casts, blood corpuscles, etc.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Lancet.*

ACCIDENTAL RASHES IN TYPHOID FEVER.—In a paper upon this subject read before the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. John William Moore sums up his conclusions as follows :

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarious, or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles, or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all ; but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniforme is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case, it probably depends on a reactive inhibition of the vaso-motor system of nerves ; in the latter, on septicæmia, or secondary blood-poisoning ; or both these causes may be present together.

6. The cases in which this rash appears are often severe ; but its development is important rather from a diagnostic than from a prognostic point of view.

7. Hence, no special line of treatment is required beyond that already employed for the safe conduct of the patient through the fever.—*Dublin Jour. of Med. Science.*

HYPODERMIC INJECTIONS OF ERGOT IN FACIAL NEURALGIA.—For the relief of facial neuralgia hypodermic injections of ergot are incomparably superior to aconite or gelsemium. Any one who has used it well never resort to either of the above-named remedies. I have used it the last six years and have never had it fail in but one case. In that case there was evidently organic disease. Ordinarily one injection relieves the pain permanently. Sometimes two, and in one very severe and obstinate case which had gone through the hands of several physicians without relief, it required three. After the third injection he never had a twinge of pain. I put it in the temple, as nearly over the seat of pain as convenient. I use the plain extract, and have it made on purpose for hypodermic use. One minim represents two grains of ergot. Of this I use from eight to twelve minims, blood-warm, at one injection, and without diluting. In order to make this a success, two things are essential. One is, to have a fresh and pure article of ergot to make the extract from, and the other is, to have the extract reasonably fresh. If kept long, it is not only worthless, but irritating. When properly prepared and fresh, it produces more or less pain for ten or fifteen minutes, and

when the pain from the injection subsides the neuralgia is usually gone, and does not return.

I have used this treatment for sciatica and other forms of neuralgia, but not with very satisfactory results.—Dr. Stewart in *Peoria Med. Mo.*

A SUPPOSED BACILLUS OF CANCER.—Professor Platon I Kùbasoff, of Moscow, has carried out a long series of bacteriological researches on malignant (cancerous) new growths, and has arrived at the following conclusions : 1. The disease is caused by a special pathogenic rod-shaped microbe. 2. The bacilli have slightly ovoid outlines, and are arranged mostly in pairs and little heaps, their length amounting to one-fourth of the diameter of a red blood corpuscle. 3. In a pure cultivation the rods grow best on coagulated blood-serum at the body temperature. 4. When inoculated under the skin in animals, the microbe gives rise to a cancerous degeneration, commencing in the nearest lymphatic glands, and subsequently spreading to the internal organs, especially to the mesenteric glands, omentum, liver, and pericardium. In all the organs genuine cancerous nodules are formed. 5. Of lower animals, rabbits and cats prove to be most sensitive in regard to the bacterium. When inoculated they die in one or two months from cachexy, with generalisation of cancerous foci all over the body. All cancers (of any variety and any organs) seem to be caused by one and the same bacillus.—*Br. Med. Jour.*

ACETATE OF LEAD IN CHAPPED NIPPLES.—In the Moscow weekly *Novosti Terapii*, Dr. A. Nesvitzky asserts that he treats, with invariably successful results, all cases of chapped nipple by the local application of the following ointment :

R.—Plumbi acetat, . . . gr. iv.
Solve in aq. destil, . . . ʒss.
Deinde adde ceræ flavæ, . . ʒjss.
Vaselinæ flavæ, . . . ʒj.

M. D. S.—Spread a layer as thick as a table knife's back over a piece of soft linen, and cover the parts.

The dressing should be changed every day. A considerable relief is said to be felt even after the first twenty-four hours, fissures, excoriations, etc., healing fairly rapidly. The same ointment is employed by Dr. Nesvitzky with similar success in painful induration of the mammary gland during lactation.

LEARNING TO THINK.—In every-day life no fact is more noticeable than the inability of many persons to do their own thinking, even in matters and upon lines wholly within the range of their intelligence. They will see a point that is suggested to them, and will at once understand its bearing on some matter in hand ; but they do not seem to have the faculty or art of raising points for them-

selves, and consequently their action is not as intelligent as it might be. If given a rule to work by, they will apply it, not only in season but out of season, and will look amazed if one suggests that, under special circumstances, they should have varied their usual procedure. Every employer and overseer of labor knows to what an extent this is the case. It is the exceptional workman who really thinks, and who can therefore be trusted to suit his action to circumstances. And so in nearly every sphere of life, a kind of automatism seems to be the rule, and intelligent self-direction, in the light of present facts, more or less the exception. One is, therefore, tempted to ask whether in connection with our system of education, some gymnastic might not be devised for the special purpose of teaching the rising generation to think.—*Popular Science*.

IS APOMORPHINE A SAFE EMETIC?—Dr. John Brown, of Bacup, asks the important question: Is apomorphine a safe emetic? and gives a brief account of his further experience of this drug. There are few, if any, of the new remedies introduced into the Pharmacopœia that in his opinion have sustained their reputation with such unvarying success, and with so few failures, as apomorphine. Dr. Brown prepares his own solution of apomorphine as follows: Apomorphinæ Hydrochlor. gr. i.; Sp. Vini Rect. ℥ xx.; Aquæ ℥ c. Each 10 minims equals one-twelfth of a grain of apomorphine. The average interval between the hypodermic injection and the emesis is about ten minutes. As a rule, the vomiting only occurs two or three times at short intervals. The depression is but what might be expected after ordinary vomiting. He has observed no case approaching fatal or even serious collapse. Only two of the cases were adults, the others were very young children. He believes that there is no emetic so safe, certain and quick for children. In adults ordinary emetics usually succeed; not so in children. The cases reported in which collapse occurred were adults.—*Brit. Med. Jour.*

CARBOLIC ACID AND IODINE IN WHOOPING-COUGH.—Dr. Rothe, having met with some unfortunate cases of whooping-cough treated with antipyrin, turned his attention to a combination of iodine with carbolic acid in the treatment of this affection, and with this combination he has obtained excellent results. He has, he says, treated hundreds of cases, and cannot remember one in which the affection lasted longer than four weeks, besides which no fatal case occurred. The mixture he employs is as follows: acid carbol. 15 gr.; sp. vin., 15 ℥.; tinct. iod., 10 gtt.; tinct. bellad., 30 ℥.; aq. menth. pip., 2 oz.; syr. opiat., 150 gr. A teaspoonful of this is given to children over two years of age every two hours. When this treat-

ment was carried out from the commencement of the complaint the severity was never great, and even when it was only begun in cases that had been going on for six or seven weeks it soon cut them short.—*Lancet*.

TREATMENT OF HERPES ZOSTER.—Dr. Allan Jamieson treats this disease in the following manner: (*St. Louis Med. and Surg. Jour.*) He applies locally a protective coat of elastic collodion. Internally he administers the following:

R.—Tinct. nucis vomicæ,
Tinct. gelesemii, āā, . gtt. x.
—M.

If there still remains local pains after the cure of the trouble, the following lotion is ordered:

R.—Menthol, ʒj.
Alcoholis, ʒjv.
—M.

