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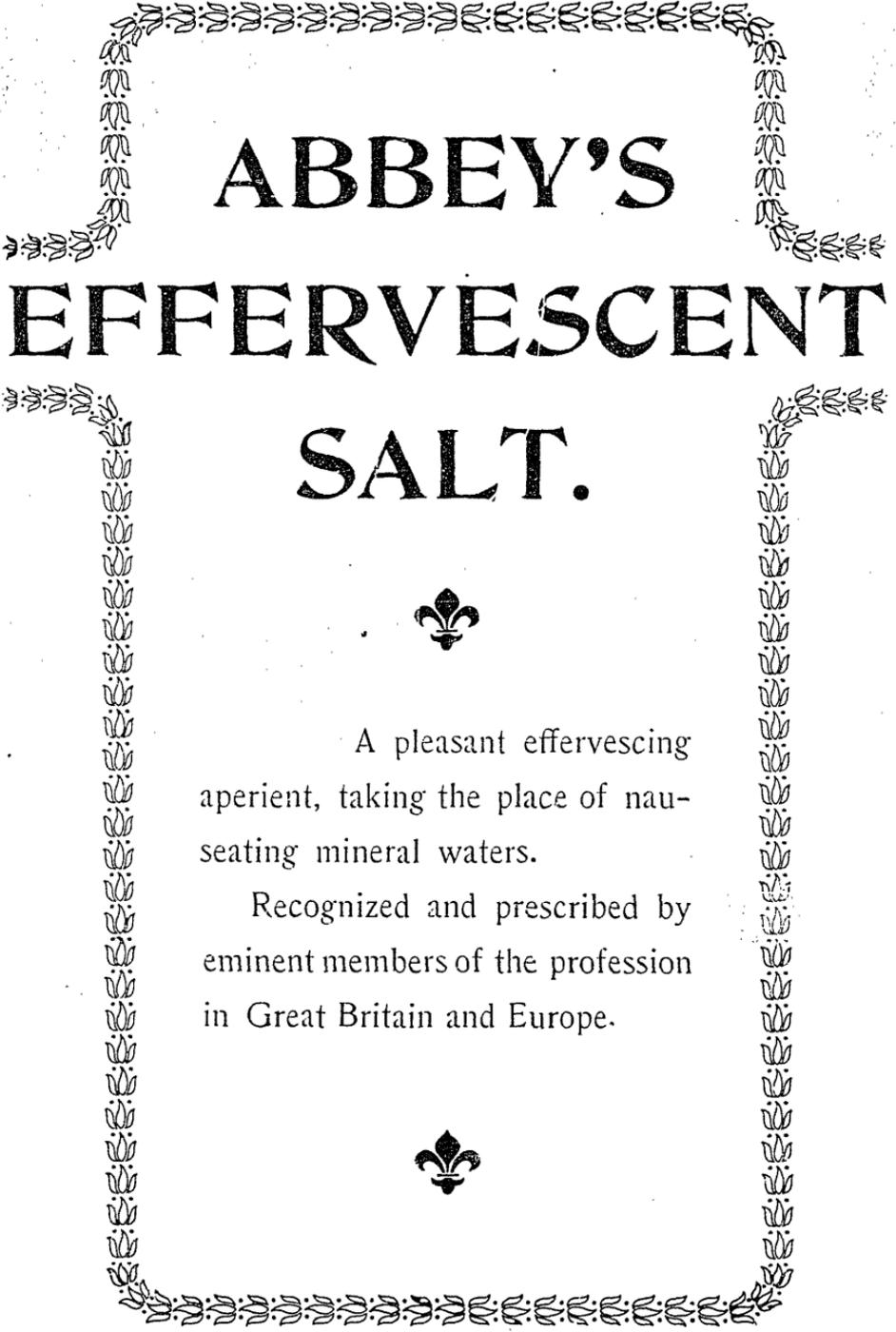
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### Pneumonia Following La Grippe.

BY M. E. CHARTIER,

Docteur en Medecine de la Faculté de Medecine de Paris. Membre Correspondant étranger de la Grande Encyclopedie, Section de Philologie.

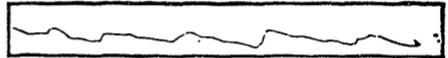
As a rule certain diseases prove more fatal, not only in given districts, but during certain periods of time, along particular areas of territory. We have La Grippe, decreasing in intensity for the present; it has been replaced by pneumonia, which is not only raging in the United States, but in European countries. The bacteriologists will have to explain this fact; the truth remains however, that the mortality from pneumonia in its various forms is now far in excess of any previous record.

Twenty years ago, and preceding the re-appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Many cases fell under my personal observation, and I must admit that my Parisian confreres were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then en vogue.

At that time, I advocated in my treatise on therapy, the administration of sulphate of codeine in two to five centigrammes doses—one-

fourth to one-half grain. Codeine is the only remedy known to me possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What I then wished was an analgesic possessing antipyretic properties, which I could safely use. This I have since found in antikamnia and I believe it can be exhibited safely, especially on account of its not having a depressing effect on the cardiac system.

Experimental doses of from one-half to one gramme—seven to fifteen grains—of antikamnia administered under ordinary conditions did not develop any untoward after-effect. The following trace, taken with the sphygmograph was made ten minutes after the administration of one gramme—fifteen grains—of antikamnia.



Pulse, 112. Temp., 101 1-5 Fahr.

The above trace shows plainly that unlike other coal-tar products, antikamnia has a stimulating effect upon the circulation. In this particular case the temperature was sensibly reduced—102° to 101 1-5°. The analgesic effect of the drug was satisfactory.

My conclusion is that in the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine, to my mind, present these two remedies in the most desirable form. I also find one tablet every hour, allowed to dissolve slowly in the mouth, almost a specific for the irritating cough so often met with in these complications. For general internal medication, it is always best to crush the tablets before administration.

THE  
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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No. 10.

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**Original Communications.**

**EXTRA-UTERINE PREGNANCY.\***

BY GEO. I. MCKENZIE, M. D., Pictou, N. S.

Extra-uterine pregnancy or ectopic gestation is the fixation and development of an impregnated ovum outside of the uterus.

Many varieties of this abnormal condition have been described. The tubo-ovarian, tubo-abdominal and some other varieties involve such a nicety of diagnosis, except to the pathologist, as to be inappreciable. The three principal varieties are the tubal, interstitial and abdominal.

In tubal pregnancy, the impregnated ovum has fixed itself in the Fallopian tube or at its fimbriated extremity. This variety has been described as perhaps the most dangerous of extra-uterine pregnancies.

Interstitial pregnancy consists in the fixation of the ovum at the entrance of the tube into the uterine tissue and as it develops it extends partly towards the uterine cavity and partly towards the abdominal.

