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THE

Canadian Medical Review.

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VOL. III. TORONTO, FEBRUARY, 1896. No. 2

Original Communications.

Toxic Amblyopia.

BY W. E. HAMILL, M.D., TORONTO.

THREE cases which proved to be toxic amblyopia have recently in a few weeks been referred to me, leading one to think that this affliction is of much more frequent occurrence than the authors of Ophthalmology state—a natural conclusion when due allowance is made for the additional cases which must present to specialists of larger observation and possibilities.

Toxic amblyopia when early recognized, being so very amenable to treatment, and yet when overlooked so lamentable in results, prompts me to direct the attention of the general practitioner thereto, with the hope that in a simple way cases which ordinarily first come under their notice may be speedily saved from further ravages on such an important function as that of vision. When the case and cause is detected it is generally conceded by authors that whatever of sight remains, be it ever so little, can be preserved, and in the majority of cases much improved—sometimes normal vision being restored, a happy and by no means rare termination under appropriate

treatment early administered. How important, therefore, it is to discover the cause before organic changes take place. As the name (toxic amblyopia) implies, it is simply a progressive loss of sight due to some substance being absorbed into the system, which toxic element or poison has a selective action upon the optic nerve or its cerebral origin.

There is a long list of substances which possess this property, some acting purely in a temporary functional disturbance of sight, while others produce a permanent organic change which, if continued sufficiently long, may terminate in almost total blindness. Cases are on record from competent observers where amblyopia was produced in idiosyncratic cases from chocolate, quinine, iodoform, alcohol, and some others, with such clearness that of cause and effect there could be no doubt. Perhaps with the exception of alcohol all the above show themselves in the suddenness of the appearance of the diminution or loss of sight, and its rapid restoration a few days later either partially or wholly, hence the history of every case should be fully analyzed, especially in regard to probable causes. But my personal experience for the past three years has been that every case of toxic amblyopia, which came under observation, has been due to tobacco, either alone or in conjunction with alcohol, in one form or other, so that we would not be far astray if we called all cases of toxic amblyopia, tobacco amblyopia; and further, each case had been using tobacco for a number of years, so that the ages of the victims ranged from 35 to 50, with one or two exceptions, and all were the male sex, and both eyes were affected at the same time; the first general complaint being that their sight was hazy or misty, with inability to read as formerly, each of these symptoms gradually becoming worse and worse. It is just at this stage a tobacco amblyope, not suspecting the cause of his trouble as he probably has been using the weed for years, will go to his family physician for advice or to the optician for spectacles, and fortunate the patient who consults the one or the other who recognizes the cause of the trouble, and firmly insists on immediate abstinence from tobacco, or refers the case to an oculist. If nothing more were done than to secure a positive "swearing off," the main feature of restoration and best line of treatment is secured. There is no choice of the patient in this matter, it is either "stop tobacco" entirely or the results are sure to be from bad to worse.

If in addition to the symptoms pointed out in a tobacco user, he also has central color blindness for red and green, *i.e.*, inability to distinguish between the two, the diagnosis is complete as far as possible, without a further use of the ophthalmoscope and perimeter,

unless we use the "pin hole" test, a simple means of distinguishing between amblyopia and ametropia, a method every optician who attempts refraction should be familiar with, and thus in some measure recognize where he (the optician) should step out and the physician or oculist step in.

In conclusion, let me report one of the recent cases which came under observation. Male, farmer, aged 54, family history entirely negative, smoked approximately two ten-cent plugs of tobacco every week for years. Loss of vision commenced three years ago, and gradually became worse, frequently had medicine from his family physician without benefit, and could obtain no glasses to assist vision after many and repeated trials. At the time of my examination he could barely read 1-60, and for many months was unable by any method to read a newspaper. The history and objective examination left no doubt whatever of the cause of his almost blind condition, and yet no one had ever previously even suggested to him that tobacco was at the bottom of it all. There is little hope here of much restoration of sight, and sad reflection of what it might have been.

THE MICROSCOPE IN SURGERY.—Senn, in a recent work on tumors, says that there is no doubt in his mind that the advantages of the microscope as an aid in the diagnosis of tumors have been greatly overestimated. This is a very important statement, and he cites the case of the late Emperor Frederick of Germany as an example. Enthusiastic microscopists did at one time feel as if the character of all tumors could be at once settled by the use of the microscope, but experience has shown that the microscopic appearance of the tumor, its site, character of growth, etc., must all enter in to make a complete diagnosis, and when a piece of tumor is sent to a microscopist for examination, it should not be sent as a puzzle, but a history of the case with all other points should be submitted, and as large a piece of the tumor sent in as is possible. It is extremely difficult to make a diagnosis from scrapings of tissue, and when the surgeon sends the pathologist a piece of tissue for examination, he does not take that step in order to see how much the pathologist knows or what the microscope alone will reveal, but he wishes the pathologist's aid in making a diagnosis, and the two should work in harmony. The microscope usually decides when the naked eye appearances throw a doubt on the character of the tumor.—*Maryland Medical Journal.*

Tubercular Peritonitis.*

BY ALBERT A. MACDONALD, M.D., TORONTO.

THIS disease occurs at all ages. It is rare without a previous or coincident manifestation of tuberculosis in some other part of the body. It is common in children, associated with intestinal or mesenteric disease. It is, however, most frequent for it to commence between the ages of twenty and forty.

Three varieties are described, as (1) Acute miliary tuberculosis, (2) Chronic tuberculosis, with caseation and ulceration and purulent or sero-purulent exudation; (3) Chronic fibroid tuberculosis, with hard pigmented tubercles, little exudation and matting of the serous surfaces.

Clinically I have found it not only difficult to classify, but also even impossible at times to make the diagnosis in the earlier stages of the affection. For whilst it is true that in some cases we have elevation of temperature, rapidity of pulse, emaciation, pain with tenderness on pressure, tympanitis and excessive respiration, there are others in which the symptoms are of such a negative character that the true disease is only revealed by a laparotomy done for diagnostic purposes or for some supposed affection of other parts. Such was the case in 1862, when Sir Spencer Wells opened the abdomen to remove a supposed ovarian tumor but found a tubercular peritonæum, which he drained, to the benefit of his patient. My first case of tubercular peritonitis (reported in 1889) was discovered during a laparotomy for the removal of double pyo salpynx. Though the peritonæum was studded with hardened nodules no sign of their existence was manifested there or elsewhere, and the patient made a permanent recovery.

Lawson Tait, who has had a very wide experience, says "that the great majority of cases are cured by laparotomy." I have seen but one case in which death followed within a few days from the date of the laparotomy, and in that case tubercular deposit elsewhere was the cause of death. Morris gives eighty per cent. of cures following exposure of the cavity of the peritonæum to the air. The percentage of recoveries without operation is not very definitely given. It would be hard indeed to arrive at a correct percentage on account of the great difficulty of diagnosis, and when a case recovers with medical treatment only we have always a doubt as to whether the diagnosis was correct or not. There are some now who go so far

*Read at the Toronto Medical Society.

as to doubt the accuracy of the diagnosis, even if a celiotomy has revealed the presence of the nodules which we heretofore have always regarded as tubercular. To satisfy such doubters, are we called upon to submit the nodules to bacteriological tests, and to demonstrate by inoculation experiments on the lower animals? Are we to consider all cases non-tubercular in which we fail to demonstrate the tubercle bacilli? No! We know from experience at the bedside what the clinical history is likely to be. We know the difficulty of demonstrating bacilli in such situations. We know the doubtful prognosis in untreated cases, and we know of no such sharp turn to convalescence as follows closely upon operation.

Hunter Robb, in his recent very interesting paper on operative procedures in peritoneal tuberculosis, mentions Koenig as the first to open the abdomen intentionally for a tubercular peritonitis. He also gives a collection of statistics of the operation which is very gratifying. He gives the result of his experiments upon a number of dogs, and concludes that "(1) Tuberculous peritonitis in dogs can be cured by laparotomy. (2) Cure is not possible unless the laparotomy is done early. (3) The retrogression of the tuberculous products is brought about principally by inflammatory reaction, which causes infiltration with embyronal cells, phagocytosis and the active development of connective tissue. The specific elements of the tuberculous process are absorbed, and we have a fibrous transformation. (4) In connection with the laparotomy certain physical agents help to bring about this curative action. Among these must be reckoned the mechanical trauma which the peritonæum undergoes during the laparotomy, the thermic influences, the penetration of air into the abdominal cavity, and perhaps the influence of *light*. By these agents an irritation is set up and an inflammatory reaction more or less intense, which is conducive to the arrest of the morbid process. (5) Contrary to the opinion of Vierodot, the evacuation of the exudate is not the sole cause of the cure. In the author's (Robb's) cases the best results were found in those instances in which the abdomen contained no fluid. (6) Dogs must be considered very sensitive to tuberculosis."

I have not made any experiments on dogs, but my experience on human beings leads me to the view that the cases most likely to be cured by laparotomy are the ones whe the tuberculosis is primary in the peritonæum and non-existent else here, and where there is a considerable amount of fluid exudation non-purulent in character without any considerable amount of caseation.

One of my cases, however (Mrs. G——), which was followed by complete recovery, is of interest, as in it, contrary to the above

experience, the tubercular peritonitis was of the chronic adhesive or dry variety. The coils of intestine were matted together, and the pelvic organs were also affected. This was in a delicate-looking young woman who had been threatened with pulmonary phthisis, and who had a previous attack of pleuritis, probably of tubercular character, and was altogether one of the most unfavorable cases for laparotomy with the hope of ultimate recovery.

The amount of thickening which the peritonæum will undergo is astonishing, and in some cases where the adhesions are extensive, and where the thickened peritonæum is bound down to the underlying coils of intestine, the difficulty of opening the abdomen is great.

Though in children the result of laparotomy is good, we have authority for treating the cases otherwise; especially is this the case if the symptoms are not urgent and if there is a reasonable doubt as to the peritonæum being the sole site of the lesion. We must remember that "tuberculosis of the peritonæum is rarely a primary disease, and then acute or with high fever and urgent symptoms. The temperature may or may not be high." ("American Text-Book of Diseases of Children.").

In one case which I am now seeing from time to time in consultation, there was a pre-existing pleurisy which may have been tubercular. It was cured by drainage. The tubercular peritonitis came on a few months afterwards, it was accompanied by loss of flesh, irregular elevation of temperature and diarrhœa, with very little evidence of local pain or lesion. On opening the abdomen the peritonæum was very much thickened, and completely studded with tubercular nodules. The amount of fluid removed was considerable; after its evacuation there was an immediate lowering of temperature, with general improvement, which has continued for some months. Though cases with purulent exudation and large caseous masses in the peritonæum are not favorable for operation, I have notes of two or three such cases where recovery took place, the patients remaining well for a length of time. In one of these the omentum was so thickened as to give the idea of an ovarian tumor, and though the disease was diagnosed as tubercular, it was thought that its chief point of origin was probably in the ovary or in the broad ligament. Though in this case, before operation, the temperature was high at times and symptoms urgent, an immediate improvement followed the evacuation of a large quantity of fluid and washing out with water. I might cite a number of cases in which improvement followed incision of the abdominal wall, but suffice it to say that I have not seen a bad symptom in any but the one case already referred to.