Should this not relieve the condition, galvanism should be resorted to, the current being caused to pass along the tract of the nerve, by placing one pole at the spinal column and the other at the painful parts.

UTERINE STYPTIC.—John Adderley, M. D., Skibbereen, County Cork, Ireland, says: It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's Extract of Pinus Canadensis, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hæmorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of Pinus Canadensis applied to the os uteri on cotton wool, and also used as a lotion arrested the hæmorrhage immediately, and the Aletris Cordial, which was taken internally, helped to invigorate the system and promote a cure which I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results.

THE POST-MORTEM WARTS, says Dr. Wm. Osler, are now pretty generally regarded as local tubercle, the result of inoculation. The presence of bacilli has been demonstrated in several instances. The tubercles consists chiefly of granulation tissue, occasionally with giant-cells, and with papillomatous outgrowths of the epidermis, which gives the tubercle the wart-like character. They are met with in persons who perform many post-mortems and in those whose business brings them into close

contact with animals and animal products. Their occurrence is by no means infrequent. In Germany it is quite common to see the hands of the demonstrators of pathology (and more especially the attendants in the autopsy rooms) disfigured by these structures. Mr. Hutchinson considers these warts a form of lupus.—*Med. Rec.*

ETIOLOGY OF CANCER.—The first long address in this year's Surgical Congress at Berlin was delivered by Professor von Esmarch, of Kiel, on the subject of the Etiology and Diagnosis of Carcinoma, more particularly of the Tongue and Lip. The speaker pointed out that in all parts of the body, but with especial frequency on the tongue and lip, there occurred ulcerating tumors resembling cancer (syphilomata, tubercles, and actinomycotic masses), which naturally required different treatment from that used in cancer. As the latter should always be removed as early and as thoroughly as possible, and severe mutilating operations are often necessary for that purpose, it is of the utmost importance that an anatomical diagnosis should be made before operating. In most cases this can be done with certainty by microscopic examination. In order to procure the necessary material for examination, the surgeon should not recoil even from severe operations. Exploratory puncture, scraping, excision of large pieces, laryngotomy, laparotomy, trephining, suprapubic cystotomy, forcible dilatation of the rectum or urethra, belong to this category. Syphilomata are most frequently the occasion of error. They occur frequently on the tongue and also on the lips. Their late appearance, often after a period of latency extending to many years, makes the diagnosis difficult. If, in such cases, the anatomical examination supplies no positive proof that the disease is cancerous, and if, at the same time, there is no evidence of tubercle or actinomycosis, a diagnosis of syphiloma must be made in the first place, even if no other signs of inherited or acquired syphilis are present. These are the cases in which diagnostic inferences may be drawn from the success or failure of treatment. Antisyphilitic treatment must be energetically carried out. In cases of tuberculosis and actinomycosis, the diagnosis will be confirmed by means of the microscope. With regard to causation, in the case of carcinoma, some sources of irritation may be discovered; these may have occurred but once, as in injuries, or may be persistent, such as foreign bodies, soot, tobacco, paraffin, etc. It is well known that malignant tumors originate in scars; old ulcers of the leg, or stomach, and syphilitic sores may degenerate later on. Benign growths may also become transformed into malignant tumors, for example, warts, naevi, etc. Chronic conditions causing irritation of the mucous membrane, or of the skin may give rise to the development of ma-

lignant growths, for example, leukoplakia, eczema, etc. With regard to the theory of their origin, Cohnheim's hypothesis, that it is due to the persistence of embryonic germs, is untenable. There is as yet no proof that cancer is an infective disease, and it is by no means probable that it is so. One has always to come back to the assumption that a certain predisposition, some diminution in the power of resistance of the tissues, is a necessary factor. Without this, it is impossible to explain how it is that in the great majority of cases in which causes of irritation exist, cancer does not become developed. One is inclined to look upon the predisposition as inherited, without being able to get any further. It may also be said that the tendency to the formation of tumors depends on the tendency of certain tissues to become thickened. By thickening of the connective tissue, especially of that of the vessel-walls, sarcomata are produced; whilst carcinomata arise from thickening of the epithelium. The extension of this thickening into the neighboring tissues seems to be dependent on weakness of the latter. Cancer originates in overgrowth of the epithelium in the connective tissue inflamed, and thereby weakened. Perhaps the development of sarcoma on a syphilitic basis may serve to elucidate the origin of malignant tumors in general. Old, badly-treated syphilis leaves behind a tendency to thickening of the connective tissue. As the result of irritation of any kind, tumors such as sarcoma, fibroma, etc., may become developed in this thickening. These frequently disappear spontaneously, and are often curable by internal medication. Most of them, however, recur after extirpation, and they may also become generalized by metastasis, like the most malignant cancers. Such tumors, really dependent on syphilis, often first appear after long years of complete latency. In many other cases, in which infection can be excluded with certainty, the possibility of inherited syphilis must be borne in mind. The patient's ancestors must also be proved to have been free from syphilis. It is well known that many morbid tendencies which are inherited skip one or two generations in transmission, as, for example, gout, hæmophilia, etc. In the same way, syphilis may also skip one or more generations. It must be borne in mind that syphilis is extremely diffused. A large number of familiar diseases, all of which had this characteristic in common that they produced destructive ulcers in the skin by the breaking down of thickened connective tissue, disappeared before their syphilitic nature was recognized and appropriate treatment could be applied. It is, therefore, not beyond the limits of possibility that even among men now living there may be a tendency to thickening of connective tissue which has been handed down from bygone generations. Whether the tendency to epithelial thickening is to be explained in the

same way, more extensive investigation is required to show. One can only agree with Billroth that, up to the present, the most laborious statistics have thrown no light on its etiology.

IRRIGATION OF THE PUERPERAL UTERUS.—Dr. Haynes concludes a discussion of this subject thus:

1. Where intra-uterine irrigation is used in the absence of sepsis, use no sublimate, but plain hot water, or salt and water.

2. If the urine is albuminous and scanty, use no mercury.

3. If the urine is slightly albuminous and copious, or if the patient is profoundly anemic, do not use more than a pint of a solution of 1:8,000.

4. Always use tartaric acid and sublimate tablets or powders; dissolve thoroughly in a small quantity of water and mix carefully with a definite quantity of hot water in a pitcher, from which pour into the irrigator.

5. Always use fountain syringe, and for the uterus a double table, so as to insure the return of the solution. If for any reason the fluid fails to run out as fast as it flows in (if not through the reflex tube, by way of the channels at its sides), shut off the flow. The irrigator should not be raised more than three feet.

6. Precede by copious irrigation with hot water to wash out blood, etc., which may form with sublimate adhesive albuminous compounds, which may in time be absorbed. Follow by a quart or two of hot water to insure the evacuation of all the sublimate solution.