In abdominal pregnancy either the tube holding the impregnated ovum separates its attachment to the ovary, falls into the abdomen and remains there, the ovum developing by further attachments to the peritoneum, or, as some suppose, the ovum falls from the tube and is nourished by the peritoneum alone, without any assistance from the lining membrane of the uterus.

The cause of extra-uterine pregnancy is generally, if not universally admitted to be an obstruction to the passage of the impregnated ovum along the Fallopian tube, caused either by the growth of small a tumour

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\*Paper opening the discussion in Midwifery, Nova Scotia Medical Society Meeting, July, 1897.

or a stricture of the tube, a result of inflammation in the tube itself or in the pelvic peritoneum. The ovum thus arrested, and in contact with a membrane similar to that of the uterus, attaches itself, forms a placenta and begins its dangerous development. If this arrest takes place in the course of the tube, the pathological result is that, notwithstanding the attempt to accommodate the growing ovum, the muscular structure becomes gradually thinner, until in the course of one, two or three months a rupture takes place, and the whole contents with a varying quantity of blood are discharged into the abdominal cavity. A hæmatocele is thus formed, the patient generally becomes collapsed and dies, rarely escaping by absorption of the blood and encapsuling or discharge of the fœtus.

Interstitial pregnancy is much less frequent and less dangerous than the variety just described. It is more likely to advance to full term, and while it may result in death, through rupture into the abdomen, yet it may discharge into the uterus and be expelled through the natural passages.

The abdominal variety, although perhaps not so dangerous as the other two, yet usually results in death. Its *locus habitandi* is not so confined, occupying the whole peritoneal cavity, and the placenta, in its struggle for sustentation, attaches itself to the bladder, intestine, and anything else within its reach. The results of this form are the following: First, the fœtus may die in the early months, become encysted and in time be cast off through the rectum, the bladder, or the abdominal walls. Secondly, the pregnancy may advance to full term, when nature makes an effort of expulsion. This being impossible through want of a means of exit, the child with all its attachments is retained and becoming encysted remains quietly for years in its dishonestly acquired possession. Thirdly, the child thus shut up in its unruptured membranes may act as an irritant, create a disturbance in its home and become surrounded with pus instead of liquor amnii or the liquor amnii becoming absorbed, the fœtus becomes strongly compressed by the walls of the cavity, acts as an irritant, resulting in the formation of pus and thus leads to hectic fever and death.

The following may be given as causes of death in all the forms of extra-uterine pregnancy, viz., shock, hæmorrhage, septicæmia, peritonitis, hectic fever and perforation of important viscera by bones.

The early symptoms of extra-uterine pregnancy are usually obscure. A suspicion arises in some cases, if a woman passes one, two or three

menstrual periods, and is suddenly seized with symptoms of hæmatocele, severe pelvic pains, nausea, cold perspiration, faintness, etc. She dies of shock, hæmorrhage or peritonitis, or she recovers, when the suspicion is regarded as ill-founded and she is said to have recovered from an hæmatocele, the result of menstrual suppression.

Again, a woman who supposes herself to be pregnant becomes alarmed by several unnatural symptoms. The sudden and sometimes excessive discharge of blood, the irregular enlargement of the hypogastrium, or the occurrence of a dull pain on either side, excites the suspicion, not of extra-uterine pregnancy, but that something is wrong, when a thorough examination is made, should such examination be made subsequent to rupture, the ordinary signs of hæmatocele will be found. If however, such rupture has not taken place, the uterus is found enlarged, raised up, and pressed out of its normal position by a tumour. This tumour is nearly immovable and generally slightly sensitive on pressure. Its growth is rapid, showing an increase even after a few days. This, together with the general signs of pregnancy, such as gastric disturbance, mammary changes, cessation of menstruation, enlarged uterus, etc., are good grounds for a diagnosis of extra-uterine pregnancy.

We must, however, then differentiate between this condition and uterine fibroid, cyst of the ovary or broad ligament, hæmatocele, double uterus with impregnation of one side, normal pregnancy with retroflexion, and pelvic abscess. It is advisable, however, before coming to any decision, to exclude normal pregnancy. This may be done by sufficient cervical dilation to examine the uterine cavity. This action of course interferes with normal pregnancy, if it exists, but this risk must be accepted. Then the differentiation from the other conditions mentioned remains to be established and it is often very difficult. Careful comparison, patience, and often delay are necessary. While these efforts are being made, rupture may take place, and a fatal result issue. Physicians are sometimes censured for a failure of diagnosis in these cases. Anyone, and especially any medical man, who encourages such a charge, gives proof of his own inexperience and of a serious lack of professional loyalty. Frequently in these cases there is nothing to excite suspicion, and even if suspicion be excited, there are no means by which we can arrive at a positive diagnosis. The uncertainty too, as to results, is another element of difficulty in attending these cases. True, a large number of women escape death, but this does not invalidate the statement that the prognosis is bad.

In treatment there is perhaps no subject upon which practical men differ so much, and about which so little is absolutely fixed. Between the able although conservative practitioners, who maintain, that as a general rule, it is better not to interfere in these cases, and the enthusiastic ones, who would operate in every case of even possible diagnosis, we have all the degrees between inactivity and rashness. A middle course would seem to commend itself. One point seems to be pretty positively decided, viz, that a secondary operation for the removal of the contents of a fetal sac is always safer than a primary one. On the other hand however, delay is sometimes dangerous. At the present day when abdominal surgery is so thoroughly and fully understood, and so safely practiced, by reason of the labor and teaching of the illustrious Lister, it is perhaps too late to "judge the future" of this subject "by the past." The reports of recent operations would indicate that treatment that a few years ago would be regarded as unjustifiable, will soon, if not now, be looked upon as practicable and even safe.



## Clinical Reports.

### CASE OF PYLORECTOMY WITH GASTRO-JEJUNOSTOMY FOR CARCINOMA.\*

By A. B. ATHERTON, M. D., L. R. C. P. and S. (Edin.) Fredericton, N. B.

P. B., aet 50, laborer.

Has generally been a healthy man. Family history unimportant.

Consulted me first on January 30th, 1897, for dyspeptic symptoms, accompanied by more or less vomiting, the latter becoming more and more frequent. Six months previously he weighed 172 lbs., now only 138 lbs.

On examination I found his stomach much dilated, but could detect no tumour anywhere in connection with it.

Ordered pepsin and bismuth, together with the use of the stomach tube to wash the stomach out once or twice a day; also careful dieting.

He again came to my office on March 27th, and reported that for a time his vomiting ceased, but of late it has returned. Weight now 127½ lbs. Says it is no use for him to eat anything as it only causes pain, and he is forced to vomit the food up again.

On again examining him the dilated stomach was found occupying the middle of abdomen, measuring about nine inches transversely and about six in the line of body. Its walls were felt to contract and harden at intervals while palpating it, though no tumour was made out. Pulse 64; temperature 99°.