With regard to the percentage of recoveries, though, as already stated, Morris gives (in the *Medical Record*, October 6, 1894) eighty per cent., there are others who give less, but it largely depends upon how long the cases are kept under observation, as though immediate improvement may take place we can hardly look upon the patient as cured until a year or two has elapsed.

With regard to the *modus operandi* of the curative effect of laparotomy in these cases nothing is proved, though many theories are advanced. We only know that opening up has a good effect. Whether it is that removal of the exudate takes away the pabulum upon which the bacilli are nourished, or whether the changed atmospheric pressure produces injury to their growth and development, we know not. There are men who argue that recovery might take place as well without operation, and that we cannot prove how the "opening up" has any curative influence. My own experience, and that of many others, leads me to the confirmed opinion that rapid improvement follows operation with such a degree of uniformity and promptitude that we cannot see reason to doubt the efficacy of the remedy.

There are some who attribute important curative properties to germicides, and many different substances have been employed; amongst these I may mention bichloride of mercury, camphorated naphtol and iodoform. For my own part, though I have used some of these remedies, I prefer, until something more definite is learned, to treat my cases by making a fair sized opening in the abdominal wall, emptying the peritoneal cavity of the fluid exudate, breaking down existing adhesions, manipulating the bowels so as to allow free access of air and light, and to "wash out" with a copious supply of sterilized warm water, apply thorough drainage, and whilst feeding up the patient on a liberal diet enforce the most perfect hygienic surroundings.

PHAGEDENIC CHANCRE.—Dr. Braatz warmly recommends treating phagedenic chancres with topical applications of cupric sulphate. The ulcer is cocainized with a 10 per cent. solution, the undermined edges trimmed away, and then cauterized with a 1 to 5 solution of the sulphate; compresses are afterwards applied, wet with a 1 to 5000 solution, and at first renewed three times daily, later but once a day, and covered with a strip of rubber protective. As the pain of cauterization often continues some time after the cocaine has ceased to act, a morphine injection may be given either before or after. On account of the obstinate character of the affection the cauterization may be required to be repeated several times.—*Centralblatt für Chirurgie.*

Society Reports.

Toronto Medical Society.

THE regular meeting was held on January 30th, Dr. OLDRIGHT presiding.

Verucca Removed by Electrolysis.—Dr. DOOLITTLE presented a patient from whom he had removed a large verucca by electrolysis. The wart involved the whole of the thumb from the middle of the phalanx to the nail. The patient underwent ten or twelve treatments, when the growth was completely removed. The negative needle was passed down through the corium, and a current of one and a half milliamperes used. Normal skin covered the cite of the growth. A number of small warts near the vicinity had been removed at one sitting. The doctor showed how much more effective this treatment was than that by cauterization with various medicinal agents.

Dr. W. J. WILSON explained the method he had adopted, viz, of paring off the warts and cauterizing with nitric acid. He had removed as many as fifty at one sitting.

Club Foot.—Dr. B. E. MCKENZIE read a paper on Club Foot. He presented plaster of Paris casts showing the deformity well marked. The paper first consisted in a description of the pathological anatomy of the condition. He showed how the deformity might be corrected by the mother, by perseverance in manipulating the foot of the young child into the proper shape. The surgeon should constantly have the child under observation, as more active treatment might be necessary. He pointed out that the time of walking was favorable for making the correction. His method of treating equino-varus was by forcible manipulation of the feet (the patient being under an anæsthetic) into an over-corrected position, and held there by means of plaster of Paris splints, a layer of absorbent cotton having been placed next the skin. The splint might remain on for several weeks at a time. After the removal of the splint the chief point in the treatment required the attention of a surgeon, viz., the retention of the foot in the proper position. To accomplish this end, the doctor advised the wearing of a boot constructed on a valgus last, and constructed in such a way as to prevent the return of the deformity. He advised the use of a simple retention apparatus at night. For cases in which the manipulation was not sufficient to produce a perfect correction, the essayist described certain surgical procedures he would resort to in order to

sever facial, ligamentous, muscular and osseous structures which prevented the foot from assuming the corrected position. Such operations should be done under strictest asepsis. The doctor related the history of cases which he had treated with gratifying success; photographs illustrative of the condition before and after were presented for inspection.

Dr. OLDRIGHT inquired why the tendo Achillis was cut last—where that step was necessary to correct the equinos. He had cases under observation where the division of the tendo Achillis alone had corrected the deformity.

Dr. HUNTER commended Dr. McKenzie's method of treatment. He pointed out the necessity of hyper correction, and that the instruments used as apparatus for preventing recurrence was not coercive, as those of the instrument-makers were. In the third place it allowed physiological action of the foot.

Dr. MCKENZIE, in replying, pointed out that the varus was more easily corrected before the tendo Achillis was severed.

Puerperal Eclampsia.—Dr. SCADDING read a paper on Puerperal Eclampsia.

Case 1. Mrs. E——, aged 23. Confined 23rd of January. Anæmic previous to confinement, with high tension pulse. Delivery natural; no hæmorrhage. An hour and a half after expulsion of placenta she was seized with a convulsion, which he did not have the opportunity of observing. She became unconscious. The pupils were dilated. Morphia was administered. She recovered and there was no return of convulsion. Examination of the urine before confinement was not made; after, the albumen was about one-half by volume. The albumen disappeared entirely.

Case 2. The second case occurred in a woman confined November 3rd, 1895. She suffered from vomiting in the early months of pregnancy, which was relieved by stretching of cervix and application of twenty grains of nitrate of silver. No albumen was found in the urine. During the dilatation of the cervix after the onset of labor, vomiting supervened. Chloroform was given. After the birth of the child, before the expulsion of the placenta, a convulsion took place. After the expulsion of the placenta three other convulsions followed. Chloroform and morphia were administered. While attention was being paid to the fit, an immense internal hæmorrhage took place. On examining the urine withdrawn by catheter, considerable albumen was found, which gradually lessened.

The essayist then entered into a discussion of various theories of the causation of eclampsia, discussing the question of renal inadequacy,

hepatic inadequacy, deterioration of the blood, and increase of blood pressure. He gave a resumé into the bibliography of the subject. He dwelt on the element, the lengthened second stage of labor, as an important one in the production of albuminuria, and also upon the failure of the kidneys to secrete within the blood some substance, the absence of which led to the convulsion. In view of this last theory, he suggested as a scientific method of treatment, the administration of the extract of the parenchyma of the kidney of the sheep.

Dr. WEBSTER reported the history of a case which occurred in a woman who was confined at the end of six and a half months. Since that time she had given birth to a child full term without any trouble.

In the second case the labia were swollen to a tremendous size; there was marked œdema; the labia were of an immense size; labor was induced; recovery followed.

In the first case the woman was in perfect health when he saw her at a previous date. She had had two children without difficulty. When called on this occasion the woman did not think she was in labor. But she was vomiting and had severe pain across the epigastrium, and headache. Morphia relieved the condition. A few hours after labor came on. A tonic contraction of the uterus, lasting half an hour, expelled the child before the doctor arrived. He expelled the placenta. A few hours after she had a convulsion, becoming comatose. The breathing was very painful. She had a second fit in the morning, and another on the following evening, when she died. Albumen was present in large quantities in the urine.

Dr. W. J. WILSON said he considered there was a great deal yet to learn about this subject. He had used morphia with good results. The worst cases he had seen had occurred after labor. He called attention to the fact that in certain cases the pupils were contracted instead of dilated. Certain extracts found in albuminous urine were narcotic; others were convulsive, and it seemed in some cases as though the one balanced the other to some extent. Perhaps there was something retained by the kidney which it could not excrete. In regard to treatment, he pointed out the objection to potash salts—how their presence in the blood predisposed to convulsions. The free movement of the bowels would eliminate certain poisons, thus relieving the kidney from this duty. The speaker alluded to the value of diaphoretics and diuretics. He also discussed venesection. He considered the amount eliminated this way to be very small. He discussed also the method of treatment by the inhalation of oxygen.

Dr. DOBIE related the history of a case in which he had used chloroform to mitigate the convulsion, and pilocarpine to produce

sweating. Jalap powder and croton oil were used as purgatives. In this case the albumen disappeared shortly after labor.

Dr. McDONALD said that eclampsia occurred chiefly in pale, anæmic women, occurring in about one out of six hundred labors, and chiefly in early pregnancy. Old standing kidney lesions were less liable to cause eclampsia than recent ones. Good croton oil was very effective. It was often placed on the tongue, and never reached the stomach. Nitro-glycerine might be given to relieve the blood pressure. Chloral hydrate injected into the bowels would act as a favorable sedative. Oxygen gave temporary relief, but was of little practical benefit. Treatment needed to be prompt. If the attack occurred before labor, delivery should be immediate under an anæsthetic.

Dr. R. J. WILSON considered eclampsia a result of a failure of all the emunctories to act, and not of the kidney toxæmia. Four cases in his own practice all occurred after labor. He had used chloroform after emptying bowel. He had good results from veratrum viride.

Dr. HUNTER had used in an attack, chloroform and croton oil followed by veratrum viride.

The PRESIDENT emphasized the value of diuretics and purgatives where swelling of the feet and legs occurred previous to labor.

ETHMOIDITIS AS A CAUSE OF INSANITY.—Some years ago Dr. Rumbold called attention to the prevalence of ethmoiditis in many cases of melancholia. Of late the medical journals have contained many corroboratory articles, and numerous cases that have been subjected to intra-nasal operations have been reported as either permanently relieved or greatly benefited. Formerly the drift of the profession was towards treatment by local applications alone; but the desired success not being attained, recourse has been had to surgical interference. The results obtained being so marked, a craze seems to have set in for operating, and many cases are now cauterized, curetted or burred that really need only appropriate local and constitutional treatment. While many brilliant and even startling results have followed operative interference, it is well not to promise or expect too much from such procedures. Always remember that the operation is but part of the treatment, and that local and constitutional remedies will have to be used in order that permanent benefit may be derived.—*Journal of Laryngology*.

Editorials.

Promiscuous Expectoration by Phthisical Patients.

CONSIDERABLE attention has of late, and most deservedly, been drawn to the pernicious practice indulged in by many phthisical patients of expectorating in public places and in public conveyances.

A few days ago the Secretary of the Provincial Board of Health, in the lay press, drew the attention of the public to the indulgence in this practice by patients travelling in street cars in Toronto, and pointed out the great danger to the public from such a dissemination of the tubercle bacilli.

On a recent Sunday evening, we attended service in St. James' Cathedral. The building was crowded. We sat immediately next a young man who had recently been a patient in the consumptive ward of the general hospital, where he had been taught to exercise the utmost care as to where he should void his sputa; and from which place no doubt he had been discharged partially relieved. His distressing cough was accompanied by copious expectoration which he covertly dropped on the floor, plastering it around with the sole of his boot. Another medical man who sat just across the aisle, apprehensively shivered. The benefit of the impressive service to two men at least (who perhaps required it as much as anybody) was lost. One of them suggested in a quiet and kindly way to the young man that he should use his handkerchief, as being the less of two evils; whereupon the young man in a few minutes arose and left the cathedral.