7. For the uterus use a solution not stronger than 1:8,000 and not more than a quart daily.

8. For the vagina use a solution not stronger than 1:4,000 and not more than a quart twice daily.

Irrigation used in the above way is, we believe, a practice almost devoid of danger. We have made more than one hundred and seventy-five irrigations with the double tube and fountain syringe, with no untoward results except in two cases an unimportant rise of temperature, and in one a severe but harmless chill, and even these slight accidents we feel certain might have been avoided by greater care. Yet irrigation of the puerperal uterus will always be a procedure requiring great care and judgment and some skill.

Enough has been said to make it evident that our opinion coincides with that of Crede and Fehing, that *both vaginal and uterine irrigation are attended with undoubted dangers, and should never be employed in the puerperal state unless to meet definite indications.*—*Amer. Jour. Obstet.*

THE NATURE OF TETANUS.—The prolonged reading of the subject introduced by Professor Verneuil at the Academy of Medicine, on the nature of tetanus, has been brought to a close. Be-

sides the equine and telluric origin of tetanus, M. Verneuil believes also in the contagiousness of this malady, which may be effected by the dust floating in the air, or even by flies, as in the case of charbon. He cited a case in support of this last conjecture, without pretending, however, to arrive at a positive conclusion. In fact, M. Verneuil gives the preference to the equine origin of tetanus. In support of his thesis, he cites a statistic of about 380 cases. Of this number, 222 relate to individuals whose profession put them in constant relation with the horse (farmers, coachmen, stablemen, etc.), or fifty-eight per cent. As for the other cases, the equine origin of the malady, which may not appear so evident, is none the less real. For instance, three medical men, who died from tetanus, had horses which they looked after themselves, and a beadle, whose profession has nothing in common with that of the stableman, contracted the disease after having during a whole day, with a wound in the hand, transported manure from one place to another. As regards the telluric origin of tetanus, M. Verneuil sees in the earth only an intermediate agent between the horse and man. The soil impregnated with the dejections of the horse would be noxious; ordinary soil would not be so. Thus it was that in the extensive works executed at the port of Boulogne, and where not a single horse was employed, not one case of tetanus was observed, although the wounds incurred by the workmen were numerous. Professor Verneuil concluded his communication by insisting on the means that should be taken to prevent the development of this malady. As it is now admitted to be contagious and microbial, all the articles that have been in contact with tetanic patients should be completely disinfected. A person wounded should never sleep in the bed previously occupied by a tetanic patient, without disinfection having been absolutely carried out. The equine origin of the malady being also established, the prophylactic measures should not be confined to man, but they should be applied also to horses. He recommends that the most energetic means should be employed, and he proposes not only the disinfection, but also the destruction of objects which, like the harness for instance, that had been used on tetanic horses, might contain the microbe of tetanus.—*Paris Correspondent Med. Rec.*

CEREBRO-SPINAL MENINGITIS.—Cases of cerebro-spinal meningitis, which used to be quite rare here, have become much more numerous of late; and, as this generally fatal disease is now understood to be infectious, the Berlin police are about to take measures to prevent it from spreading. On and after May 1st next, every physician will be required to report any case occurring in his prac-

tice without delay to the Royal Sanitary Commission. So far as possible patients are to be isolated. Children of families in which there are cases, are to be kept from school till the danger of infection be medically certified as past. The sick-rooms, the linen and cotton articles, especially the handkerchiefs used by the patients, their clothes, etc., are to be thoroughly cleansed and disinfected. These regulations will be enforced by penalties.

INFECTION OF AN INFANT THROUGH THE MILK OF A TUBERCULOUS NURSE.—Dr. Steigenberger, of Buda-Pesth, has recorded a case of tubercular infection through the nurse's milk in the *Pesther medicinisch-chirurgische Presse*. The facts of this interesting case are summarized as follows: An infant, aged five months, of healthy parentage, developed caseating cervical, glandular abscesses, of a distinctly tubercular kind. Microscopical examination verified the macroscopical diagnosis. Inquiry elicited the fact that the infant had been nursed, for a period of four weeks, by a woman who had to be discharged on account of phthisis, with abundant expectoration. The etiological relationship was thus clearly established.

The infection of human beings through the milk of tuberculous animals has been repeatedly shown, and there is, of course, no reason why the human milk should not carry with it the same pathogenic power. But, so far as we are aware, the above case is the first instance in which this method of transmission has been actually observed to occur. The inference is obvious, namely to exercise the greatest possible amount of care in the selection of wet-nurses.—*Med. Rec.*

DIGITALIS IN THE TREATMENT OF PNEUMONIA.—In this disease digitalis acts on the factor of fever, which in pneumonia is often the most prominent symptom. It also circumscribes the area of disease in the lungs, but the main indications for its use are to be found in the constitutional disturbance. In an uncomplicated case of pneumonia, it should be given whenever the pulse exceeds one hundred, irrespective of the extent of the pulmonary lesion. It should be borne in mind that in fatal cases death supervenes between the eighth and tenth day, and digitalis attains its maximum effect from the seventh to the tenth day. It is therefore necessary to prescribe the drug not later than the third day.—*Cincinnati Lancet-Clinic*.

MUST NOT HAVE SPECIALTY ON CARD.—The American Association of Genito-Urinary Surgeons says that it will not consider the application for membership from one who on his card states that he is a Genito-Urinary Surgeon. He can do this in connection with his papers in the medical journals, and with the reprints of the same, in the announcements of the dispensaries, etc., with

which he is connected. By these means he can advertise his specialty among the people and the profession, but he must not do the same thing with his cards.—*Med. Rec.*

A JUDGE'S OPINION ON THE USE OF THE TITLE HOMŒOPATHIST.—Judge George C. Barrett, of the Supreme Court of this city, sends to the *New York Medical Times*, an opinion which will be read with much interest. He was asked to give a reply to the question: "Has a physician designating himself an 'Homœopathist' and called as such to a patient, any legal or moral right to adopt other than homœopathic means in the treatment of the case?" To this Judge Barrett answers: "I have your note of the 11th inst., asking my opinion upon a question of professional ethics. In my judgment there can be but one answer to your question, and that is in the negative. If I call in a medical man who designates himself a 'homœopathic physician,' it is because I do not wish to be treated allopathically, or eclecticly, or otherwise than homœopathically. There is an implied understanding between myself and the homœopathist that I shall receive the treatment which, by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of *similia similibus curantur*. If there is to be any variation from that method I have a right to be informed of it and to be given an opportunity to decide. Common honesty demands that before a confiding patient is to be drugged with quinine, iron, morphine, or other medicaments, either singly or in combination, he should be told that the 'homœopathist' has failed and that relief can only be afforded by a change of system. An honest 'homœopath,' who has not succeeded, after doing his best with the appropriate homœopathic remedies administered on homœopathic principles, should undoubtedly try anything else which he believes may save or relieve his patient. But when he reaches that point the duty of taking the patient into his confidence becomes imperative. The patient may refuse to submit to the other system or he may agree, but prefers a physician whose life has been specially devoted to practice under that other system. He may say to the 'homœopathist,' You have failed, but I prefer to try another gentleman of your own school, before resorting to a system that I have long since turned my back upon. Or he may say, Well, if homœopathy cannot save me I prefer to go to headquarters for allopathic treatment. All this, gentlemen, is the logical sequence of the particular designation 'Homœopathist.'"