I advised an exploratory incision, and, if found practicable, an attempt to relieve him by removal of the tumour, or otherwise. After explaining to him that this might involve a good deal of risk to life he readily consented.

March 29.—Operation at Victoria Hospital, assisted by Drs. McLearn and Bridges. The stomach having been previously washed out, a median incision, four and a half inches long was made, about two-thirds of it being above the umbilicus. The stomach at once presented, and on passing in my hand a hard mass was felt in the pyloric end, which seemed fairly movable, and did not extend much, if any, beyond the viscus, into the neighboring parts. I now drew the tumour up into the wound, and

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\*Read at Maritime Medical Association Meeting, July, 1897.

finding the gastro-epiploica dextra artery pulsating strongly, I ligatured it in two places and cut it across. The duodenum was then clamped by padded forceps and the stomach divided beyond the cancerous mass. The opening in the stomach was now closed by two rows of silk sutures so as to turn in its peritoneal surface. Its walls were readily torn and considerable care had to be exercised in suturing. Sponges and antiseptic gauze pads were used to catch the fluid which escaped from the stomach. Next, the duodenum was cut across and the pyloric tumour removed. The part removed was three inches in length and included the pyloric end of the stomach and a portion of the duodenum. The opening in the duodenum was now closed in a similar manner to the stomach, and the clamp removed. Considerable bleeding followed, which was finally controlled by extra sutures. The parts were then cleansed, and fresh sponges being placed about the stomach, the jejunum was found and a loop of it was brought up to the side of the stomach, about two and one-half inches from its sutured end, and there united to it by Murphy's button. The loop of bowel was turned upon itself so that its lower part pointed in the same direction as the lower end of the stomach.

After cleansing the peritoneal cavity, the abdominal wound was closed with silk-worm gut sutures.

The operation lasted about two hours, during which the patient was given a stimulant enema, and a hypodermic of strychnia.

March 30.—Had two-thirds of a grain of morphia since operation; no vomiting. Has a nutrient enema every six hours; nothing but a teaspoonful of water given occasionally by the mouth. Pulse, 104; temperature 99.8°.

March 31.—No opiate given for twenty-four hours. Rested fairly well. Raises wind occasionally, but no vomiting. Has taken a little peptonized milk.

April 1.—Doing well. Pulse 98; temperature 99.8°. Wound dressed, its edges being found a little red at the upper part. Takes five or six ounces of peptonized milk and a little beef tea in 24 hours. Ordered for him a turpentine enema.

April 2.—The enema brought away a considerable amount of gas, with relief. Pulse 84; temperature runs from 99.5° in morning to 100.5° in evening. Asked for and allowed to have a little chicken-broth.

April 3.—Given three seidlitz powders yesterday, followed by an enema of soap water. This produced three good motions of the bowels. Pulse 84; temperature 99.4°.

April 5.—The nurse gave him a little blanc-mange yesterday evening, and he had considerable pain afterwards. Bowels have moved every day.

April 6.—Has only one or two nutrient enemas per day now. Takes about thirty ounces of milk and three ounces of brandy per day, by mouth.

April 7.—Ate two small soda biscuits with his milk last evening, and this was followed by quite severe pain, requiring a half of grain of morphia to relieve it. Pulse somewhat intermittent at times ever since operation, a hypodermic of strychnia being given at these times.

April 8.—Has been troubled somewhat with cough for a day or two. Seems to have caught cold.

April 10.—Pulse 84; temperature 100°. Rested well last night. Bowels rather loose; omitted the nutrient enemas.

April 12.—Did well till 6 a. m. to-day, when he began to complain of pain to the left of median line. Had half a grain of morphia hypodermically in two doses. Pulse at 9 a. m. 104; temperature in mouth 98°. A stitch or two was removed at upper wound, and a little pus flowed out. At 10 a. m. he began to vomit for the first time since operation. At first a colorless fluid with mucus came up, but soon afterwards it was tinged with blood, and at 11 a. m. the ejected fluid was distinctly bloody. Altogether about a pint of blood was vomited in the next two or three hours, and the pulse had risen to 140. At 5 p. m. he died.

Autopsy.—On opening up the wound, the sutured end of the stomach came first into view lying almost directly beneath the upper end of incision, and was pretty firmly adherent to the abdominal wall. A small cavity was found beneath the lower edge of liver filled with lymph, with here and there a drop of pus. This lymph and pus was continuous with the pus found in the upper line of wound, but did not communicate with the sutured end of stomach.

The descending coil of the jejunum was firmly adherent to the abdominal wall on the left of the incision, and on separating it and the stomach from the neighboring parts a small opening was made in the line of union between the stomach and bowel. The stomach wall seemed rather soft and easily torn here. The line of union was, as you will see by the specimen, on the whole perfect, and the button lay in the cavity of the stomach. The latter was filled with dark fluid and clotted blood. I could not detect whence it had come.

Remarks.—The first question that presents itself in these cases of cancer of the pylorus is, whether any surgical operation is justifiable;

and in the next place, if the decision is in the affirmative, to decide what operation.

Many English surgeons seem to be opposed to any attempt to extirpate the growth. In Treves' recent "System of Surgery," he says, "there is nothing to recommend the operation in malignant disease." Greig-Smith in his latest edition of "Abdominal Surgery" is not enthusiastic in recommending it. He states that "with a mortality of from fifty to sixty per cent, the operation should only be contemplated where the patient is in a fairly good condition, the stomach not greatly dilated, and the growth movable."

Continental and American surgeons resort to pylorectomy in malignant disease much more commonly than the British, and we think with good reason. When we consider how great is the suffering in many instances of this disease and how utterly miserable life becomes in its later stages, it would seem that almost any risk might properly be taken in endeavoring to give the wretched victim the least chance for permanent relief. All surgeons are, however, agreed that removal of the growth is only to be undertaken when it is limited to the pylorus, the lymphatic glands being unaffected and the adhesions being few and unimportant.

When such contra-indications forbid the major operation of pylorectomy, or when the patient is considered too feeble to bear a long operation, we may fall back upon the palliative operation of gastro-jejuno-stomy. As in the case reported, the latter operation is also often required to be added to pylorectomy, because the length of the viscus removed precludes uniting the divided end of the duodenum and stomach. When only a small portion requires removal, direct suture or Murphy's button may be employed for that purpose instead of doing a gastro-jejuno-stomy.

In criticizing the operative procedures in the case reported, I think I might have avoided the suppurative inflammation which occurred in the upper part of the abdominal incision and its neighborhood by employing drainage, as doubtless the fluid which escaped from the incision in the stomach and duodenum were the cause of it, and it would have been better to have provided a way of escape for them.