The writer, while taking a night trip by train recently, before retiring at a late hour, went into a smoking car, where a number of men were smoking and expectorating freely. Large pools of dirty expectorated material nearly covered the floor between some of the seats. Near one end a man was doubled up trying to sleep. His appearance with his nasty cough accompanied by an abundant mucous and purulent expectoration, which he ejected in copious quantities on the floor, gave little doubt as to the malady from which he was suffering. The car was reeking with smoke; and this with its overheated condition, which was causing a rapid evaporation of the dirty pools, made of it a very filthy place.

During the summer of 1894, while passing through the countryside,

we called at a farm house where a young man was suffering from phthisis. The house was dirty and ill-ventilated. The young man was attempting to expectorate into the stove. A part of his sputa fell on the damper and was drying there. There was evidence to show that the floor had also been used as a receptacle. In a short time the young man died. Within one year the father, a strong man, succumbed to tuberculosis. Need such instances be multiplied?

Who is to blame? Are the members of our profession, who are aware of the contagiousness of this "white plague" which is carrying one-seventh of our population to the grave, alive to their duty? Is it not time that greater provision was made for the public safety? Should not receptacles be placed in public places and conveyances for the convenience of the afflicted members of our community who are able, and have the liberty to go about transacting their business?

We are sure that if public attention be aroused to this tremendous danger, the means of its mitigation will easily be found.

Fistula in Ano.

It is now the opinion of those best versed in rectal surgery that in nearly every case fistula in ano has its commencement in an abscess in the region of the rectum, or ischiorectal fossa.

These abscesses are of two kinds: the acute, or inflammatory, and the chronic, or cold. As to the locality there are three main sites: the abscess that forms at the margin of the rectal orifice, those that form in the tissue around the rectum usually some distance off, and those that form in the ischiorectal fossæ.

Many methods of treatment have been adopted in the efforts to cure these fistulæ. When there is only an external opening, the sinus can usually be healed by carefully cleansing it out and treating with proper dressings, and using antiseptics to the suppurating cavity.

The complete form is best treated with the knife, by laying open the fistula from the external to the internal opening. All old hardened tissue should be carefully removed, and the rectum thoroughly cleansed out and the wound packed with iodoform gauze. Some surgeons now advise rendering the rectum thoroughly aseptic, and opening up the fistula, removing all diseased tissue and clearing out all arms or pockets. The wound should then be closed carefully. By means of a half-curved needle, cat-gut sutures are placed close together down beyond the base of the fistula, so that they do not appear in the wound. The hole is again washed out with bichloride,

one in four thousand, and the sutures tied. The rectum is then packed with iodoform gauze. The bowels should be kept quiet by means of opium for four or five days, and then moved by copious enemata. The patient is confined to bed during the healing.

The blind internal fistula has to be converted into the complete variety and treated as above.

In the horse-shoe form it will not do to divide the sphincter on both sides at one time. The usual course is to operate on one side, and after good union has been obtained, the opposite side may be treated.

The methods of treating fistulæ by the ligature and the cautery are uncertain as compared with that of the knife. In the majority of cases they are also more painful than the cutting operation. The plan of treating by enlarging the external opening and curetting the sinus answers in some selected cases; yet there is always the risk that the internal opening may not heal, and the fistula continues unimproved.

There can be no doubt that the best surgical procedure for fistula in ano is to open the sinus freely. Then see that all arms and pockets are thoroughly cleansed out, and curetted if necessary. The wound should be treated either by packing with gauze, or by sutures.

The advisability of operating on phthisical patients has been much discussed. Eminent authorities can be found who condemn the operation in these cases. One can hardly fancy a fistulous channel at the side of the rectum as being of any advantage to a phthisical patient, and the best opinion is now in favor of operating in all cases where there is sufficient vitality to heal the wound.

Lumbar Puncture.

SINCE the introduction of Lumbar Puncture by Quincke, in 1891, its merits as a diagnostic and curative procedure in cerebral and spinal diseases have been tested both in Europe and America. The technique is so exceedingly simple that the general practitioner may feel no hesitancy in performing the operation in suitable cases. The spot chosen should be between the third and fourth or fourth and fifth lumbar vertebræ, a little to the right of the median line, the aspirating needle being introduced from two to eight centimetres. While its curative value can never be eminent, owing to the fact that it does not remove the cause of the trouble, its value as a means of diagnosis is of great importance. It tells the pressure

under which the fluid stands, the presence and amount of albumen and sugar; and the presence of blood, pus, micro-organisms, etc., may be ascertained. In meningitis, due to tubercle, a clear fluid containing tubercle bacilli would be obtained; in the purulent form the fluid would be cloudy and contain the various pyogenic cocci, while in cerebral abscess there would be a clear fluid and no organism. The diagnosis of intra-ventricular hæmorrhage and hæmorrhage of the spinal canal might also be diagnosed with more or less certainty.

USE OF ANTITOXIC SERUM FOR PREVENTION OF DIPHTHERIA.—In concluding a paper on this subject (*Medical News*, November 30), Dr. Hermann, Biggs, of New York, states that of 1,014 persons immunized, bacilli having been found in their throats, sixteen cases of diphtheria occurred—three in from one to thirty days, and thirteen in from thirty to one hundred and ten days after immunization.

* * *

THE DIAGNOSIS OF RENAL CALCULUS IN WOMEN.—Dr. H. A. Kelly (*Medical News*) makes a diagnosis by catheterization of the ureter, the urines from each kidney being collected at the same time. This enabled him to demonstrate a unilateral or bilateral pyelitis, and the grade of each—by suction at the outer end of the catheter to bring down bits of stone for microscopical and microchemic examination.

* * *

SIXTY-THREE CASES OF ENTERIC FEVER TREATED BY SYSTEMATIC COLD BATHING.—Dr. J. C. Wilson (*Medical News*) says the treatment consisted of two laxative doses of calomel to patients admitted prior to the tenth day; a full plunge-bath at a temperature of about 70° F. every third hour, so long as the axillary temperature continued to rise to 102° F., whiskey being given during or after the bath. Diet—milk and broths; no solids until temperature had been normal a week. Of these four died—mortality of 6.3 per cent. Of the four fatal cases, two were not bathed, and three of those who recovered were not bathed, leaving fifty-eight cases bathed, with two deaths.

* * *

IS BICYCLING GOOD FOR WOMEN?—In reply to a letter asking if bicycling is good for women, Dr. W. P. Playfair writes (*British Medical Journal*, December 21, 1895), that he had seen one case only in which injury had been done—a trivial ecchymosis of the

external labia caused by a bar. Marked uterine or ovarian lesions contra-indicate this form of exercise. Dr. Herman favors the bicycle for women. The ill effects result from two faults: too great a distance from the seat to the pedals, causing side movement of the pelvis with consequent strain on the muscles of the back and loins, and friction of the sensitive external genitals; the other is a badly shaped saddle. Medical men, when consulted by women desirous of bicycling, should insist on the avoidance of these two faults.

* * *

THE TREATMENT OF CHOREA.—Dr. J. Madison Taylor, in Philadelphia *Polyclinic*, January 11, remarks, on the treatment of chorea, (1) That specific medication may be required for rheumatism, malaria, or other microbic cause, and empiric use of arsenic which yields such good results in this disease. (2) Rest to the body is of the utmost importance. (3) Attend well to the nutrition of the patient. (4) The re-education of the co-ordinating power. After attacks of chorea, the irregular movements are often kept up as a sort of habit. Care may be required to overcome this. Much may be done in this way by careful instruction. With regard to the administration of liq. arsenicalis, the author recommends the following plan of graduated increase up to, say, the tenth day:

First day	3	3	3
Second day	3	3	4
Third day	3	4	4
Fourth day	4	4	4
Fifth day	4	4	5

etc. The salicylates should always be given where rheumatism is suspected, and quinine where ague exists.

* * *

PROPOSED CHANGES IN THE BRITISH PHARMACOPŒIA.—The reports in the *British Medical Journal* of the section of Pharmacology and Therapeutics on proposed changes in the British Pharmacopœia are of much interest. D. J. Leech, of Manchester, in referring to a circular of inquiry responded to by 5,609 practitioners, found that 54 official drugs, out of 135 which the committee considered the least used drugs, were never used by 5,000 of those who responded. He questioned the wisdom of having details of making poultices, inhalations, etc., included. It was desirable that opinion should be elicited as to what should be done with tabloids, granules, etc. The tests for impurities were now given, but not the impurity. He

advocates the naming of the average dose of drugs, and such a change in the dosage as would make it more easily remembered. Dr. MacAlister recommends the classification of the tinctures in order to make the doses more easily remembered. Extracts, and the various preparations of the same drug might be "standardized" by grouping in a series of decimal gradation. The addition of "dilute," and "fortior" should be abolished by having only one strength of acids and salines in which these words were employed. Dr. J. B. Bradbury said that many of the Galenical preparations and the description of the preparation of the various commercial substances, as chloroform, might be omitted, and their place taken by information as to solubility of substances under varying conditions, and the neutralizing equivalents of the commoner acids and alkalies. A correction of dosage should be made, *e.g.*, H.C.N. dil., liq. ext. ergot, bismuth subnitrate, etc. He would replace the present doses of all drugs by the maximum. Where two solutions of the same drug exist one should be done away with. The metric system should be adopted. Only such new remedies as have proved of undoubted value, as thyroid extract, should be received. Among further comments by others was one on the opium suppository, the ½ grain being considered too large a dose.

* * *

PROFESSOR BENEDIKT.—The following letter received from Dr. Weiss will be of interest to many of our readers:

VIENNA, January 1896.

DEAR SIR,—

It will be 40 years on the 2nd February 1896, that Professor Benedikt commenced his litterary carreer. The undersigned international committee intends together with other friends to give a lasting prove of their sympathy and admiration for the well-known learned man in the form of a ,, Plaquette en Bronze" showing his portrait.

We take the liberty to invite you to associate with us and to take part at the intended festivity.

In the name of the committee the Honorary Secretary

DOCTOR HEINRICH WEISS,
Vienna, IX., Liechtensteinstrasse 2.

P.S. Letters to be directed to the Honorary Secretary. The prize of one plaquette is fixed with 10 Francs.

* * *

TREATMENT OF GASTRIC ULCER.—Dr. W. S. Samson, of Flat, O., in Cincinnati *Lancet-Clinic* for January 11, recommends in the treatment of gastric ulcer, the washing out of the stomach each morning. For this he uses a French tube, No. 9, and a solution of sodii bicarb. in tepid water. Great care is taken in the use of the tube to avoid injuring the viscus, and to perform the operation with as little straining

as possible. The alkali favors healing and eases the patient. Three drops of chloroform are given every two hours. This relieves pain, lessons vomiting and acts as a styptic when there is a tendency to hæmorrhage. All food is prohibited except malted milk. This is given at regular intervals and in small amounts at first. The author does not recommend rectal feeding. He has never had occasion to resort to it, and thinks if the above treatment be carefully carried out, the ulcer will heal without recourse to feeding by enema.