RIB RESECTION.—The *Centrallblatt für Chirurgie*, No. 7, 1889, contains the report of a case in which Dr. Grünbaum, of Warsaw, removed with success

the whole of the tenth rib on the right side, together with the corresponding transverse and articular processes of the tenth dorsal vertebra, for necrosis. The patient, a young man, aged 23, when first seen by Dr. Grünbaum, presented an open sore, about two inches in length, over the tenth rib in the axillary line on the right side. This sore was lined by unhealthy granulations, and at the bottom of it was exposed bare bone. Pressure along the posterior part of the rib and over the spinous process of the tenth dorsal vertebra caused much pain. The patient having been put under the influence of an anæsthetic, the rib was exposed by incision of the soft parts as far as the angle. The posterior part of this incision laid open a cavity, of the size of an apple, which contained thin, ill-smelling pus, and surrounded the head and neck of the rib and the transverse process of the tenth dorsal vertebra. The head and neck of the diseased rib having been carefully dissected away from the adherent pleura, the whole of the bone, together with adherent vertebral process, was removed without any wounding of this membrane. A cavity was now discovered in the body of the tenth dorsal vertebra, which was occupied partly by yellow tuberculous material, partly by vascular granulations. The contents of this cavity and also the granulations on the inner surface of the abscess cavity, together with shreds of tissue and purulent clots, were then removed with a sharp spoon. Although the wound healed favorably and with but little discharge of thin fluid, the patient remained feverish for a long time after the operation, but he ultimately made a complete recovery. This case, Dr. Grünbaum states, was certainly one of an acute form of osteomyelitis granulosa with suppuration, and caries of a part of the tenth dorsal vertebra, and of the whole of the tenth rib on the right side.—*London Med. Recorder.*

GENEROUS GIFT TO THE EPISCOPAL HOSPITAL OF PHILADELPHIA.—The family of the late George L. Harrison, of Philadelphia, has offered \$200,000 to the board of trustees of the Protestant Episcopal Hospital, to found and to endow a building for incurables in connection with that institution. Some years ago Bishop Stevens submitted to the Convention of the Diocese suggestions in reference to such an addition to the hospital. He wanted an endowment for a ward of such a character. The trustees of the hospital took the matter in hand, and some measures were adopted which brought a response, and a nucleus was formed by donations until the total, some of it given for building and some for an endowment, amounted to something less than \$10,000. Now, Mrs. Harrison has joined with the four sons of her late husband, Charles C., William W., Alfred C., and Mitchell Harrison, in making the gift to perpet-

uate the memory of George L. Harrison, one of the best and most generous friends the hospital ever had. It is almost unnecessary to add that the board of trustees has accepted the offer. It is seldom that money is given so generously and so wisely as in the present instance; for instead of expending the whole sum in a building, one-half of the amount is to be reserved as an endowment, so that the building when erected will have ready to its hand the money necessary for accomplishing the good work for which it is intended.

HYPERIDROSIS AMONG SOLDIERS.—An official circular, addressed to Prussian army surgeons respecting excessive sweating of the feet and other parts among the soldiers as an affection demanding treatment, advises the use of chromic acid as an efficient and economical application; of the strength of one part in ten of water. In cases of hyperidrosis of the feet such a ten-per-cent. solution, applied at intervals of three, four, or six weeks, has proved sufficiently strong to remedy this sort of disability. From the point of view of military hygiene, the prophylaxis of this affection is not merely a question of discomfort and inconvenience, but has its relations to the efficiency of the service, since all soldiers having hyperidrosis will be more or less prone to recurrent catarrhal troubles and to the evils attendant thereon. Hyperidrosis of the feet, moreover, will impair the marching capabilities of the men having that infirmity.

BALDNESS AND DANDRUFF.—A solution of chlorhydrate, five grains to the ounce of water, will clear the hair of dandruff, and prevent its falling out from that cause. In many instances where the patient is nearly bald, the application of the above-mentioned solution will restore the hair. Arnica oil is also an admirable remedy to promote the growth of hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.

THE PEANUT IN THERAPEUTICS.—The peanut, beloved of the gods—of the gallery, may possibly vindicate its claims to popularity, as it is recommended as a remedy for insomnia. It is said to be quite efficacious when taken *ad lib.*, freshly roasted before retiring. It is true the recommendation is made by a clergyman, but as it is not a new tonic made from bad whiskey, an opium cure containing morphine, or any of the other blessings to humanity usually floated on clergymen's endorsements, we need not condemn the peanut without a trial. It is certain that the free use of this nut sometimes produces vertigo and slight mental exhilaration.—*Philadelphia Medical Times.*

THE Homeopaths are to hold a Congress in Paris this year.

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to DR. C. SHEARD, 320 Jarvis St., Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N. B.; GEO. STRRET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 23 Rue Richer, Paris.

TORONTO, JUNE. 1889.

*The LANCET has the largest circulation of any
Medical Journal in Canada.*

CREMATION.

The disposal of the bodies of the dead in large centres of population, is a matter of no small importance to the living. Cremation, although admittedly the most desirable method, is not making the advance which sanitation demands. Among intelligent and cultivated people, who are above superstition, we might expect a more rapid growth of so important a reform; but sentiment and custom combined, are proverbially tenacious of life. It must be evident to all, that the accumulation of bodies of the dead in contracted spaces in or near towns and cities are sources of contamination, not only to the water-supply, but also to the atmosphere, and clearly deleterious to the health of the inhabitants of the vicinity.

In the profession, sanitary science is rapidly advancing in relative importance, and much has been accomplished thereby, in reducing the rate of mortality in towns and cities. Yet this pregnant source of disease and deaths, largely obtains, notwithstanding the efforts heretofore made to abate it, and the condition of many cemeteries, not only in the older cities of Europe, but also the more modern cities of America, is not much to the credit of our boasted civilization, not to speak of insanitary evils arising therefrom. The accumulation of the remains of human beings in all stages of decay and corruption, in the cemeteries of our ever growing towns and cities, it is evident, must be too rapid for nature's method of purification,

and these vast putrifying and gas-generating masses cannot fail to become centres of disease and death, and largely add to the mortality of their respective localities.

That general cremation would obviate all this, and wholly eradicate this pestilent insanitary evil is self-evident. Many of the nations of the world in former ages burned the bodies of their dead, in fact, most of the Indo-Europeans retained this custom until Christianity began to spread among them. Cremation was opposed by the Christians chiefly on account of their belief in the resurrection of the body. But why the bodies of the dead should be less liable to resurrection after cremation, than after the slower, but not less certain reduction to their original elements, by nature's process, does not appear. However, many of the more modern, and not less intelligent Christians, do not raise that objection, and custom, with unreasoning sentiment are the chief, if not the only obstructions to the rapid growth of cremation. Were the demand for cremation common, the cost would not exceed that of ordinary burial in any case and indeed might be much less, so that in an economical sense, there could be no objections. The only valid objection which we have noticed is the destruction of the evidences of crime, where suspicion of criminality subsequently transpired. In Europe cremation is more frequently adopted than in America. In Italy it has been legal since 1877. In several other places it is occasionally adopted, and considerable agitation in its favor has occurred in Berlin, Dresden, Leipzig and other places. In Paris, last February, the body of a son of Dr. Jacoby, was cremated in the presence of officials and is said to be the first which was incinerated in that city. Much interest has been awakened during the last ten or fifteen years, in Holland, Belgium, France, England, and the United States. Yet the advance of this method of disposing of the dead has been slow, nor can it be said to have obtained the recognition and attention which, as a desirable sanitary measure, it merits.