The cause of death was of course the hæmorrhage, which I think probably proceeded from some vessel exposed by the loosening of Murphy's button. Whether the use of Senn's plates or direct suture would have been preferable, is an open question. I find a similar case of hæmorrhage reported by Dr. Murphy, in which Senn's plates were employed to unite

the stomach to the jejunum. In that case also death occurred in 14 days from the hæmorrhage.

One of the chief drawbacks to the use of the button is the fact that it generally falls into the stomach and remains there. The attempt is made to avoid this by uniting the gut to the posterior wall, but even this procedure often fails to accomplish the purpose. In most cases, however, the button seems to give but little trouble even when retained, so that practically no very serious objection can be taken to its use on that ground. So much valuable time is saved by employing it instead of direct suturing, that in these cases of carcinoma of the pylorus, where the patient is usually in a poor condition to stand a prolonged operation, Murphy's button, or some similar device, such as Mayo-Robson's bobbin or Senn's plates, will probably be found most appropriate.

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THE PREDIAGNOSTIC TREATMENT OF ABDOMINAL DISEASE may be summed up under four points: Two negative—give no morphine and give no ice nor anything else by the mouth; and two positive—give alcohol by enema and apply heat to the body. The question of treatment or operation is one to be settled after the diagnosis is made. The case may be colic, intestinal obstruction, perforation of a viscus, rupture of an appendicular abscess, or some other grave condition. After the shock has been thus alleviated, the individual symptoms of special diagnostic significance stand out more clearly, and by these the surgeon gradually arrives at a knowledge of the case, and can then form intelligently his plan of treatment.—Dr. GREIG SMITH, in "*Treatment*."

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SOLUTION FOR REMOVING NITRATE OF SILVER SPOTS.—

R—Bichloride of mercury	5.0 grammes
Muriate of ammonium	5.0 "
Distilled water	40.0 "

M.—S. Apply the mixture to the spots with a cloth, then rub.

This removes almost instantaneously even ancient stains on linen, cotton or wool, Skin stains thus treated become whitish yellow and soon disappear.

We find this going the rounds, and yet photographers have a very simple method which is old and which is always efficient. They simply use a weak solution of cyanide of potassium.—*Medical News*.

REPORT OF A CASE OF TETANUS FOLLOWING A SEVERE  
AND EXTENSIVE WOUND OF THE HEAD, TREATED  
SUCCESSFULLY WITH ANTITOXIN OF TETANUS.

By WILLIAM D. FINN, M. D., Halifax, N. S.

On the evening of July 16th I was called hurriedly to attend an accident case at Huggins' Drug Store on Jacob St. The only information that I received was that a man was bleeding to death.

I went immediately, and on arrival I found a gentleman about 60 years of age who had sustained severe wounds of the head by being struck, whilst driving in his team, by an electric trolley, and thrown violently to the ground. His clothes, head and face were covered with blood and dust. He was in a state of partial shock and was bleeding very freely from the wounds. I immediately administered restoratives and prepared to make my hands and surroundings as aseptic as possible, as I saw it was necessary to attend to him at once, as he would not go to the hospital.

On examination of the head I found a very extensive, deep, contused and lacerated wound, extending from a point a little to the right of the centre of a line drawn across the occipital protuberance behind, upwards and forward over the head to a point about half an inch below and to the outer side of the right orbit. From the centre of this longitudinal wound another deep, lacerated and contused wound extended outwards and downwards to a little behind the right ear, and at the junction of the lines of both wounds, a triangular piece of tissue, sides about one inch and a half in length, was almost completely severed from its attachments. The whole mass of the scalp was completely torn from its bony attachments and together with the radiating fibres of the temporal muscles was resting on the right side of the head and neck. The superficial arteries and nerves were cut and destroyed and in some parts the hæmorrhage was very profuse. The periosteum in several places was torn from the skull, laying the bone bare. There was no fracture of the skull—a wonder to me after such a terrible injury. The soft tissues of the wound were filled with dust and debris from the street and markedly impacted in places. The soft tissues of the right eye and

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will be found to contain all the nutritive virtues of the best Malt Liquors in a much higher degree than any other product with which it has been compared, while containing the least amount of alcohol. It must not be confused with the other so-called Malt Extracts, which literally speaking should be termed "lager beers." WYETH'S MALT EXTRACT is made under strictly scientific principles.

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### Its Value during Lactation.

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LIQUID  
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not only supplies strength to meet the unusual demand upon the system at that time, but it improves the quality of the milk, nourishing the infant and sustaining the mother at the same time.

### A PLEASANT NUTRITIVE TONIC.

It is a most agreeable and valuable nutrient, tonic and digestive agent, containing a large amount of nutritious extractive matter. It can be taken freely by ladies, children and invalids with most beneficial results. It restores sound and refreshing sleep by strengthening the nervous system, and is invaluable as an appetizer in convalescence.

JOHN WYETH & BRO.,  
Pharmaceutical Chemists,  
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"My mother, who is considerably above eighty years of age, has for thirty years been the victim of mitral disease of the heart accompanied by much breathlessness and distressing headache. When with these latter troubles is added the feebleness of extreme old age, great trouble was found in obtaining anything which would help to sustain the system and contribute to the nourishment of the body without containing too much stimulant, which invariably aggravates the headache. The desired remedy has been found in 'Wyeth's Liquid Malt Extract,' which I prescribed some months ago with very gratifying results, sustaining the system while in no way adding to the headache, which had become a very distressing symptom. I recently ordered a case from you for my mother's use. I have since heard from her and am glad to know that she is experiencing continued benefit from the daily use of 'Wyeth's Liquid Malt Extract.'"

T. S. T. SMELLIE, M.D.  
Fort William, Ont., July 3rd, 1897.

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## NEW PREPARATIONS.

### ELIXIR UTERINE SEDATIVE SPECIFIC.

Each fluid ounce of this Elixir contains forty grains *Viburnum Opulus* (Cramp Bark), thirty grains *Hydrastis Canadensis* (Golden Seal), twenty grains *Piscidia Erythrina* (Jamaica Dogwood), ten grains *Anemone Pulsatilla* (Pulsatilla).

This combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

Acetanilid and Boric Acid, being much alike in physical properties and in antiseptic action, combine excellently in the form of a powder, which is now favorably known as a soothing, non-irritant and efficient dressing for lacerated and incised wounds, ulcers, sores, and any other injury that requires a bland but effective application. The present preparation contains these two ingredients, finely powdered, in the proportion of *twenty-five* parts of Acetanilid to *seventy-five* parts of Boric Acid.

For the convenience of physicians *Boracetanile* is furnished in two-ounce bottles, furnished with a sprinkler top; also in one-pound bottles.