* * *

ETHEL CHLORIDE AS AN ANÆSTHETIC.—Dr. E. B. Ward, in *International Journal of Surgery*, January, 1896, gives his experience with the above agent as a local anæsthetic. He claims that it is free from danger and acts very rapidly. He gives instances of opening a felon, a carbuncle, a fistula in ano, a palmar abscess, etc., under its application, and with perfect ease to the patients. The effects do not last over two or three minutes, but this may be prolonged, as required, by continuing the spray. There is not the risk that attends the employment of cocaine, nor the inconvenience of the freezing in ether spray. Patients are delighted with the results.

* *

THE USE OF ANTISEPTICS IN THE TREATMENT OF INFANTILE DIARRHŒA is the title of a paper by Dr. W. Soltan Fenwick, in a recent number of the *British Medical Journal*. He points out that the fermentation of the milk ensues from the presence of the B. lactis aërogenes and the B. butyricus, while others are found in the stomach of infants suffering from indigestion. The first-named converts the milk-sugar into lactic acid with the precipitation of casein; while the latter changes a portion of the lactic into butyric acid, liberating free hydrogen. These products cause pain, distension and vomiting. Lack of treatment with continued feeding leads to the second stage—gastro-intestinal catarrh, by direct irritation with diarrhœa, which is often followed by a cirrhotic condition of the mucous membrane and follicular ulceration of the colon. Soluble antiseptics, as carbolic acid, perchloride of mercury, lactic acid, hydrochloric acid, salicylate of sodium, and resorcin obviously exert their specific on the stomach and upper part of the small intestine. The insoluble, as naphthalin, beta-naphthol, betol., benzol-naphthol, salol, the salicylates of bismuth and strontium, and calomel are more suitable to control bacterial activity in the intestine. In the majority of cases the tasteless and comparatively non-toxic powders, such as calomel, bensol-naphthol, and the salicylates of bismuth and strontium, or the soluble antiseptics like resorcin and the acids, are preferable.

REDUCTION OF HUMERUS.— Dr. J. M. Ward, in *Medical Record*, January 11, remarks that he has employed the following method for forty years for the reduction of dislocation of the humerus. The clothes are removed and the patient placed on his back on a bed, sofa, table, or the floor. The surgeon seats himself on the side of the dislocation, and, with the hand nearest to the pati·nt firmly grasps the shoulder at the junction of the scapula and clavicle. With his other hand he extends the dislocated arm outwards and upwards to the patient's head. He then gives it to an assistant if there be any-one at hand. His free hand he uses to manipulate the humerus into position, which is readily done. If there be no assistant, he leaves the arm in the extended position, and takes his hand, as above, to effect the reduction. He has never found difficulty in effecting the reduction, nor has he needed chloroform.

* * *

BICARBONATE OF SODA IN COLDS.—Dr. L. Duncan Bulkley, in *Medical Record*, January 18, relates his experience in the treatment of colds by the administration of bicarbonate of soda. This use of the remedy he discovered accidentally. When suffering from a cold he took some of the alkali for stomach acidity. In a short time he repeated the dose, and found that the cold was greatly relieved as well as the acidity. On other occasions he tried it upon himself and others, and finds it of the greatest service. His method of employing the bicarbonate is to give twenty to thirty grains to an ordinary adult every half-hour, in about three ounces of water, until three doses are given, and then a fourth dose in an hour. In two or three hours the course of four doses may be repeated if the cold is not broken up. He has very seldom found it necessary to administer a third course of four doses. In the influenza type of colds he orders five to ten grains of phenacetine with ten to twenty grains of soda bicarbonate in powders. One of these is taken every two hours in hot water for a day or two.

* * *

BURIED TENDON SUTURES.—Dr. Henry O. Marcy, of Boston, in the New York *Medical Journal*, January 4, claims that properly prepared tendon is the best material for buried sutures. The animal that yields the best tendon is the small kangaroo. The tendons obtained from the tail of this animal make excellent sutures. The hind leg of the moose also yields a good tendon. The tendon should be removed from a freshly killed animal and quickly sundried, and kept dry until ready for preparation. This is done by soaking the tendons in 1-1000 bichloride of mercury until supple. They are then

placed between sterilized towels, and assorted into bundles, and chromicized with the greatest care in a 1 to 20 watery carbolic acid solution, to which has been added one four-thousandth part of purified chromic acid. The tendon must be immersed in the solution at once. The process goes on with varying degrees of rapidity, and completed the tendon should be of a dark golden color. The tendons should then be dried between sterilized towels in the sunshine. The tendons are then put in carbolic oil and bottled, and carefully corked and sealed. When required the tendons are removed and soaked in mercuric solution until supple, and placed between towels wet in 1 to 1000 mercuric chloride, from which they are removed as required: or they may be placed in solution of bichloride. The aseptic suture, buried in an aseptic wound, is a near approach to the perfect ideal of surgery. By it all deep wounds can be closed. Even the major amputations can be so treated that the deep parts can be brought into coaptation without recesses, and with no need for drainage. It is well to apply these sutures on the continuous plan, as by this means less material is required, there are less knots, and the tension on the structures is more evenly distributed. If there is likely to be much tension on the tissues the double continuous suture is recommended, passing the suture in opposite directions, as the shoemaker carries his bristled threads. The tissues should only be coaptated, but not constricted. The end of the suture is fastened by a slipknot. The needle is then deeply buried in the tissues. Each stitch is entered opposite the emergence of the previous one.

Military Medical Notes.

"FIRST AID" has this to say about the new regulations prohibiting the use of the Geneva Cross by regimental stretcher bearers:

"The new regulations affecting the regimental bearers of the Volunteer Service have not been received with universal satisfaction by the members of the various regiments affected. Whether the step is a wise one it would perhaps be premature on our part at present to express an opinion; the general idea appears to be that it has been taken with a view of promoting the formation of Volunteer Bearer Companies to be attached to the various Brigades, thereby increasing the efficiency and usefulness of this special branch of the volunteer service. One thing has been evident for some years past, in many regiments the regulation number of two men per company has been largely exceeded; no doubt it is highly desirable that as many of our

citizen soldiers as possible should undergo instruction in ambulance work, for not only is the knowledge likely to prove of value in connection with their regimental duties, but it will also prove of inestimable advantage to them in their civilian capacity. At the same time to see large numbers of men in the ranks carrying rifles and wearing the red cross on their arms looks very much like a mild contravention of the Geneva convention, and has more than once provoked adverse criticism from those who are thoroughly conversant with the regulations that govern the right to wear this badge in foreign armies.

"In the event of our Volunteer Army being obliged to take the field, the present system would, we believe, prove quite incapable of coping with the work which would be thrown upon it, and the fact of its having little or no transport service would only make its inadequacy all the more apparent; and it therefore seems to us advisable to consider whether means could not be taken to make use of some other material which we have at hand, ready for an emergency of this kind. We refer, of course, to the St. John Ambulance Brigade, which might and ought to be brought more into touch with our auxiliary forces. The members are now carefully trained in all the branches appertaining to the higher grades of first aid, they are regularly drilled on the same lines as their military brethren, and their services being constantly requisitioned for ambulance duty on the occasion of large public gatherings, they are thoroughly grounded in all details connected with the transport of the sick and injured. The Nursing Sisters, too, many of whom are actively engaged in district nursing, would prove of the greatest possible assistance to the Nursing Sisters attached to the Army Medical Department. We remember some years since that Lord Wolseley, referring to the inestimable value of the work of the St. John Ambulance Association remarked—'One could not help thinking that the time might one day arrive when the dire necessity of war might be seen on their own shores, even in the centre of civilization in which they now stood; and if that time should ever arrive it would be of the greatest advantage to have a number of men and women trained in this valuable work, and able to offer to the Army Medical Department their services, to act as nurses and orderlies in looking after the sick and wounded.' Words like these, coming from such an eminent authority as Lord Wolseley, were regarded at the time as a grand tribute to the unselfish work carried on by the Association. Having conducted and witnessed many of the large campaigns that have taken place in our own times, Lord Wolseley knew full well the value of the services which are rendered by the Ambulance Corps, both regular and volun, tary, during the progress and at the termination of a battle."

Book Notices.

The Functional Examination of the Eye. By J. HERBERT CLAIBORNE, Jun., M.D., Adjunct Professor of Ophthalmology in the N.Y. Polyclinic; Instructor in Ophthalmology College of Physicians and Surgeons, N.Y.; Assistant Surgeon to the New Amsterdam Eye and Ear Hospital; author of "Theory and Practice of the Ophthalmoscope." One hundred pages with twenty-one illustrations. Philadelphia: The Edwards & Docker Co., 518 and 520 Minor Street.

Contains the facts necessary for the examination of the eye as pertaining to refraction expressed in a simple, clear and attractive manner —a fit companion for the author's previous work on the ophthalmoscope. The type and binding are also excellent.

* * *

A Manual of Medical Jurisprudence and Toxicology. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College. Second edition, revised; 55 illustrations and 3 plates in colors. Price, $1.50. Philadelphia: W. B. Saunders, 925 Walnut St. 1896.

In this practical manual the author has given a brief bibliography bearing upon the statements made originally in the text of the work as based upon his own experience as coroner's physician to the city of Philadelphia for a number of years. The order of subjects is: Signs of death; manner of making a post-mortem in medico-legal cases; study of wounds, blood stains; signs of death from various causes; rape; signs of pregnancy; fœticide; infanticide; legitimacy; feigned diseases; and insanity. Two chapters are devoted to toxicology. The work is well gotten up and very readable. It recommends itself as a splendid book for students.

* * *

The Year-Book of Treatment for 1896. A Critical Review for Practitioners of Medicine and Surgery. 12mo., 484 pages. Cloth, $1.50. Philadelphia: Lea Brothers & Co., publishers, 1896.

Every practitioner will readily appreciate the especial value of a work which summarizes a year's advances in all departments of medicine and surgery, and presents them in classified form for ready assimilation or quick reference. Twelve issues of this year-book attest its usefulness and popularity. Prepared by a corps of twenty-six editors, each eminent in his assigned department, the volume can be trusted as at once thorough and authoritative. It closes with a

classified list of the best new books, a section on Medical Instruments and Surgical Appliances; Pharmaceutical and Dietetic Novelties, and an index of subjects placing anything in the volume instantly at command. In this, the twelfth issue, a section on Tropical Diseases, by Dr. Manson, has been added, and the section on Diseases of the Stomach, Intestines and Liver has been contributed by Dr. Hale White. Some of the more important of the new inventions and therapeutic and dietetic novelties that have been introduced during the past twelve months are noticed in a special supplement. This is a most valuable year-book, and the price is reasonable. All physicians in active practice should secure a copy.