Were the intelligent lay press to take the matter in hand, and bring it before the people, showing not only its utility, but its necessity, in the interests of the urban inhabitants of the world, something more in this direction would undoubtedly be accomplished, by which the sanitation of many towns and cities would be greatly improved.

OUR ICE SUPPLY.

In our last issue we referred to the very unsatisfactory state of affairs as regards our ice supply. In this matter we do not wish to limit our observations to Toronto, but would include, in the general principles involved, the great majority of cities and towns on this continent, where dependence is placed on a supply of natural ice. We are glad to learn from the city press that the medical men are aiding the Board of Health in Montreal to prohibit the introduction of impure ice into that city. Here, in Toronto, the Board of Health apparently is cognizant of the fact that much impure ice is being supplied to the citizens, not only from Ashbridge's Bay, but from outlying ponds, and the Medical Health officer has been, nominally at least, placed in a position to see that none but pure ice is supplied for food purposes. But, as we understand it, the law has been, so far, practically a dead letter, and indeed without some unheard of revolution of nature, and of the state of affairs in the body politic generally, it must always remain so.

Because we live in a climate where ice of a certain quality may be had for the harvesting, it appears visionary to unthinking minds that we shall be forced, by the onward march of science, to manufacture our ice, an article so necessary both for our health and comfort in this climate. It would appear that, according to law, ice for *cooling purposes* only may be taken from any portion of say Toronto Bay, polluted in a manner it is not necessary to describe. Now, we maintain that inasmuch as certain pathogenic organisms, the germs of typhoid, for example, are not rendered innocuous by freezing, that the sound principles of sanitation are violated by allowing such ice to be used in our midst for any purpose whatsoever.

We are supposed to have pure ice, that is, ice cut outside the 500 yards' limit in Toronto Bay, (where it is supposed to stand the test of purity), or from outlying places, such as Lake Simcoe, supplied at our doors for purposes of food. What are the facts of the case in the present season? We have figures and authority to show that, so far as the outlying places are concerned, not one-twentieth of the ice necessary for the food supply of Toronto was brought from Lake Simcoe. Regarding the amount cut in our own bay, it was practically impossible to get the remaining nine-

teen-twentieths necessary, owing to the thinness of the ice beyond the point named by law, during all but a very short time, and the whole bulk of the ice was taken within the 500 yards' limit, and near the foot of Simcoe street, and quite close in shore.

The obvious conclusion to be drawn from a sensible consideration of the matter is that we shall be driven to adopt artificial means to secure at least a sufficient supply of ice for food. Now, if it can be shown that an ice, absolutely pure and durable, can be produced at a cost, triflingly, if at all, in advance of the usual rates quoted for our natural impure ice, then we hold that, in all common sense, steps should be taken to bring about this most desirable state of affairs.

We may yet be visited by an ice famine, and then we shall be wholly dependent upon an outside source of supply. Now we have it on authority that manufactured ice can be delivered to the citizens of Toronto at a fractional increase of cost on to-day's quotation.

When we say manufactured ice we mean *pure ice*, and, after all, purity is the great desideratum in the matter of food. We have abundant proof from the superintendents of hospitals and health officers of European cities that the manufactured ice is perfectly pure, and is consequently so desirable for patients that it is in constant use. It is indeed a matter patent to the most simple mind that an ice manufactured by, say the De La Vergne Ammonia system must be pure. By this system the water is converted into steam. This is cooled by being passed through a number of pipes, and, after cooling, it is put through an animal filter, which completely doodorizes it. This final process leaves the water perfectly pure. It is then run into cans, which are placed in a solution of salt and water, when, by the ammonia process, the temperature is reduced to any degree desired. Ice made in this way is as transparent as a pane of glass and is absolutely pure.

 ONTARIO MEDICAL ASSOCIATION.

We beg to call the attention of our readers to the advertisement on another page of this issue regarding the Ontario Medical Association which is to meet as usual in Toronto on Wednesday and Thursday, the 5th and 6th of June. The number

of papers promised is large, including some by eminent men in the United States. In addition to the list given in our last issue the Secretary, Dr. Wishart, has received a number of others among which are the following :

Dr. Halford Walker, Toronto, "Some practical points in gynæcology and abdominal surgery;" Dr. Price Brown, Toronto, "The treatment of phthisis pulmonalis;" Dr. Letcher, Henderson, Ky., "Penetrating gunshot wound of the abdomen;" Dr. Anglin, Kingston, "Cases of typhoid fever with perforation of the bowel;" Dr. Groves, Fergus, "A case of vaginal hysterectomy with abdominal ovariectomy;" Dr. McKinnon, Guelph, "Auto-elimination of an abdominal tumour through an exploratory incision;" Dr. Neil McPhatter, Guelph, "Cholecystotomy;" Dr. Vanderveer, Albany, N. Y., "Appendicitis, perforative appendicitis, and peri-appendicitis;" Dr. J. G. White, Toronto, "On recent modes of treating fractures above the wrist joint;" Dr. Angus McKinnon, Alvinston, "Alcoholic stimulants as regards quality;" Dr. E. E. King, Toronto, will demonstrate the use of the cystoscope in diagnosing obscure abdominal disease; Dr. J. Campbell, Seaford, "Reports of cases, surgical and medical;" Dr. H. Hunt, Toronto, "Cases of laryngeal diphtheria;" Dr. Powell, Ottawa, "On two cases of perityphlitis with abscess; recovery in both, but by different methods;" Dr. W. Gunn, Clinton, "A case of schleroderma, and exhibition of the patient."

It is to be hoped that the attendance may this year, as it has for the past four or five years, continue to increase. Doubtless a pleasant and profitable time will be spent by all who put in an appearance.

MEDICAL EXAMINATIONS.

Owing to the want of space in our last issue the following were crowded out :

ROYAL MEDICAL COLLEGE KINGSTON.

Gold Medal.—Fred Harkness; *Silver Medal.*—Arthur Elliott.

House Surgeons.—1, Augustine Gaudier; 2, James McKenty.

First Year Medal, Silver.—Isaac Woods.

M.D.—John A. Belch; Hiram M. Buchanan; Felix Cloutier; R. C. Chanonhouse, B.A.; Wm. C. David; Peter Drummond; John Duff; Arthur

C. Elliott; Geo. F. Emery; Anthony Freeland; Sidney H. Gardiner, B.A.; Norman R. Grant, B.A.; Hedley C. W. Graham; F. B. Harkness; Wm. H. Harvey; Adam E. Kilker; Joseph Holdcroft; Wm. H. Johnson; Omer L. Kilborne, B.A.; Henry O. Lanfear; Wm. C. Little; Alex. C. Mavety; Isabel McConville; Michael E. McGrath; Jas. Y. McKillop; Harold S. Northmore; Jas. A. Patterson; Wm. H. Rankin; Andrew Robinson; Ernest Sands; Elias T. Snider; Alex. Stewart; Harry E. Tillman; Stanley I. Warner.