### BORACETANILE.

### ANTI-RHEUMATIC TABLETS.

Salicylates of Potassium and  
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(Each tablet represents  $3\frac{1}{2}$  grains of the combined salts.) Effervescent Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble and effervesce quickly and freely. Salicylates of Potassium and Lithium are invaluable remedies in all febrile affections inducing headache, pain in the limbs, muscles and tissues; also, are particularly indicated in Lumbago, Pleurisy, Pericarditis and all muscular inflammatory conditions.

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Literature and Samples of the above will be furnished on application.

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right cheek were contused and wounded in several places, and there were many small abrasions over the face, neck, shoulders, and hands. The tissues over the right malar bone were much bruised. A marked contusion and swelling was present over the lumbar region on the left side, which was very painful on the slightest motion. On examining this I found evidence of fracture of two or three of the small ribs on that side.

I saw at once I had a bad case to deal with, and how difficult it would be to render the wound sterile; and at the same time the possible occurrence of tetanus in the near future flashed across my mind.

After making hands and instruments, etc., aseptic, I shaved the scalp thoroughly, scrubbed it and the wound well with soap and water, then washed with alcohol, then with a solution of bichloride of mercury 1 to 500, thoroughly soaking all parts with this strong solution. Then again douched well with bichloride, 1 to 2000, then with boiled water and lastly with bichloride, 1 to 5000. All this time I was getting the wound as free as possible from the dust and debris and succeeded better than I expected. I then sutured the periosteal wound over the parts where it was detached, with very fine cat-gut. I cut away all the dead and dirty tissue around the edges of the wound and sutured the fibres of the temporal as well as possible to the periosteum over its seat of attachment. I then closed the large scalp wounds with interrupted sutures of sterilized cat-gut, putting in some forty or forty-five sutures and using small pieces of iodoform gauze for drainage at dependent parts of the wounds; dusted with iodoform and applied with considerable pressure an antiseptic dressing of iodoform gauze and absorbent cotton and usual bandages.

All the other small wounds were then washed and an ointment of boracic acid and balsam of Peru applied to them. He stood the long operation, which took about two hours, well. I repeated the stimulants and sent him to his home, giving him a sedative for the night.

July 17.—I visited him in the morning and found he had had a fair night, no pain in the head, no staining of dressings. He felt very sore all over, especially in the back, left arm and shoulder. Pulse regular, 98 per minute; temperature 100.5°, taken under tongue. Took some food, had had no nausea or vomiting, and micturition and defecation were natural.

July 18.—In morning visited him again. Found he had had a restless night; felt the lower jaw very stiff, especially on right side, and soft tissues swollen, mastication painful and difficult and can only take liquid food. No staining of the dressings, except at posterior part of wound

where drainage was placed. The soft tissues were very tender about the face, with considerable œdema; speech thick and muffled. His side was also very painful. Temperature  $101^{\circ}$  under tongue; pulse 99 and regular. Gave a little morphia sulphate for rest, made the room dark and induced quietness.

July 19.—Removed dressings from wound; tissues looked very well; some slightly suppuration at points, more marked at centre of wound, over site occupied by the almost detached triangular flap. Irrigated wound thoroughly, replaced new drainage slips and dressed as before. Temperature  $100^{\circ}$ ; pulse 74 per minute. Had a fair night, took some liquid food; jaw not quite so stiff. The patient asked me about the stiffness and I at this time attributed it to the effusion into the tissues in and about the articulation, as no other suspicious symptoms were present.

July 20, 21, 22.—Doing about the same; jaw not nearly so stiff; took more food, bowels regular; felt stronger and wanted to get up. Pulse and temperature normal. Dressed wound, which looked well, except the centre of the triangular flap which had undergone necrosis; this I removed.

July 24.—Doing well; stiffness less in left jaw and he wants to eat. Pulse and temperature normal. Felt like getting up for a while, but I prevented him; side somewhat painful, swelling of face disappearing; no pain in head and had a good night.

July 25, 26.—Doing very well; dressed wound on 26th, which looked in good condition and found many of the sutures absorbed. Pulse and temperature normal; nothing out of the ordinary condition.

July 27.—I visited him this morning about 9.15 a. m. The night had been very warm and sultry and the morning air very oppressive. On entering the room I found it very close and hot and remarked to the patient how oppressive the heat was; at the same time I noticed that he was covered up with a great pile of bed clothes (I then recognized danger ahead and almost saw that fatal enemy before me—tetanus.) He remarked in a muffled tone: "I am not hot, I couldn't get warm since 6 a. m. I am shivering with cold, my head aches and I have vomited. My neck and jaw are stiff and painful and I almost bit my tongue off a few minutes ago, when my jaw snapped upon it." I examined him carefully and found reflexes increased on slight irritation, also slight twitchings about muscles of face, arms and neck. Temperature  $102^{\circ}$ ; pulse 100. Skin acting fairly well. Dressed wound which looked well; washed all parts very thoroughly, applied solution of peroxide of hydrogen (15

volumes) in large quantity. Diagnosed tetanus at once and explained the danger present, and the general fatal ending; and advised that he attend to all business affairs etc., immediately. I decided to act quickly and fight the disease with the latest weapons. I immediately sent to Lyman, Sons & Co., Montreal, for the antitoxin serum, in the meantime giving him 20 grain doses of chloral and 30 of bromide of potassium every two hours, also gave a purgative and advised plenty nourishment, rest and quietness. I called Dr. Farrell in consultation; he agreed upon the diagnosis and was also anxious to have the serum tried as soon as possible. I visited the patient many times this day and saw he was rapidly getting worse.

July 28.—Condition about the same—if anything, worse. Had to feed him by small tube through the nose. Spasms more marked, some slight oposthotonos, arm spastic at times, breathing somewhat oppressed, swallowing difficult.

July 29.—Serum arrived. After thoroughly sterilizing instruments and site of puncture, we injected  $8\frac{1}{2}$  c. cm. of the serum at 4.30 p. m. again  $8\frac{1}{2}$  c. cm. at 11.45 p. m. in the left thigh. Chloral and bromide 20 grains of each every 3 hours, still administered.

July 31.—Had a fair night. Spasms marked, very marked oposthotonos at times; breathing very oppressed; sweating freely; bowels moved. Spasms extending to muscles of throat, larynx, chest, abdomen, and limbs. At 10.15 a. m. injected  $8\frac{1}{2}$  c. cm. of serum.

Dressed wound of head, which was difficult on account of the frequency of the spasms of neck muscles. Trismus very marked; swallows a little at times; chloral every two hours; says he feels a little better and rests better. Takes a good deal of liquid nourishment and small amount of stimulant—port wine.

At 7.30 p. m.,  $8\frac{1}{2}$  c. cm. injected. Spasms markedly lessened, feels better and stronger. Pulse about 87; temperature  $98\frac{1}{2}^{\circ}$ .