* * *

An American Text-Book of Surgery. For Practitioners and Students. By CHARLES H. BURNETT, M.D., PHINEAS S. CONNOR, M.D., FREDERICK S. DENNIS, M.D., WILLIAM W. KEEN, M.D., CHARLES B. NANCREDE, M.D., ROSWELL PARK, M.D., LEWIS S. PILCHER, M.D., NICHOLAS SENN, M.D., FRANCIS J. SHEPHERD, M.D., LEWIS A. STIMSON, M.D., WILLIAM THOMSON, M.D., J. COLLINS WARREN, M.D., and J. WILLIAM WHITE, M.D. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., Ph.D. Second edition, carefully revised. Philadelphia: W. B. Saunders. 1895. Pp. xiv., 1248. Price, $7.00 cloth, $8.00 sheep. For sale by subscription only.

In speaking of the first edition of this work, which has been adopted as a text-book in over sixty medical schools in this country, the London *Lancet* says: "If this text-book is a fair reflex of the present position of American Surgery, we must admit it is of a very high order of merit, and that English surgeons will have to look very carefully to their laurels if they are to preserve a position in the van of surgical practice." The three years that have elapsed since the first edition was published have been years fruitful in surgical progress, and a number of topics have been added to the text as well as others expanded. Among the many changes in the text may be mentioned the effect of the modern small arms in military surgery; a new section on acromegaly; the Hartley-Krause method of removing the Gasserian ganglion; the osteo-plastic method of resection of the skull; a description of Schede's operation; Witzel's method of gastrostomy; the use of the Murphy button; a chapter on symphyseotomy; Macewen's method of compressing the aorta in amputation at the hip-joint; the sections dealing with fractures and dislocations, appendicitis, cure of hernia, etc., have been enlarged. Many new illustrations have been added, so that now this remarkable work stands unrivalled as an exponent of the latest and best in surgery.

Don'ts for Consumptives, or the Scientific Management of Pulmonary Tuberculosis, is the title of a book which, under the authorship of DR. CHARLES WILSON INGRAHAM, will soon be issued by the Medical Reporter Publishing Co., of Rochester, N.Y.

The complete work of thirty-five chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever being made to drug treatments. The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. Special attention has been given those chapters pertaining to the destruction of tubercular infection. The book will be printed on 72-pound antique book paper, bound in cloth (imitation morocco), with title in gold leaf. Price, $1.75.

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NOTICE TO LIBRARIANS, AND TO PHYSICIANS HAVING UNUSED MEDICAL PERIODICALS.—Dr. George M. Gould, 925 Walnut Street, Philadelphia, requests Librarians of Medical Societies, Colleges, and Associations to send him lists (with precise dates, etc.) of such periodicals as they need to complete their files. He also begs physicians (or legatees) to send him accurate lists of such periodicals (or books) as they are willing to donate to libraries. Lists only are desired, not the periodicals themselves, until after correspondence it shall have been determined (1) where they are needed; (2) where they will be properly cared for; (3) where they will do the most good to medicine. It is Dr. Gould's intention to aid established libraries in completing their files by thus forming a kind of (gratis) Exchange, and to encourage the formation of new public medical libraries by utilizing some of the vast number of valuable medical publications at present going to waste or destruction.

ALL our subscribers must have had interesting cases. They are invited to send brief reports for publication.

* * *

THE law of England permits the marriage of boys of fourteen with girls of twelve, but the common sense of the community has brought it about that the average age of first marriages is 26.55 for men and 25.04 for women; or, taking five-year periods, that the largest number of men marry between twenty-five and thirty, while the largest number of women marry between twenty and twenty-five.—*The Hospital.*

Selections.

THE DIETETIC TREATMENT OF CHRONIC HEART DISEASES.—Glax (*Wien. med. Presse*) says that for fifteen years he has insisted on the importance of restricting the amount of liquor ingested by patients with heart disease. Such a restriction, he says, often alone suffices to bring about compensation, and in many cases in which such drugs as digitalis are beginning to lose their power it is restored by making the liquid ingesta correspond to the excretion.—*New York Medical Journal.*

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MORTALITY FROM DIPHTHERIA SINCE THE INTRODUCTION OF THE SERUM.—Counting the cases of mortality from diphtheria in France during the first semester of the years 1888 to 1894, Mr. H. Monod found the average to be 2.627. During the first semester of 1895 it was only 904 deaths, or a diminution of 65.6 per cent. If we consider that diphtheria is more common in the country than in the towns, we may figure 15,000 the number of lives saved in France by the use of the serum.—*Le Progres Medical.*

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FOR TORPOR OF THE LIVER:

℞	Acid. nitro-hydrochloric dilut.	♏x
	Tinct. podophyllin	♏x
	Succ. taraxaci	ʒj
	Tinct. nucis vomicæ	♏x
	Syrup. zingiberis	♏xxx
	Aquæ menthæ piperitæ, q. s. ad	f℥ss.

M. Sig.: In water three times a day.—*Practitioner.*

* * *

RECURRENT CANCER OF THE STOMACH.—Davey (*Lancet*, July 13, 1895) reported in the *Lancet* of April 12, 1890, a case of carcinoma of the pylorus for which pylorectomy was performed. The patient recovered perfectly, could eat anything, and had no dyspeptic symptoms. In June, 1893, the patient was seized with severe hematemesis, from the effects of which he was well until six months later, when he began to complain of indigestion. At this time a small tumor was discovered just beneath the old cicatrix. He died, December, 1894, almost four years after the operation. The *post mortem* showed a cancerous ulcer invading almost the entire mucous membrane of the stomach.—*University Medical Magazine.*

ICHTHYOL-TRAUMATICIN IN THE ABORTIVE TREATMENT OF ERYSIPELAS.—This remedy, first lauded by Juhel Renoy, is again brought into prominent notice by the same author and Bolognesi (*Bull. gén. de thérap.*, February, 1895; *Brit. Jour. of Dermat.*, January, 1896). They maintain that in about 60 per cent. of cases its action is really abortive. Three parts of ichthyol are dissolved in ten of traumaticin; the combination is a dark-brown, thick liquid, which can be applied with a brush without producing marked disagreeable effects. The application should transcend the limits of the affected part by about three-quarters of an inch, and it is always desirable in erysipelas of the face or scalp to examine the ears very carefully, and, even if they are unaffected, to surround them with a broad band of the application as a protective.—*New York Medical Journal.*

* * *

STRYCHNINE IN PREGNANCY.—Olenyn (*Protocol of the Medical Society of Tombow* for 1894) has successfully used strychnine in sixteen cases for the correction of weak labor-pains in doses of $\frac{1}{32}$ to $\frac{1}{25}$ grain twice daily, at intervals, during the last six or eight weeks of pregnancy. Four of these cases were anemic primiparæ from 19 to 32 years of age with weak muscles; three were multiparæ under 30 years, with habitual weak labor-pains; four suffered from chronic metritis and had been pregnant at intervals of from three to twelve years; one patient had a small uterine fibroid; two had flabby uterus and relaxed abdominal walls; one had tertiary syphilis and general debility, and another diseased appendages with hysteria. In two primiparæ the forceps had to be used, and in one the child was dead; but in all the other cases delivery was rapid and regular and the children lived. The third stage lasted from ten to twenty minutes and *post-partum* contraction of the uterus was excellent.—*University Medical Magazine.*

* * *

ACUTE VAGINAL GONORRHŒA must be treated promptly and energetically to prevent future pelvic disease. Dr. Bloom advocates the immediate washing of the vagina and contiguous parts with solution of hydrogen dioxid. It seems to be the one agent that searches every fold and crevice, cleansing and putting them in condition for the next step, which consists in the thorough application of silver nitrate in solution (sixty grains to the ounce) over the entire surface. This is at once followed by the careful packing of the vagina with powdered boric acid, and the placing of a small soft wool tampon. This ends the first or important part of the treatment. The patient is requested

to return in twenty-four hours for the removal of the tampon and packing. These are carefully taken out, with probably a cast or exfoliation of the destroyed or infected tissue, if not as a whole, in large flakes and sufficiently deep to destroy the gonococcus in the papillary layer of the mucous membrane. This practically cures the gonorrhœa. A simple wound remains, and the next step is to wash this raw surface with a solution of mercuric chlorid, $\frac{1}{1000}$; following this by loosely packing the vagina with moist iodoform gauze, which is allowed to remain seventy-two hours. Upon its removal the surface will present a clean, healed appearance.—*The Philadelphia Polyclinic.*

* * *

THE TREATMENT OF ASTHMA BY A STRICT MILK DIET.—Huchard (*Semaine Médicale*) reports a number of successes in the treatment of cases wrongly called neuropathic or reflex asthma by the use of a strict milk diet. He has found the same regimen of great benefit in cardiac cases with nocturnal paroxysms of dyspnea. He considers the dyspnea in these cases to be due to ptomaines that find their way into the sluggish circulation and poorly oxygenated blood from the alimentary canal. He has found it only necessary to interrupt the strict milk regimen and resume a mixed diet to cause the paroxysms to recur. He has found that the milk (about three litres per twenty-four hours) must not be all given during the day, but about a litre of it in the evening and one-half litre during the night. There is a question whether the same results may not be obtained by the use of intestinal antiseptics in such patients as are unable to bear the strict milk diet. Huchard seems to incline to the opinion that all nervous asthmas are of toxic origin and due to ptomaines absorbed from the intestinal tract.—*University Medical Magazine.*

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HOW TO ALLAY THE PAIN OF BURNS.—The immediate relief of the pain of burns and scalds is a matter of much practical importance to the surgeon as well as to his patients. Constitutional shock is thereby lessened and one of the initial dangers of injuries of that class is avoided. The subject is one of widespread interest, and it is not altogether surprising to find the lay newspapers giving prominence to a means of stopping the pain of burns said to have been lately introduced with great success by a surgeon of the Charité Hospital in Paris. The remedy, with which many readers are already doubtless familiar, is a solution of picric acid. That it is an altogether harmless application, as claimed by the Parisian surgeon, is a statement open

to some question. Picric acid is toxic to man as to the lower animals and when given internally causes gastric disturbance, rapid wasting, and universal staining of tissues, without elevation of temperature. If, then, a solution of the acid were applied to a raw surface resulting from a burn or scald, absorption of a dangerous amount might readily take place. As everyone knows, the pain of such injuries may be readily controlled by other means. Perhaps the best known is a solution of bicarbonate of soda, a teaspoonful to the pint of water, which often acts like a charm. A weak solution of carbolic acid has an almost instantaneous action in controlling the terrible pain resulting from such wounds, and a similar observation is true of various other antiseptics, among them preparations of sanitas fluid and oil. There could hardly be any more practical application of science than the relief of a distressing symptom of this kind by the modern surgeon.—*Medical Press and Circular.*

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CLERGYMEN AND TOBACCO.—It is extremely difficult for hobby-riders to be temperate. An exchange brings up the question of clergymen and tobacco, and maintains that ministers of the Gospel should not only refrain from the use of tobacco, but should preach against it, and then proceeds to quote a series of cases of the *post-hoc-ergo-propter-hoc* variety showing the direful results of the use of tobacco. If persons would discriminate between the use and abuse of any one thing, their words would be of more effect. Tobacco has certainly done a great deal of harm, as has water when improperly applied. The growing youth should be hindered when possible from indulging in tobacco in any form, not altogether because it harms boys at a tender age, but because such boys have no judgment and use more than they should. A grown man smokes a cigar in the evening or at the end of each meal, and he feels better and brighter for it; he can think better; it soothes him, and by putting him in a better frame of mind certainly aids digestion. In most homes for old men rations of tobacco are allowed. The sailor is allowed his tobacco. The government recognizes these needs. There are few men who enjoy a good quiet smoke more than a clergyman. Some may consider this a bad example, and it might look out of place, especially in a small town, for a well-known minister to be seen walking the principal streets smoking a cigar or pipe. Some denominations make it a prerequisite that the clergyman shall promise not to use tobacco while in that charge.—*Maryland Medical Journal.*

Antiseptics and Germicides, with Reports of Fifteen Cases Treated with Iatrol.