WESTERN UNIVERSITY, LONDON.

Gold Medal.—C. A. Cline; *Silver Medal.*—R. H. Honnor.

Third Year Scholarship.—A. Hayes; *First Year Scholarship.*—M. Gowan.

M.D.—Messrs Cooper, McRitchie, Hotson, Fraser, Bayley.

UNIVERSITY OF BISHOP'S COLLEGE.

Primary.—H. Talby, C. R. Woods, H. G. Spooner.

M.D.—Chas. E. Elliott, James M. Jack, W. B. Towle, Thos. S. Nichol, and Dr. Alfred C. Smith, New Brunswick, received the *ad eundem* degree of C.M., M.D.

WOMEN'S MEDICAL COLLEGE TORONTO.

FINAL PRIZE, Dr. J. S. Carson; *Primary Prize*, Miss M. A. Gifford.

PRIMARY, Miss Gifford, Miss Graham, Miss Mead.

MANITOBA MEDICAL COLLEGE.

THE \$100 Scholarship, D. J. G. Calder; *Primary Scholarship*, 1st, G. Bell; 2nd, M. S. Fraser.

PRIMARY, M. S. Fraser, G. Bell, H. P. Byers, E. A. Braithwaite, J. W. Cartmell, J. H. Sparling, F. F. Westbrook, J. Ferguson.

M.D., C.M., J. G. Calder, T. J. Lamont, R. J. Lipsett, E. A. Blakely, A. B. Stewart.

SIX IMPORTANT FACTS ABOUT ENTERIC FEVER.—Dr. Reed, in *San. News*, gives the following as the pith of what is known regarding the spread of enteric fever:—1. Typhoid fever is caused by the introduction of a specific germ into the alimentary canal. 2. This specific germ multiplies in the alimentary canal, and in turn is thrown off in the stools of the patient. 3. Its vitality is much greater than at first supposed, resisting a variation of temperature ranging from even below the freezing point to 133° F. 4. The germ may be communicated from one person to another by water, milk, foods and air. 5. To prevent its spread, all the dejecta should either be burned at

once (which is preferable), or thoroughly disinfected, by throwing them into a pot of boiling water and thoroughly cooking them, or using some effective germicide, such as a strong solution of the bichloride of mercury, in sufficient quantities to insure their destruction before they are buried, which should be at a sufficient distance from any neighboring water supplies to insure their freedom from contamination. 6. If the water supply is of a suspicious character, thoroughly boil it before using, and then place it where there is no possibility of its becoming infected. If ice is used, pack it around the water vessel, not allowing the melted ice in any way to enter your drinking water. By the strict observance and practical application of these few simple hints, I am certain you will soon be led to believe that typhoid fever is a preventable disease.

CONTAGIOUSNESS OF PNEUMONIA.—Netler, *Arch. Gén. de Méd. Boston Med. and Surg. Jour.*, has a long article reviewing the epidemics of pneumonia which have been recorded, and adds a few other instances which have come within his own experience. His most important conclusions are as follows:—

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.
2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances, at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years.
3. Contagion is possible during the entire course of the disease and even after recovery.
4. The period of incubation averages from five to seven days, but may vary between one and twenty.
5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors as living micrococci may be found in their saliva many years after. Thence in part the epidemic appearance of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.
6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them.

The sick-room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed so far as possible.

AN ACTIVE AND VERY USEFUL EMETIC.—A gentleman writing to the *Br. Med. Jour.* says on the subject of emetics:—Several of your correspondents have lately written on the use of apomorphine as an emetic administered hypodermically in intoxication. I cannot see why such a doubtful remedy should be used when we have others more simple and effective. Years ago, when in charge of a surveying party on French Creek, near the Alleghany Mountains, the drunken doctor of the village where we stayed the night, when in a state of semi-drunkenness, took a piece of carb. ammoniæ out of his surgery bottle and chewed it. The effect was almost magical. The contents of the stomach were quickly ejected, the usual depression not following, so that he was able to at once resume his debauch. Since then I have tried the remedy many times with great success. The drunkard can generally be roused and got to swallow half a drachm of ammon. carb. dissolved in a wineglass of water and if drunk off this will prove immediately effective as an emetic and restorer. The reason is obvious. The stomach is cleared and the stimulating effect of the salt prevents the excessive depression usually following excess. Never having seen nor heard of this treatment being adopted in this country is my excuse for troubling you with this letter.

ANOTHER TEST OF LIVE-BIRTH IN INFANTS.—Dr. Nitkin, of Moscow, lately read a paper on this subject, giving his experience of the test, *Am. Jour. Med. Sciences*, as derived from *post-mortem* examinations of one hundred and twenty-four newborn children in Moscow. His conclusions are as follows:—(1) The gastro-intestinal test not only supports the lung test, but it is even able in some cases, in which the lung test is negative, to afford evidence by itself of live-birth. (2) If in the fresh corpse of a new-born child, the stomach, and especially if also the intestines contain air, and float in water, it may with certainty be concluded that the child survived birth; provided air was not artificially introduced into the stomach, as by inflation. (3) If the body is well advanced in putrefaction, the gastro-intestinal test is less reliable

than the lung test ; but if the body is only moderately putrefied, the former test is as trustworthy as the latter. (4) A negative result from the gastro-intestinal test is not proof of the child having been stillborn, no more than is a negative result from the lung test ; but if such a result is obtained from the application of *both* tests in fresh, but especially in putrid bodies, then it may be inferred that the child was stillborn, unless in rare cases in which signs exist of sudden death by violence applied immediately after birth. (5) If the stomach and a portion of the intestines are well filled with air and the corpse is fresh, it may certainly be concluded that the child did not die immediately after birth—excepting always cases of artificial inflation. (6) The first bubbles of air reach the new-born child's stomach by swallowing. (7) The possibility of "atelectasis secundaria neonatorum"—that is, of the complete disappearance of air from the lungs of a new-born child—is highly probable.

ANTIPYRIN IN SCIATICA.—The *Brit. Med. Jour.* gives an interesting account of a patient speedily cured by this remedy. "The patient had been confined to his bed for two months, and was unable to move his left leg. The hip-joint was so painful that the gentlest examination with the fingers could scarcely be borne. The slightest pressure over the gluteal, sciatic, and trochanteric regions made the patient cry out with pain. Sleep had been impossible for some nights. Injections of morphine, anodyne applications, salicylate of soda, iodide of potassium, sulphate of quinine, tincture of gelsemium, bromide of potassium were all tried, without the least effect. Tonic treatment with iodide of iron, cod-liver oil, etc., proved equally futile. Antipyrin was given in doses of seven grains with an equal quantity of quinine three times a day. The day after this treatment was begun the patient wished to get up and could move the affected limb quite freely. Ten days afterward he left the hospital, completely cured and having gained considerably in weight."