August 2.—Somewhat restless at night. Chloral still given. Dressed wound. Gave two ounces of ferri mangan-peptonate at Dr. Farrell's suggestion. Feels better, takes some nourishment by tube. Wound looks well. Pulse 96, temperature normal. Did not give any antitoxin to-day.

August 3.—Restless at night, for which chloral was administered. Gave  $8\frac{1}{2}$  c. cm. of the serum; still taking a good quantity of food. At 12.45 p. m. gave  $8\frac{1}{2}$  c. cm. serum, also chloral, 20 grains.

August 4.—Rested well the previous night. At 12.45 a. m. whilst I was present he had a very bad spasm. Gave chloral, 20 grains put in milk in the nourishment. Injected  $8\frac{1}{4}$  c. cm. of serum at 1 a. m. Again had a terribly bad spasm—almost collapsed in it, could not give much chloroform or amyl nitrite.

August 5.—At 2 a. m., injected  $8\frac{1}{4}$  c. cm. Temperature normal, pulse 100. Spasms still bad, at times terrible, patient very weak. Oposthotonos very marked. Appears now as if the intestinal tract was involved; no interference with urination.

August 6.—Midnight,  $8\frac{1}{4}$  c. cm. of serum and chloral grains 20 administered. Dressed head, which looks well, and he now seems easier. Pulse 98, temperature normal.

August 7.— $8\frac{1}{4}$  c. cm. of serum given at 2 a. m. Doing only fairly well. Spasms still severe; speech very much affected; mouth dry and painful; trismus marked.

August 8.—Doing well; spasms less. Pulse 80, temperature normal; takes more food, sleeps a little, perspires freely; urination not affected; no serum given to-day.

August 9, 10.—Doing well; spasms much less, being slight in the neck; speech better; limbs more supple. No serum given but chloral still used. Pulse and temperature normal.

August 11.—Condition improved. Antitoxin  $8\frac{1}{4}$  c. cm. at 12 a. m. Trismus less marked.

August 12.—Condition improving. Injected  $8\frac{1}{4}$  c. cm. at 7 p. m. Takes his food better; spasms markedly less; sits up on side of bed occasionally; speech better; rigidity of muscles less.

August 13.—Condition markedly improving. Injected  $8\frac{1}{4}$  c. cm. serum at 1 a. m. Pulse and temperature normal; spasms very much lessened, almost absent; side feels better. Pulse and temperature normal.

August 14.— $8\frac{1}{4}$  c. cm. at 8.45 p. m.; had a good day; eats better. Urination normal and bowels acting; spasms disappearing; rigidity of neck, jaw and face still present, but less marked.

August 15.— $8\frac{1}{4}$  c. cm. at noon. Condition markedly improved; spasms not present at all, except a slight twitching of the small muscles of the face at times; trismus less and protrudes tongue better. Eats well; pulse and temperature normal; bowels regular. Wound almost completely healed; rigidity of neck improving; sleeps better. Takes chloral, 20 grains occasionally at night for rest. From this date on, no antitoxin was

given. In all nineteen injections of  $8\frac{1}{2}$  c. cm. each of the serum were given and I noticed the marked improvement in the case after each injection. The serum evidently had a marked influence upon the disease, as I watched the case very closely.

From August 15th to 28th he rested in bed, gradually improving from day to day. Pulse and temperature normal, spasms absent and rigidity of all muscles becoming less and less, appetite returning and sleeps well. Has shown no effects of the terrible injury and disease. A slight loss of sensation exists on right side of head and face, but all the special senses are normal.

On August 29th he got out of bed, walked about the room a little and since then has gradually got about, until at present date he is up around and well—a fine demonstration of a recovery from that most fatal of all diseases, traumatic tetanus.

From my inquiries I do not think there are many cases on record of recovery, after extreme injury, with tetanus supervening. And I think this is the first case (although I am not positive) of the kind treated with the antitoxin in this province, with recovery. I have gone into details of the case, thinking that they might be pleasing to some to know them, should a similar case occur to them.

This case impressed me very much from many standpoints. It demonstrated the wonderful advance that has been made of late years in the treatment of disease by members of our noble profession. It also proved to me what can be done by careful attention to the small details in antiseptic surgery, even in the case of small wounds, and what great attention should be given to all the lines of treatment, especially rest, cleanliness, nourishment, and watchfulness on the part of the nurse. Some authorities have remarked that after using the antitoxin of tetanus in cases, they have concluded that its power is nil. Such was the report given me by a gentleman from one of the large hospitals in Boston, but I think that this case, even if it is only one, has proved to me what a great agent this antitoxin is in the treatment of such a fatal disease.

The day is very near at hand when the medical man, instead of writing long and distasteful recipes, will have his antitoxin with him, and the hypodermic syringe will replace the bottle and graduate.

## NEEDLE IN TOOTH LOCATED BY THE ELECTRIC CURRENT.

I had occasion not long since to see a peculiar case, the general points of which were as follows:—Young man 22 years old came to me with this history. Two years ago he was eating pop corn, when a small piece went into a hollow left carious tooth, the upper jaw paining him very much. He took a darning needle to probe for it, and in doing so a quarter of an inch of the eye end broke off in the tooth. It did not trouble him any more until two weeks ago, when he noticed a small swelling in left nasal cavity. He also felt pain in the tooth when pressed upon, which he thought was the needle working out. I probed the tooth for the needle but could not get at it and could feel nothing in cavity of nose except deviated septum. Did not care to extract tooth for fear of breaking needle and leaving piece in it, if it was there at all. I located the foreign body in the following manner, which suddenly suggested itself to me. I took two very fine cambric needles, shellacked them several times, scraped off one side of each end and attached them to the cords of a battery and electrometer. Then pushed them up into the cavity of the tooth and located the needle by using it as the switch to connect current. Extracted the tooth, and found needle which was very much smaller than before it entered. This was a rare kind of case.

CIRRHOSIS OF THE LIVER.—VAN HENKELOM writes that cirrhotic conditions in the liver are not dependent upon parenchymatous (cellular) degeneration and necrosis, but the latter occurs sometimes primarily, sometimes secondarily, in the course of the cirrhosis. Alcohol and phosphorus are not the great factors in the production of cirrhosis, for, considering the large amount of alcohol consumed, cirrhosis is rare. The cause must be sought in bacteria and their products, and in many substances which undergo decomposition and fermentation in the intestinal tract. Disturbances in the alimentary canal exert their greatest influence on the liver, while HANOT has demonstrated that cirrhosis of the liver can occur after gastro-intestinal disease. Alcoholic beverages disturb the digestion, and the complex changes thus induced in the metabolism in the intestinal canal perhaps give rise to the cirrhosis in those who are predisposed to this condition.—*Beitrag zur path. Anat. u. zur allg. Path.*—*Universal Medical Journal.*

THE  
MARITIME MEDICAL NEWS.