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THE ideal antiseptic, and germicide, should be non-toxic, non-irritating and without odor. The mercuric salt does not come up to these requirements, for while it is the best germ destroyer, its liability to produce poisonous symptoms and its irritating properties, prevent its general use.

Carbolic acid is open to like objections, and the same holds true for most of the antiseptics and germicides employed in medicine to-day. Iodine combinations come the nearest to filling the requirements of the ideal antiseptic. The use of iodoform has been attended with the best results, and it is probably the most frequently used of all remedies having for their object, the rendering of wounds aseptic, but instances are numerous where its use has been followed by poisonous symptoms, or it has so irritated the parts that some other remedy had to be substituted for it, and last, but by no means the least objectionable characteristic of the drug, is its penetrating, disagreeable, persisting odor. The best efforts of scientific pharmacists have been directed to the removal, or disguising of this smell; in most cases, however, this has been secured only by a sacrifice of the efficacy of the preparation, while in others, the combined odor has been a transient one and soon followed by the non-deceptive odor of iodoform.

The keeping of wounds aseptic, which has heretofore been accomplished by having the parts contacted, and covered with antiseptics in solution, is rapidly giving place to the so-called dry method. Moisture is a necessity for germ development. To carry out the dry treatment of wounds, it is necessary to have an antiseptic in an impalpable powder, and free from all irritating properties, and non-toxic, so that it may be freely used over the wound surface, in order to prevent germ entrance.

I was led to the use of Iatrol in the hope that it might be a perfect substitute for iodoform. The following cases will give the results of its use in my hands.

CASE. 1. *Severe Laceration of the Perineum, Operation, Iatrol Dressing.*—Mrs. W——r, æt. 38, p-para, ten years married. I delivered her with forceps August 19, 1893. The child weighed fifteen pounds.

During the delivery of the shoulders the perineum was torn nearly through the sphincter ani, and for over three inches up the posterior wall of the vagina. Cleansing the parts thoroughly I brought them together and put in eight silver wire sutures, and covered the wound with iodoform, and pledgets of iodoform gauze in vagina. Patient complained of the smarting and burning that was caused by the application. On the third day the lochia became offensive, and very irritating to the parts with which it came in contact, stitch abscesses formed and the sutures were torn out, leaving a palm-sized raw surface. Intra-uterine injections of peroxide of hydrogen were used, while to the surface of the wound iodoform was freely applied. Patient refused to have a second operation. Every application of the iodoform gave pain, lasting sometimes for two hours, and the odor frequently nauseated the patient. As soon as the lochia became healthy, I directed my efforts to aiding cicatrization, using for this purpose boric acid, acetate of lead, etc., but during a period covering two weeks, very little was accomplished in this direction. The iodoform had to be discontinued because too irritating. At this time my attention was called to Iatrol and I began its use, dusting the powder freely over the wound and covering with Iatrol gauze. The application caused a slight burning sensation when first applied, which speedily gave place to one of comfort. In twenty-four hours a decided change was noticed in the wound, and in one week it had completely cicatrized. At no time during its use did the patient give complaint of pain, nor did it ever irritate the wound or surrounding parts; in fact the patient would ask often for a new dressing, saying it made the sore feel so good, and always expressed her thanks at being spared the disagreeable odor of iodoform. As an antiseptic and cicatrizant, the Iatrol was fully the equal of iodoform, and lacked its disagreeable features.

CASE 2. *Suppurating Bubo, Operation, Iatrol Dressing.*—E. B——n, clerk in clothing house, had gonorrhœa four months before coming under my care, which had been treated for one week only. The bubo was in left groin, large as a goose egg and implicating the whole chain of lymphatics. I sent him to the hospital where I opened the abscess freely, curetting the walls with a dull spoon to remove any diseased gland, and after washing out the cavity with peroxide of hydrogen, I packed it with Iatrol gauze, and covering the whole with borated cotton. Dressings were not removed for three days. On re-dressing the wound not a drop of pus was found, the wound appearing as healthy as could be wished, no pain had at any time been present, and the surrounding dermatitis, which had been

freely dusted with the Iatrol, had entirely disappeared. Dressings were applied as at first and in ten days the whole wound had completely cicatrized.

The patient, who was something of a rounder, and had passed through a similar experience where iodoform had been used, expressed his gratification at the use of Iatrol instead of iodoform, saying that Iatrol gave him no discomfort nor pain, which had always been the case when iodoform was used, and then he did not have to endure the d——d smell.

CASE 3. *Suppurating Bubo, Operation, Iatrol Dressing.* — J. C. L——y, æt. 26, had a chancroid on glans penis, size of bean, that had been destroyed by caustics before coming under my care. Bubo was in left groin, very painful, and surrounded with a large area of dermatitis. Patient was sent to the hospital, where I opened the abscess, and washing the cavity out with the peroxide, packed it full of Iatrol gauze and dusted the powder freely over the surrounding dermatitis. The dressings were allowed to remain on for three days, and on their removal no pus was found, and healthy granulations were covering the walls.

The dermatitis that had surrounded the abscess had entirely disappeared, at no time had patient complained of the dressings. Wound was dressed as before, and patient was discharged in one week with the wound nearly healed. He was directed to use the Iatrol as a powder until the wound was entirely well.

CASE 4. *Syphilitic Ulcer of Left Arm, Iatrol Dressing.*—A. B——y, commercial traveller, had a chancre three years ago, but had never been thoroughly treated, and for a year previous to consulting me had been troubled with recurring ulcers upon the arm. They were painful, and under any treatment usually lasted for six weeks or two months. Said that he could not take iodide of potash, and would not have iodoform used as a dressing. He had used calomel and other local applications without any benefit, and now was using simply oxide of zinc ointment. The ulcers formed rapidly, and were surrounded by a good deal of swelling and dermatitis. The ulcer was dollar sized, and situated about the middle of the forearm on the flexor surface. I dusted the ulcer with Iatrol and covered with borated cotton, directing its renewal three times a day. In spite of his protestations I gave him the iodide internally. Patient returned in twenty-four hours. On examination, found the dermatitis very very much better; ulcer about the same in appearance, but he stated that the medicine had very much relieved the pain and soreness. I directed dressings continued, and as he was to leave the city, asked

him to report to me in one week. I heard from him at the designated time, saying that the ulcer had diminished to half the size, was free from pain. The swelling and dermatitis had entirely disappeared, and that he had not lost a moment's time since he was in my office, was very much pleased with the result of the treatment, and would report if the ulcer gave him any more trouble. Saw him two months afterward, ulcer had speedily healed, and had not given him any further trouble.

CASE 5. *Syphilitic Ulcer of Leg, Iatrol Dressing not of benefit.*—Mrs. J. W——l, æt. 40, came to my clinic at St. Mary's with a syphilitic ulcer of the left leg which covered a surface of seven or eight square inches. Patient was anæmic and very thin, her skin tightly drawn over the tissues. The ulcer was not very painful; it was covered with an ill-smelling secretion. Said that she had had the sore for over a year. I dusted the surface with Iatrol and the application gave her severe pain at the time, but thinking it would be only temporary I directed her to apply it again at night and to return the next day, which she did, and stated that she had not slept a wink the whole night from the pain, and the feeling as if the skin was trying to stretch itself across the sore. On examination of the ulcer, I could not detect anything that looked like an irritation that might be caused by the application, and the odor and secretion were both much less. On inquiry, I found that any application that she had ever used, gave her the same symptoms. Said she had used a yellow powder that had a bad smell, and several other powders and salves, so I presume that in this case it was some idiosyncrasy of the patient that caused the unpleasant symptoms when the Iatrol was applied.

CASE 6. *Syphilitic Ulcer of the Leg, Iatrol Dressing.*—G. D——y, commercial traveller, came to me in July, 1893, with a small chancre on the glans penis. The inguinal glands of the same side were enlarged and hard. As patient was away from home three months at a time, I was obliged to treat him by correspondence. I put him upon mercurials and he was to report to me twice a week. Nearly three months after he began treatment a gumma began to develop on the left leg. Of this I had not been informed, as patient had supposed that it was a boil and had tried various applications, finally ending with a flax-seed poultice, which caused the gumma to break down and an ulcer followed, which was painful and rapidly increasing in size; the pain was very severe at night. I directed Iatrol dusted into the ulcer several times a day, conjoined with the proper internal medication.

The first application relieved the pain somewhat and subsequent applications caused it to disappear entirely, and the discharge was somewhat lessened, but up to the time I next saw him, which was about one month after the ulcer had formed, its size had not diminished at all. At this time it was the size of a silver dollar. Iodoform was then used for two weeks without any material effect upon the ulcer, and the odor was very disagreeable to the patient. Iatrol was then substituted and continued for nearly six weeks longer, when the ulcer was healed. In this case the Iatrol acted fully as well as the idoform, and lacked the disagreeable odor.

CASE 7. *Syphilitic Ulcer of the Thumb, and Ulcerations upon Septum Nares, Iatrol Dressing.*—A. W——e, clerk in retail clothing house, had a chancre two years before coming under my care, had not been treated but one month up to present time. The ulcer upon the thumb, began at the root of the nail, and had gradually increased in size until he came to me, when it was the size of a ten cent piece and floor covered with an ill-smelling secretion. The ulcerations on the septum were size of split pea; there were two. The mixed treatment was given internally, the nostrils were washed out with borated water, and the Iatrol applied in powder every four hours. The thumb was dressed with Iatrol and covered with cotton, and the dressings were renewed morning and night. Improvement was noticed in the ulcers from the first application, and in two weeks they were entirely healed and have remained so up to the present time, now nearly two months.

CASE 8. *Chronic Ulcers on Both Legs, two years' standing, following an attack of Peritonitis, Iatrol Dressing.*—Sadie M——r, employed in a picture frame factory, a girl of good habits, no history of specific disease. The attack of peritonitis was a very severe one, and during convalesence several boils occurred on each leg, about midway between the knee and ankle, followed at the same site by painful, dime to dollar sized ulcers.