HERNIA OF THE PREGNANT UTERUS.—Dr. S. S. Adams, Washington, (*Am. Jour. of Obst.*) has collected what he believes to be, all the reported cases of this accident. The following is his summary of them :

Varieties—Nine inguinal ; one crural ; four umbilical, and eight ventral. Mothers saved, fifteen ; not stated, two ; mothers lost, five ; children saved, eighteen, (twins) ; children lost, three ; not stated two. Cæsarean section was performed seven times ; mothers saved, two ; deaths, five, and seven children were saved. Porro's operation was performed once, the mother being saved, but the child was still born. Induction of premature labor once, both mother and child saved. In one case of inguinal hernia the labor was spontaneous. In the umbilical and the ventral varieties, the delivery was mostly natural, with support of the uterus, except one in which forceps were applied with a speedy termination of labor. All the mothers were saved but one child was killed by craniotomy, the reason for which is not given.

REMEDY FOR CROUP.—Dr. J. B. Johnson says, *Med. and Surg. Rep.*:—The following formula has been a standard prescription of mine for croup for many years. It relieves all the symptoms of the disease with greater promptness and certainty than any other mixture I have ever used. I give it in teaspoonful doses to infants six or eight months old ; and to children six or eight years old I give dessertspoonful doses every ten or fifteen minutes, until free emesis is produced ; I also use it at longer intervals until a cure is established. The formula is as follows :—

R.—Misturæ acaciæ, fʒij.
 Balsam copaibæ, fʒj.
 Ext. ipecac. fl., fʒj.
 Potassii iodidi, ʒj.
 Pulv. potassii chlorati, ʒj.—M.

SIG.—Shake well. Dose, a teaspoonful every ten or fifteen minutes until free vomiting ensues ; and then continue the same dose, at intervals of a half-hour or hour, until the disease yields.

I have frequently relieved a croupy cough of twelve hours' duration, in three or four hours, by giving tablespoonful doses, every quarter or half-hour, of the following mixture :—

R.—Potassii iodidi, ʒj.
 Pulv. potassii chlorati, ʒj.
 Aquæ destill., fʒvj.—M.

SIG.—Shake well and give a tablespoonful every quarter or half-hour until relief is attained.

SULPHURET OF CALCIUM, LOCALLY IN DYPHTHERIA.—In the local treatment of dyptheria, Dr.

G. E. Hubbard, of New York, uses exclusively (*N. Y. Med. Reg.*) Ullminck's solution, sulphuret of calcium, and believes it to be the safest and most effective application for the destruction of the disease germs. He employs the clear solution by means of a spray, every half hour until the disease is under control. In cases of very young children he adds a little water to the solution, at first, until satisfied that it does not irritate the tender mucous membrane. Under this treatment the diphtheritic patches undergo a change in a few hours; in some cases they disappear entirely in a day. Even if the false membrane is extensively developed when the case is seen, the spray will be effective in arresting systemic poisoning, as the solution is taken into the patient's stomach. Solution is prepared as follows:—Take of lime, one part; sulphur, two parts; water, twenty parts. Slack the lime into some of the water, then add the remainder and the sulphur: boil to twelve parts and filter.

SALICYLIC ACID IN CHRONIC TUBERCULOUS JOINT DISEASE.—Dr. Robert W. Sorett, in an interesting article on the above in the *Bost. Med. and Surg. Jour.*, after citing a number of cases, gives the following as his conclusion in the matter:

That salicylic acid in large doses is useful as an aid to the mechanical treatment of chronic tuberculous joint disease, not in routine conditions, but—

- (1) When night cries are present.
- (2) When the diseased joint is very painful and sensitive to jar.
- (3) When vomiting and general discomfort are associated with an increase in the local disease.

That relief from pain, and diminished sensitiveness follow at once, as quickly as in acute articular rheumatism, and that the drug should be given in as large doses as for that affection until the pain is relieved or the physiological effect is produced.

The writer calls attention to the fact that mechanical means were constantly used while the drug was exhibited, but that such mechanical means had failed to relieve the pains in connection with the disease.

THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The authorities of the American Association for the Advancement of Science,

have chosen Toronto as their next place of meeting, and that important body will accordingly convene in the capital of Ontario, on the 27th August next, to remain in session one week. This gathering of probably a thousand prominent scientific men, will prove an interesting event for all who desire the diffusion of systematized knowledge, and its outcome cannot fail to be of benefit to the whole province. The discussion of scientific subjects, the interchange of experience, and the application of its results, must stimulate the material as well as the intellectual progress of the country.

CANADIAN MEDICAL ASSOCIATION.—The Grand Trunk Railway has extended to the Association an offer of a reduced rate from all points on their line, equivalent to that given by the Canadian Pacific Railway, so that members may leave for Banff from the station nearest to them, on either line, at the same cost. This will also enable members from Central Ontario, who wish to do so, to join the Canadian Pacific Railway at North Bay.

JAMES BELL, M.D., *Sec'y.*

DIARRHŒA OF PHTHISIS.—Dr. Debove, *Bost. Med. and Surg. Jour.* claims to have had much success in the treatment of chronic diarrhœa, especially of the tuberculous form, by silicate of magnesium. This remedy he administers in doses of half an ounce to an ounce and a half a day, suspended in a quart of milk. As a result the diarrhœa disappears. The silicate of magnesium is known under the name of *talc* or *steatite*; it is insoluble, inert, and has not heretofore been supposed to have any medicinal properties whatever. According to Debove, it promotes the healing of intestinal ulcerations, but seems only to be efficacious by its presence in large quantities. Debove says it is readily and rapidly eliminated from the intestines.

CEREBRAL HÆMORRHAGE.—Dr. A. Smith, (*N. Y. Med. Rec.*) says that ergot is of value only in hæmorrhage from the arterioles and capillaries, and is contra-indicated in cerebral hæmorrhage, owing to its increasing vasacular tension. Pressure is the only means of stopping the bleeding and should be applied from within the vessels. Therefore he suggests that the head be placed lower than the body, and that arnyl nitrite be administered to increase cerebral congestion and diminish *vis-a-tergo* by lowering the vascular tension. The

immediate effect of this would be to bring on symptoms of pressure, but in a short time the blood would have coagulated in the vessels, when the head could be raised and the amyl withheld. Symptoms of coma would thus be passing off when by the opposite method they would be deepening.

DIAGNOSIS OF DUODENAL ULCER.—The points upon which Bucquoy (*Arch. Gen*) lays the greatest stress in the diagnosis of duodenal ulcer, are (1) Sudden intestinal hæmorrhage in an apparently healthy person, which tends to recur and produce a profound anæmia; hæmatemesis may precede or accompany the melæna. (2) Pain in the right hypochondriac region coming on late (two or three hours after eating.) This is an uncertain symptom as the food may have no special influence in producing the pain. (3) A more important criterion is in the occurrence of gastric crises, agonising attacks of colic; the hæmorrhage being more apt to occur about the time of these attacks. Absolute immunity from all gastric distress in the interval between taking food is more common in duodenal than in gastric ulcer. (4) The occurrence of melæna without hæmatemesis is the chief point in the diagnosis of duodenal ulcer. Bucquoy and Johnston both hold that it can be diagnosed by this symptom alone.