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Editorial.

BRITISH MEDICAL ASSOCIATION.

The fact of the B. M. A. holding its annual meeting this year on Canadian soil was of much significance to our confreres in this large colony. To state that this concourse of medical learning surpassed in interest any that have previously been held may seem an exaggeration to a few, but we feel that those who have had the opportunity of attending previous meetings of the association will acquiesce with the above statement. Not only were the discussions of a most practical nature and the multitude of papers most carefully prepared, but the social part of the programme, which is ever dear to many—even among physicians—was on a grand and elaborate scale. It even surpassed—in variety at least—the extensive round of mental enjoyment carried out at the meeting held in London two years ago, which it was our privilege to attend. Likewise the gathering was a satisfactory one on account of the large number present, and also from the personal distinction of those who took a prominent part. Somewhere in the vicinity of two hundred were from Great Britain including many men of world-wide reputation in the different branches of medicine and surgery. About three hundred of our American brethren were present as guests, the great majority representing the *crème* of the medical profession in the United States. Their appreciation of the courtesy and entertaining qualities of Montreal's brother medicos, is well expressed in a letter to the *New York Medical Journal* by Dr. ANDREW F. CURRIER, which reads thus :

“Those of our profession who had the privilege of attending the recent meeting of the British Medical Association at Montreal, could not have failed to be touched by the gracious and whole-souled manner in which they were entertained by their Canadian hosts. It rarely happens that courtesy and

hospitality to strangers are more delightfully manifested. The social enjoyments were limited only by the capacity of the guests to take advantage of them. That which is true of the social part of the meeting is equally true of the scientific part, the addresses in two of the three general meetings being by Americans (Dr. OSLER being at least resident in the United States), while in the meetings of the sections the part played by Americans, both in the reading of papers and in the discussions, was conspicuous. Of all the Americans who were there, I know of none who did not come away with a higher estimation than ever of the excellent qualities of our neighbors across the border."

Nearly all our brethren from "across the pond" took the opportunity of visiting Quebec, Toronto, Niagara and other points of interest, thoroughly enjoying the different excursions by rail and steamer to different parts of the Dominion. From the opinions expressed we can fearlessly state that all our visitors were more than agreeably surprised at the grandness of scenery and perfection of weather it was their privilege to enjoy, as well as considerably amazed at the progress of Canada and the vastness of her institutions. The most prominent figure at this assemblage was of course LORD LISTER, the man above all others to whom surgery owes so much. We may be permitted to quote from an article in the special LISTER number of the *Canadian Practitioner* :

"No man of the empire, no man of the world, has ever received a more cordial welcome from Canadians than LORD LISTER. The members of the medical profession of this Dominion are especially enthusiastic over his visit to Canada. We recognize the fact that we have amongst us the greatest surgeon of this century—the greatest surgeon of all time. We all admire him for the great work he has done for the human race; we all love him for his kindly manner; we all respect him as a hero among men. Who can forget his face—full of dignity, full of strength, full of sweetness? Some think that the surgeon, who has handled the scalpel for many years, must become hardened and cold-blooded. LISTER is a noble, living evidence of the fact that such is not the case, that there is nothing in the practice of medicine and surgery that has any such effect on a good and broad-minded man. The whole world is paying homage to LISTER for his greatness; and yet he, who has received the highest honors ever bestowed on any man of science, is one of the most modest and unpretentious men living."

A pleasing feature of the annual dinner was the address of congratulation to LORD LISTER by Dalhousie College and University, which was read by Dr. FARRELL. LORD LISTER in reply said that he had been absolutely astonished by the kindness shown to him by his Canadian and American friends during the meeting. He had long ago expressed

the belief that the principle of antiseptic surgery would continue to spread until it permeated and dominated the profession, but he had not anticipated such rapid progress as had actually taken place. He deeply regretted the absence at the meeting of his old house surgeon, Dr. JOHN STEWART, one of the signatories of that address, a man for whom he had a great respect and even reverence. He thanked the deputation for the address which had been presented to him.

From the extensive programme it hardly befits us to make mention of any of the discussions, for pages might be written and yet give but a faint outline of the storehouse of knowledge elucidated to the concourse of physicians who had gathered from far and near. We may be permitted, however, to refer to one of the most interesting discussions that we were enabled to listen to, viz., the treatment of syphilis. The section on pharmacology and therapeutics met with the section of dermatology to discuss this subject. We take this account mostly from the *Daily Journal*. The first speaker was Dr. WHITLA, of Belfast, who said that two drugs alone need be considered—mercury and the iodides. He regarded it as proved that mercury had a specific or curative effect on syphilis, and thought it best to limit his attention to the following points: (1) How mercury and the iodides were supposed to act; (2) when should mercurial treatment be started; especially, should it be given in the primary stage? (3) the various methods for its routine administration, its dosage, and the length of time necessary for mercurial treatment; (4) the treatment of tertiary symptoms and congenital syphilis.

Mercury he regarded as a vital antidote to the syphilitic poison, and so long as the virus of syphilis remained in the organism, mercury, he believed, would expend its force upon it without injury to the patient. The continuous and interrupted methods of administering mercury were fully treated, although it was stated that these could not be rigidly separated. The continuous method was favored by the speaker. He prescribed small doses as early as possible. Routine treatment was deprecated. As a guide determining the effect of the mercury, the weight-chart was strongly recommended. Under ordinary circumstances, small doses of mercurous iodides, Plummer's pill, etc., were sufficient. In the tertiary stage, the iodides were advised to be pushed until the symptoms abated.

Dr. NEVINS HYDE, of Chicago, who followed, laid particular stress on the constitution of the individual. He believed that there were

mild cases needing little or no treatment, and severe cases—mainly inherited—which seemed insusceptible to all treatment. Between these was the mass of cases giving the most satisfactory results. The best effects were obtained where iodides were not used; they were the remedies for the complications.

Mr. MALCOLM MORRIS, of London, divided syphilitics into those who took alcohol and those who did not. He had not seen good results from intra-muscular injections. The mercurial bath in certain conditions, as extensive ulcerations, was strongly to be recommended, and to this treatment inunction, warm baths—especially those of a stimulating character—were useful adjuncts. The combination of ammonia and sarsaparilla with iodides was beneficial.

Intra-muscular injections of soluble mercurial preparations were praised by Dr. ALLEN, of New York.

Dr. BULKLEY, of New York, thought large doses of iodides unnecessary in the third stage if these drugs were combined with a small amount of mercury.

The President, Dr. LEECH, of Manchester, in closing the discussion, referred to the inutility of other drugs than mercury and iodine, and he agreed with Dr. WHITLA in believing it often necessary to push iodides in the third stage of this disease.