There were no varicosities. She had been constantly under medical treatment from the first appearance of the ulcers, and they had been treated by caustics, curetting, scarifying, astringents, etc. On my first examination I found a dollar and dime sized ulcer on right leg and a single ulcer on left leg about size of fifty cent piece. They were shallow, without hard boarders, covered with a grayish discharge. No œdema of the leg. The surrounding skin had a brawny look, but was not infiltrated. I began treatment by using hot water applications 30 minutes, followed by a pepsin solution to the ulcers. No benefit resulting, I used various stimulants, the mercurials and iodoform. The last caused considerable dermatitis and itching without

benefiting the ulcers. I began the use of Iatrol in November, 1893 using it as follows: bathed the legs in water as hot as could be borne for thirty minutes, dissolving Iatrol in the water (I put two drachms to the quart of water, not expecting that it would all dissolve); the parts were then carefully dried, and Iatrol dusted over the ulcers, covered with absorbent cotton and a bandage running from the toes to the knee. The bandage to be worn night and day and the dressings to be renewed every twelve hours. The tenderness was relieved with the first application of the Iatrol, but no other improvement was noticed for two weeks, only the dressigns made the parts comfortable, and patient was content to wait. At this time the ulcer borders appeared firmer, were brighter in color, and the floor showed bright, firm granulations, and the ulcers were not increasing in size. The treatment was kept up for two months, when the ulcers were entirely healed. The last two weeks of the time I used Iatrol in simple cerate.

CASE 9. *Acute Eczema of the Scrotum, Perineum and Inner Surfaces of both Thighs, Iatrol Dressing.*—F. S. B——r, commercial traveller, came under my care September 5, 1893. The disease was of two weeks' standing, during which time he had been under the care of a physician. On examination I found the penis, scrotum, perineum and thighs much swollen, very red, and with large surfaces of excoriation. Oozing was so profuse that cloths and cotton were quickly saturated. Itching was intense, and patient said that sleep was only procured by hypnotics. Disease was rapidly spreading over the abdomen and down the thighs.

Treatment began by the application of hot borated water to parts for one minute, drying and dusting over the surface the following: Iatrol, four drachms, stereate of zinc com., four drachms, the scrotum to be covered with absorbent cotton and a suspensory bandage to be worn. The oozing surfaces also to be covered with the absorbent cotton, which was to be renewed as often as it got moist, the parts to be powdered before it was again put on. The first application was followed by relief of the pruritus, and the patient had the first night's rest without the use of sleep producers that he had had since the disease began, September 6. Disease still spreading and new areas very itchy, Iatrol alone applied to the new areas. The treatment was continued up to September 10, when, the oozing having ceased, I used the Iatrol in ointment, drachms two to the ounce of ungt. aq. rosæ, the parts being constantly covered with the application, by saturating absorbent cotton with the ointment and keeping in place with bandages. October 9, patient was discharged entirely well of his eczema.

CASE 10.—*Eczema Under each Breast, Large Excoriations, with a very Disagreeable Odor.*—Stella P——r, student, æt. fourteen, a very fleshy and well developed girl, the breasts were as large as those of a nursing woman. I found on examination numerous areas of salt rheum over the body, and under each breast were excoriations, palm sized, covered with a profuse mal-odorous discharge, pruritus was very severe; in each axillæ were similar patches but smaller in extent, but with the same disagreeable odor to the discharge. Patient had been variously treated before coming under my care. Borated water, hot, was applied to the parts for one minute, dried, and Iatrol dusted over the excoriations and to be re-applied as often as necessary to keep the parts dry. Itching was relieved at once and so was the disgusting odor. Patient came under my care on September 15, and October 18 the excoriations had entirely healed; there was still some pruritus upon other parts of the body but no lesions. I ordered a corset to be worn to avoid irritation.

CASE 11. *Pustular Eczema of the Scalp and Face.*—Edna S——, æt. sixteen months, a well nourished, healthy appearing child, was brought to my office November 15, 1893. The scalp was covered with dime to dollar sized patches covered with thick crusts, with pus oozing freely around the borders. The face was in nearly the same condition as the scalp, the eyelids were so swollen that patient could not open them. There were numerous excoriations over the scalp and face, the result of efforts to relieve the intense pruritus. The crusts were removed by sweet oil and water, and followed by the dusting over the parts Iatrol.

Oozing and pus formation was so great that the powder soon formed cakes, and I substituted, Iatrol, four drachms; olive oil, one ounce; applied on absorbent cotton and kept in place by bandaging and frequently renewed. Improvement was rapid from the first, and cure was complete in two weeks.

CASE 12. *Pustular Eczema of Scalp.*—C. N——l, æt. one year, was brought to the dispensary for treatment November 18, 1893. The whole of the scalp was one mass of crusts, matted hair and filth; pus oozing wherever the crusts were removed; odor disgusting. The crusts were ordered removed by sweet oil, and the surface to be covered with absorbent cotton, saturated with Iatrol in olive oil and kept in place by bandages. The dressings to be renewed several times in twenty-four hours. Itching and odor was relieved at once.

Improvement rapid from the first, and at the end of one week no vestiges of the disease remained.

CASE 13. *Hyperhidrosis of Scrotum and Perineum.*—E. B. F——s, of Charlotte, Mich., referred to me by his family physician, had suffered for several years with the sweating of scrotum and perineum. The parts were constantly wet, the odor was disgusting, and only by wearing bandages, and frequent changes, could any degree of comfort be obtained.

Eczema of the parts frequently occurred, when pruritus would be intense. Patient came under my care in July, 1893, and up to September 1 no improvement had attended the various applications that I had used. At this date I began the use of Iatrol, covering the parts completely, and keeping in place with bandages, renewing as often as dressings became uncomfortable. On September 15 he reported no improvement except in the relief of itching; advised to continue Iatrol. October 3 marked improvement was noticed, patient had been able to dispense with suspensory bandage and was using the medicine morning and evening only. November 30 reported the sweating as cured, but I advised occasional use of the Iatrol. Patient is still under my care for another affection (January 13, 1894), and has had no return of the hyperhidrosis. It is needless to add that from the first application the disagreeable odor disappeared.

CASE 14. *Tinea Sycosis* (Barber's Itch).—G. A. R——s, clerk, contracted ringworm of the beard in August, 1893, and was treated by a physician of this city for two months with various parasiticides without benefit, when patient, becoming discouraged, took the case into his own hands, using the various advertised drugs for this affection. I first saw the case December 3, 1893. At this time the whole of the left side of the beard portion of the face was covered with the characteristic pustules, and nodules and broken hairs. The applications that had been used previously had made his face very sore, and his occupation made it necessary to avoid that if possible. Soothing applications were made for a few days, when I began the treatment of the sycosis. My method was as follows:

I first epilated a patch, bathed it with Witch Hazel, dried thoroughly, and then rubbed Iatrol powder over the surface, rubbing it briskly. This was followed by rubbing a second time with alcohol on absorbent cotton, and this by the application of linolin cream. The application made the parts quite red at first, but this soon disappeared. The process was repeated every day for two weeks when, no new lesions appearing, the applications were made every second day, in the meantime every hair that appeared was extracted and carefully examined for the trichophyton. At this date (January 13) the face is free from lesions, but I shall examine him weekly for some time yet, as tinea sycosis requires watching some time after

apparent cure. For three weeks, however, I have failed to find the fungus in extracted hairs.

CASE 15. *Tinea Versicolor.*—J. E. B——s, æt. forty-two, a tailor by occupation, has had the disease for over six years. At the time he came under my care the whole back and chest was thickly studded with the eruption. The itching was a marked feature. He had been treated at various times uuder the supposition that the affection was syphilis. The microscope revealed the fungus (microsporon furfur) in abundance. Before making the microscopic examination I had given him an ointment of Iatrol to relieve the pruritus, which it did speedily, although all the applications that had been previously used failed to give any relief in this respect. After discovering the parasite, I continued the same remedy and in six weeks not a vestige of the disease remained.

Remarks.—In all the cases reported, internal medication was used whenever indicated, my report simply covering the local use of Iatrol. I am using Iatrol daily in private and dispensary cases, similar to these reported, and with uniformly good results.

In the cases of fresh wounds as an antiseptic and cicatrizant, I regard Iatrol as of the greatest value, fully equalling in these respects iodoform, while it surpasses it by reason of being non-poisonous, does not produce irritation, and lacks disagreeable odor,—a matter of great importance when patients are seriously affected by strong-smelling preparations.

In the case of old wounds, with little pus formation, in serving as a protective, and as a stimulant to healthy granulations, and an aid to skin formation, Iatrol is a valuable remedy.

In no case in which I have used Iatrol have I seen any untoward effect. It has never been followed by dermatitis, even when used upon skins that were wont to rebel at the slightest irritation.

In the two cases of syphilitic ulcers in which no apparent benefit was observed, a like result followed the use of other local applications.

In cases of pustular eczema, which are best treated by antiseptic combinations, Iatrol will give the best results, as it does not add irritation to an already inflamed surface.

It has given me the best satisfaction as a deodorant to foul discharges and in cases of profuse perspiration, as it deodorizes without the substitution of another odor.

Another benefit that has resulted from its use in my hands is the relief of pruritus, and besides the cases related, I have used it for this purpose in cases of psoriasis, erythematous eczema, and urticaria, and general pruritus, a single application to the surface affording relief for several hours.

No. 4 West Adams Ave., Detroit, Mich.

Miscellaneous.

THE *Canada Medical Record* is now owned and edited by the Faculty of Medicine of Bishop's College.

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DOCTOR SMITH.—This euphonious cognomen is the popular monosyllabic application of 1,300 practising physicians in the United States.—*Medical Record.*

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MESSRS. A. P. WATTS & CO., of College Street, have in this number a list of some of the newer medical works. If time or opportunity does not permit a call at their place of business orders can be given by mail.

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THE full text of the late M. Pasteur's will is as follows: "This is my will: I leave to my wife all that the law permits me to leave to her. May my children never deviate from the law of duty, and may they always preserve for their mother the tenderness that she merits!"

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MEDICAL EDUCATION IN VIENNA.—Changes are to be introduced into the methods of medical education at Vienna. The result will be that, from beginning to end, it will take a regular student, of average abilities, seven years or more before he is able to practice.—*Medical Record.*

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THE San Francisco City Council has prohibited bicyclers from holding on their machines any child under the age of six years. This is the outcome of a recent crusade by the Society for the Prevention of Cruelty to Children. We trust the movement will extend.—*Chicago Medical Reporter.*

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THE RETORT PERTINENT.—A young physician who has just established himself, and with very little practice, is noted for his braggadocio. One of the older physicians meeting him on the street the other day, asked how he was coming on. "I have got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Then why don't you buy some insect powder?" —*Omaha Clinic.*

It was a colored preacher who said to his flock: "We have a collection to make this morning, and, for the glory of heaben, whichever of you stole Mr. Jones' turkeys, don't put anything on the plate." One who was there says: "Every blessed niggah in de church came down wid de rocks."—*The Living Church.*

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The Physician's Duty.—It is not only important that the physician should be ready to obey the calls of the afflicted, but his mind should also be impressed with the greatness of his mission and the responsibility incurred in its discharge. These obligations are, of course, the more deep and enduring because there is no tribunal, other than his own conscience, to adjudge the penalties for carelessness or neglect.—*Medical Summary.*

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The English Language Excluded.—The official announcement states that the Twelfth International Medical Congress will be held in Moscow, opening on Thursday, August 19th, and that "papers may be read and discussed in the meetings of the sections in French, German or Russian." The *Medical Record* considers this a peculiar and insulting provision which will destroy all further interest in this Congress for English-speaking physicians.