ITCHING OF JAUNDICE.—Dr. Goodhart (*Br. Med. Jour.*) has used pilocarpine successfully in relieving the itching of jaundice in six cases, with not a single failure. One patient had one-third of a grain injected many times, and always with this result, that during the first twenty-four hours he was quite free; the second he was fairly free and the third he was considerably troubled again, and the dose had to be repeated. When we consider that there is really nothing that can be relied upon to relieve this distressing symptom of jaundice, Dr. Goodhart's plan may prove of service.

THE SALICYLATE OF MERCURY.—In a communication to the Polyclinic Society of Rio de Janeiro, Dr. Aranjó has given the following as the advantages (*Le Prog. Méd.*) of the above salt of Mercury: 1. That it is readily borne; it does not give rise to gastralgia, enteralgia, or diarrhœa, which frequently follow from other mercurials, not even excepting the protoidide and the tannate.

2. It never produces mercurial stomatitis. 3. Its action is more energetic than that of any other mercurial salt now in use. He recommends a dose of $\frac{1}{3}$ gr. in pill form, three times a day. This remedy has been tried in numerous cases of syphilis, since the above communication was made with perfect success.

PURPERAL ECLAMPSIA AND PURPERAL CONVULSIONS.—Dr. Davis of Bridgeton, N. J., states, (*Cin. Lancet Clinic*), that he has promptly relieved dangerous attacks of these diseases by the hyperdermic use of morphia and veratrum viride. Morphia was given in $\frac{1}{4}$ to $\frac{1}{3}$ -grain doses, followed in fifteen minutes by 5 drops of Norwood's tincture of veratrum viride. These were repeated as needed, the pulse being the guide. The stertorous breathing ceased, the rigidity of the muscles relaxed, the pulse dropped from 140 to 80 in less than two hours, the patient slept several hours and awoke in good condition. One of the cases of eclampsia was delivered the next day, the other in ten days without recurrence of attack.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.—We regret that want of space prevents our giving the list of successful candidates at the late examinations, held by the Ontario Medical Council. Of the primary candidates only 45% satisfied the examiners. In the final 65% passed. Mr. J. Sutherland, of Muncey, Ont., was the only one out of a total of 355 candidates who succeeded in taking honors.

A GOOD law regarding the duties of druggists obtains in Indiana where a prescription containing more than $\frac{1}{4}$ opium or gr. 1-20 of morphia, cannot be refilled more than once without the written or verbal instructions of the prescriber.

APPOINTMENT.—Dr. Ed. M. Spencer, L.R.C.P. & S., Ed., has been appointed medical officer of the Buckland District of Tavistock Union, Devonshire, England.

REMOVAL.—Dr. A. H. Edminson has removed from Harwood to Keewatin, Ont. We wish the Dr. success in his change of location.

BRITISH DIPLOMAS.—Drs. G. A. Féré, and J. Guinane, received the L.R.C.P. (London) diploma at the recent examination.

WE were very sorry to hear of the serious accident which happened to Dr. T. R. Buckham recently, by being thrown from his buggy. We are glad, however, to state that he is rapidly recovering, and we trust that he will soon be able to be about again.

Books and Pamphlets.

THE INSANE IN FOREIGN COUNTRIES, by William P. Letchworth, President of the New York State Board of Charities. New York and London: G. P. Putnam's Sons (The Knickerbocker Press); Toronto: Williamson & Co., 5 King W.

This carefully prepared and nicely bound work is an historical *résumé* of the methods adopted for the treatment of the insane in olden-times, and a comparison of the methods employed to-day in asylums and institutions where this unfortunate class are cared for and treated. It is an able and exceedingly interesting treatise showing what astounding barbarity those who professed to a careful study of insanity could employ in its treatment. This work is instructive in that it shows the forms of treatment adopted to-day in the main institutions in England and the United States. It is a treatise which any practitioner can read with great profit and interest, and is very strongly in favor of those methods of treatment now generally adopted, where restraint is the exceptional and rare feature in the management of the insane.

MATERIA MEDICA AND THERAPEUTICS, by John B. Biddle, M.D., late Professor of Materia Medica and Therapeutics in the Jefferson Medical College, Philadelphia. Eleventh edition, revised and enlarged, with special reference to Therapeutics, and to the Physiological action of Medicine, by Clement Biddle, M.D., and Henry Morris, M.D., Demonstrator of Obstetrics and Gynæcology, Jefferson Medical College, etc. Illustrated. Philadelphia: P. Blakiston, Son & Co. Toronto: Carveth & Co. 1889.

The eleventh edition of this work was rendered necessary by the exhaustion of the tenth. Some (21) new cuts have been introduced. An understanding of the physiological action of medicines is now looked upon as a *sine qua non* in rational therapeutics. In this edition the revisers, fully alive to this fact, have laid more stress upon this

part of the subject, and especially as to numerous new drugs which have lately come into general use, such as urethran, papaya, strophanthus, saccharin, sparteine, etc. Much obsolete and useless matter has been cut out, and altogether the work as it now stands is up to the standard of modern science, and as such we can recommend it to students and others desirous of gaining a full knowledge of the difficult but important subjects *Materia Medica*, and *Therapeutics*.

CAZEAUX AND TARNIER'S THEORY AND PRACTICE OF OBSTETRICS. Eighth American Edition. Edited and Revised by Robert J. Hess, M.D., with an appendix by Paul F. Mundé, M.D., with chromo-lithographs and one hundred and seventy-five wood engravings. Student's Edition. Price, \$5. Philadelphia: P. Blakiston, Son & Co. 1889. Toronto: Vannevar & Co.

The work of Cazeaux and Tarnier has been always considered a classic. The present enlarged edition (over 1,200 pages) is still an advance on former ones. The discussion of its merits would be superfluous. Its name as a work complete and systematic, is so well known, and its popularity has been so pronounced, that wherever the language of obstetrics is heard, the names Cazeaux and Tarnier are as household words. We can most heartily recommend it as a standard book of reference, being assured it will prove of inestimable value to all who peruse it.

ESSENTIALS OF PHYSICS AND CHEMISTRY, written especially for the use of students in medicines by Condit W. Cutter, M. S., M. D., Physician-in-Chief of the New York Dispensary, etc. Third Edition. Enlarged and revised. New York & London: G. P. Putnam's Sons. Toronto: Williamson & Co., 5 King W.

In this little work the essentials of physics and chemistry are placed in such a form as to meet the requirements of the medical student who is preparing these subjects for examination. The points are clearly put, and if a student has carefully followed a larger treatise or an able course of lectures upon these subjects he will find this work a valuable aid.

WARNER'S THERAPEUTIC REFERENCE BOOK. Philadelphia: Wm. R. Warner & Co., 1889. \$1.

Contains much useful information in a small space.