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A Physician's Opinion of the Christy Saddle.—The following is an extract taken from a letter from Dr. Wm. S. Cheesman, of Auburn, N.Y.: "I want to add that I have been recommending the Christy Saddle freely to my patients, particularly ladies. It is much the best saddle in the market for them. Our medical journals are constantly full of articles on the medical aspects of bicycling, and all writers on this topic bewail the lack of some suitable saddle which will touch the body only on the bones of support. I have called the attention of many doctors to the saddle, but none had ever seen it, and all at once recognized its merits and ordered one for their own use."

* * *

Young Doctors.—"Be guided, then, by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be had he only your growth and recent knowledge to add to his tact and *savoir faire.* Watch him closely! He knows men as open books; he knows how to manage and control them; he knows when to smile and when to be grave.

He has learned his community; he knows what he can do without offence, and how best to acquire its good-will. He knows best how to set forth the knowledge he has to its best advantage. Take all you can of his method; it is the result of experience, and pay him that deference when you meet him that you yourself would like to receive from the classman of 1945 freshly filled with the new doctrines of which you will have only heard through your journal." *Journal American Medical Association.*

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BACTERIOLOGISTS are useful assistants, but they are tyrannical masters, and the results of a given treatment must after all be judged, not in the laboratory, but in the hospital ward and the sick-room. A check must be imposed on garrulous bacteriologists who show a disposition to ride the cockhorse among us. We are grateful to them for such assistance as it may be in their power to render to medical science, but we cannot allow them to dictate to us what conclusions we are to draw from clinical investigation. Bacteriological statements are matters of inference, but clinical observations are facts—facts, too, which concern us more nearly than the interesting, but too often contradictory, deductions which foreign laboratory men foist upon us at the point of the scalpel.—*Medical Record.*

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SIC TRANSIT GLORIA MUNDI.—The glory of the Klebs-Lœffler bacillus is passing away. The culture test which was to supersede the clinical observation of the disease, and upon which the diagnosis of diphtheria was to be made, has proven a flat failure, and the New York Board of Health has dropped from its circular, announcing the result of the bacteriological examination, "the case is therefore one of true diphtheria," when the Klebs-Lœffler bacilli are found. We understand that another step forward has also been made, and that now no patients are sent to the hospital unless the clinical manifestations of the disease are present to corroborate the bacteriological report. It is only a question of time when the bacteriological investigation will be dropped and another fad will have come to an ignominious end.—*Pittsburg Medical Review.*

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IN RE TABLET TRITURATES.—A very seriously objectionable feature in the tablet triturate has recently been brought to light by a surgical operation performed in England, and mentioned in the *Pharmaceutical Journal.* The patient, under qualified medical

advice, had for some time being taking tablets of salol, prepared by a firm of manufacturing chemists. Later on, intestinal obstruction was set up and an operation became necessary. On opening the body the intestine was found packed with the salol tablets, unaltered. This was probably due to the pressure used in manufacturing. The more finely comminuted and loosely packed an insoluble or difficultly soluble remedy, the easier it is absorbed by the system, and consequently substances like salol should never be given in tablet form.—*National Druggist.*

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THE BUSINESS SIDE OF MEDICAL PRACTICE.—The *Medical World*, in discussing this question, reviews a lecture of Professor Shollenberger's on the subject. The points are culled from various sources and are worth repeating. "Dr. W. R. Allison, in the *Medical Review*, says: 'There are two things which I have never seen succeed in medicine: (1) To speak ill of your confrere. (2) To buy your patients by charging a small fee. A man who makes calls for 75 cents is a man of limited ability or from a college of inferior character. The dispensary scourge—that so called benevolent fad which has wrought irreparable damage—does not contain the true essence of benevolence, but originates in the fertile brain of a keen desire for increase of practice (through the dispensary). The poor entreat us to be cheap in our charges and make the rich pay large fees. No other business is conducted upon such principles, unless it is to make medical men pay more for the same goods than is paid by the general trade. There should be an effort to formulate a fee table in our society—not a fixed and definite charge, but a minimum rate—for which a less charge, unless excused by poverty, would cause a payment sufficient to prevent its repetition.' *Gaillard's Medical Journal* says: 'Lack of appreciation of the value of one's own work is another cause of small collections. The man who underestimates his own services cannot expect others to place a high value upon them. One of the chief violations of sound business principles is laxness in keeping accounts and rendering bills.' From the *Woman's Medical Journal*: 'We pay our lawyer without dispute. We pay, half the time on a sort of compulsion or shame, the minister's salary, and feel as if it was a sort of Peter's pence, and gave us admission to the gates beyond. We oftener make the minister presents, and often in our wills leave him a sum of money. We pay our tradespeople, but when it comes to paying the doctor we think twice. We did not think twice when we called him; we wanted him; we had him.'"

THE *Medical News* has removed to New York. Dr. J. Riddle Goffe is now in editorial charge. The *British Medical Journal*, in commenting on the retirement of Dr. Gould, says: 'The *Medical News* in his hands has been, in the expressive speech of our Trans-atlantic cousins, a 'clean' paper; he has waged ruthless war on quackery, whether open or disguised, and has steadily held up the standard of a lofty ideal to the profession in its relations to society and to its own members. Dr. Gould hands over to his successor a journal which under his able direction has won for itself the respect of all right-minded members of the profession, not less for its unswerving honesty of purpose than for its value as an instrument of scientific progress."

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A QUEENLY STUDENT.—The Queen of Portugal, who for some time past has shown a pronounced taste for the study of the healing art, has completed her second year of formal medical study, and has just successfully passed the examination for second year's students before the Faculty at Lisbon. It must need a good deal of nerve to pluck a queen, but we daresay there are more diplomatic methods of making the exalted candidate aware that a further course of study would be advisable. The study of medicine, by the way, is now about the one new thing left for the German Emperor to exercise his versatile genius upon. He might present himself for examination with a light heart, for the most Rhadamanthine of Teutonic professors would hardly care to risk ploughing him.—*Brit. Med. Jour.*

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A HIGH STANDARD.—The Medical School of Harvard University has just made a rule which will be a powerful aid to the cause of higher medical education: "On and after June, 1901, candidates for admission to the medical school must present a degree in arts, literature, philosophy, science or medicine from a recognized college or scientific school, with the exception of such persons of suitable age and attainments, as may be admitted by a special vote of the Faculty taken in such case. All candidates, whether presenting a degree or not, are and will be required to satisfy the Faculty that they have had a course in theoretical and descriptive (inorganic) chemistry and qualitative analysis, sufficient to fit them to pursue the courses in chemistry given at the Medical School." The latter provision is commendable. A medical school is no place to teach general chemistry. —*Cleveland Medical Journal.*

BALLING HOOFS.—One of the troubles doctors—especially country practitioners—have to contend with, is the balling of the hoofs of their steeds with snow. A Detroit medico announces he has discovered a remedy therefor in glycerin, which is applied to the under side of the hoofs and to the shoes just prior to leaving the stable.—*Medical Age.*

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THE NEW IMPONDERABLE.—The new force—analogous in some respects to light, but certainly not completely identical with light as we are accustomed to regard it—with which, as the newspapers have informed the world, Professor Röntgen, of Würzburg, has succeeded in depicting objects that are inaccessible to ordinary vision, such as the bones of a living hand, may turn out to be serviceable in clinical investigations. At present, however, and until more is known concerning the "x rays," little else than speculation can be indulged in as regards their value as an aid in diagnosis.—*New York Medical Journal.*

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LIFE INSURANCE FEES.—Many of the life insurance companies are feeling the effect of hard times. They find it necessary to economize, and have concluded to reduce the medical examiner's fee. There is not a board of directors of any life insurance company in the land that believes the medical examiner is overpaid or even sufficiently paid. Nor is there a board that believes that it would be economy to employ an irresponsible examiner. The directors do know, however, that medical men will submit to almost any form of imposition from corporations—that if the older examiners will not submit to a reduction, there will be no difficulty in getting good men to take their places. The medical profession should stand together in this matter. For a company that pays its president $100,000 a year to reduce the medical examiner's fee in order to economize, is simply an insult and indignity to the medical profession. Physicians can live without the assistance of life insurance companies, but life insurance companies cannot do business without the services of the medical examiner. It is clearly the fault of the profession and not of the companies if a reduction in examiner's fees is tolerated. A united profession and the fees will stand; divided and the fees will fall. Examiners should bring this matter before every medical society in the country, obtain the support of the whole profession, and the companies will be compelled to economize where economy will be in the interest of the insured. Perhaps the companies could do with less extravagant and costly buildings, for instance.—*Pacific Medical Journal.*

THE CLINICAL THERMOMETER.—What is the use of a thermometer anyhow? Does it give a better idea of what is the cause of the trouble? Are the symptoms on which a diagnosis turns explained? Does it tell you why the skin is cool and the pulse 110 or 120, or, when a woman is raving with pain resembling neuralgia of the bowels, that it is or is not impaction? Then, what does it do? One thing it does—it seems to mystify the gullible public. "Taking the temperature" seems to have some satisfactory effect on the minds of the friends of the sick. "Temperature, doctor says, is 103.45°. That settles it—he is sick, bad sick."—*General Practitioner.*

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OUR ADVANCING PHYSICIAN.—Great are the achievements of contemporary science in the department of therapeutics. Just now the medical novelty seems to be the pursuit of the microbe. It is carried on with an ardor that sometimes makes both laymen and doctors smile. One hears such stories as that of a man who went to his physician with a slight sore throat, left a little of the lining of it to be examined, got a gargle and went home. That night he went to the theatre, but was called out in the middle of the performance and told that the membrane from his throat had diphtheritic microbes in it, and that he must go home, which he did; but all the folks with sore throats in the audience who happened not to have seen a physician staid the show out.—*Harper's Weekly.*

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THE DANGEROUS SPITTING NUISANCE.—Drs. Hermann Biggs and T. Mitchell Prudden, the Health Board pathologists, have prepared a report on the practice of spitting in public places and conveyances, which, in their opinion, is responsible for the dissemination of diseases, such as consumption, pneumonia, influenza, diphtheria, scarlet fever, measles, or whooping-cough. That the practice is merely a habit, and not a necessity, is shown, they say, by the large number of men who are free from it, and the insignificant number of women who are addicted to it. The practice should be abated, the report says, and could be with the assistance of the community. Accompanying the report are resolutions providing that signs should be placed in elevated and surface cars and on the stations of elevated roads, signed by the Health Board, and warning the public against the practice. These signs should also be put in all municipal and federal buildings, and the authorities and elevated roads should be requested to provide spittoons in public places. The resolutions also ask the Manhattan Elevated Railway to give orders to guards to prevent passengers from spitting into the street.—*Medical Record.*