Dr. WHITLA, in reply, said that the whole secret of success was to get as much mercury into the system as possible without producing ill-effects. He had not seen one case of harm resulting from the use of mercury in his own practice. He criticized Dr. ALLEN's theory of the virulence of secondary symptoms in cases of extra-genital chancre.

The first colonial meeting of the British Medical Association will be pleasantly remembered by the great number who were able to be present and see it come to such a successful termination.



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The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

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Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, in THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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## Matters Personal and Impersonal.

Dr. HALLIDAY, of Shubenacadie, has been seriously ill with rheumatic fever since his return from Montreal. His many friends will hope to see him soon able to attend to his professional duties.

The lunch given by the mayor of Montreal on the summit of Mount Royal, to a limited number of invited guests attending the British Medical Association was a grand social success. So far as known only one representative from the maritime provinces was honored with an invitation. However, we are glad to state that in the matter of capacity, to say nothing of medical attainments, he was able to do credit, not only to himself, but to his many confreres down by the sea.

The marriage of Dr. W. H. HATTIE of this city, to Miss Eva Merkle Grant, daughter of J. Fisher Grant of New Glasgow, was duly celebrated on the 22nd of September.

The September number of the *Canadian Journal of Medicine and Surgery*, which deals entirely with the recent meeting of the British Medical Association, is a credit to medical journalism in Canada. The illustrations are numerous and very creditable. Such buildings as McGill, Laval and Toronto Universities, Royal Victoria and Montreal General Hospitals and the General Hospital of Toronto are fine reproductions, as are also the excellent portraits of Lord LISTER, Dr. RODDICK and Dr. BARNES.

The special LISTER number of the *Canadian Practitioner* is both interesting and appropriate after the visit of such an illustrious guest. A sketch of the life of Lord LISTER, and papers applicable to his researches make up the most of this number. The address in surgery given by Dr. JOHN STEWART of this city, last year at the Canadian Medical Association, dealing chiefly with the cardinal points in the teaching of LISTER, is included.

## Matters Medical.

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**COST OF TYPHOID FEVER.**—Every year in the United States 400,000 people are sick with typhoid fever; 40,000 of them die. They are sick twenty-eight days on an average. Out of every 365 days then we have 11,200,000 days of sickness from this disease. Every case of this sickness means one month, generally two months, of idleness. If the wages earned by the patient are only 50 cents a day there is a loss of \$15 a month. Generally this sickness means a loss of wages in two months' time of \$60 or \$80. The average loss of wages for six weeks would be \$50. Add to this the doctor's bill, which is anywhere from \$30 to \$100, we will say \$60. If the patient lives in a city and has a trained nurse for only three weeks, there is another \$45; \$10 for the prepared foods, ice, milk, etc., brings this moderate bill up to \$165. Multiply this by the number of people sick, and we can see every year in the United States \$66,000,000 lost by the inroads of this one disease.—*Alkaloidal Clinic.*

**ALKALINITY OF THE BLOOD VERSUS INFECTION.**—*Centralbl. f. Bakt. u. Parasitenk.*, Feb. 28, 1895, records a number of experiments showing the influence of the alkalinity of the blood on diseases produced by micro organisms. Four series of experiments on animals are first reported, which show clearly that, by the administration of alkalis (sodium bicarbonate by the mouth or by subcutaneous injection), the power of resistance against infection with cultures of anthrax bacilli is greatly increased. The normal alkalinity of the blood was determined by the examination of seventy-six healthy rabbits, and four experiments are reported, showing the increase in the alkalinity of the blood which occurs after the administration of sodium bicarbonate. The author then records the results of a large number of observations on the alkalinity of the blood in rabbits after infection with the bacilli anthrax, cholera, typhoid fever, tuberculosis and erysipelas. These observations show that in the living organism, after infection with certain bacilli, there is first a [reactive?] increase of the alkalinity of the blood, and then a diminution of the same, more or less. If the infection is fatal, the diminution of the alkalinity is marked and progressive; if not fatal, the

diminution is slight, and is followed by an increase of the same, in consequence of which the alkalinity of the blood becomes permanently higher than before the infection. Those rabbits having the greater alkalinity of the blood, as well as those in which the alkalinity of the blood is increased to a greater extent after infection, or by injection, have greater power of resistance against certain infectious organisms (anthrax bacilli) than the rabbits in which the alkalinity of the blood is less.—*British Medical Journal*.

DURING an extensive medical examination, made some time ago, a large majority of those examined evinced a very high degree of excellence. But there were a few glaring exceptions to this general proficiency which are amusing if not instructive. One person made a classification, "infectious, cutaneous, and subcutaneous diseases." Another describes scabies as "A disease of the skin due to the presence of a small *germicide*." Still another said, "A person to be vaccinated has the epidermis or skin or epithelium scraped from his body." To the question, What is *trachoma*? was answered: 1st. "Swelling of the *trachea*, causing pressure." 2nd. "Trachoma is a parasite introduced into the human system through food, mainly flesh of hogs." 3rd. "Trachoma is a severe disease of the eyeball, which may terminate in blindness." To the question, "What is the *habitat*, of *tinea tonsurans*? was answered, "Habitat, small intestines, diagnosis is made by examination of the stools." 2d. "Tinea tonsurans—constipation, restlessness, picking of the lips, convulsions—worm may be passed." In *tinea circinata* another said, "They have itching of anus, scratching—anus red, and may be able to see the worm eternally." To the question, "What is the *habitat* of each variety of *pediculus*? the answer was, "Usually a person very lax in the care of his head and body." The following was the entire clinical history given to whooping-cough: "The patient has *diffused* eyes, often blue rings around, when spasms are strong the patient whoops, has asthmatic attacks." Here is an interesting specimen of natural philosophy in reply to a question about ventilation: "Fresh air is generally much cooler than foul air, and in consequence rushes through ventilators, windows, doors, etc. driving the warm air before it."—*Post Graduate*.

DANGERS OF ACETANALID.—Several cases of cyanosis have recently been reported in infants from the dusting of this over the umbilicus. If employed, it should be mixed largely with more harmless powder.—*Cincinnati Lancet-Clinic*.

THE STUDY OF CRIME AND DEGENERATION FROM A MEDICAL STAND-POINT.—The study of childhood offers much that is of practical as well as of scientific interest. The psychology of children occupies a middle ground between that of the lower animals and the adult man. It may not be pleasant to some to associate our babies with the lower animals: but it is, nevertheless, true that a close study of human embryology and the psychology of childhood teaches us that there are definite relations between the workings of the animal and infant mind. An infant at birth has its animal instincts highly developed, and in gesture, mimicry, and instinctive movements bears a close resemblance to the monkey. As the minds of children gradually develop, those qualities which are prominent in criminals and degenerates are the first to evolve. The idea of self enters more largely into all their acts than in normal adults. The emotions of the child are more easily aroused and less under the control of the will than in later life. Attempts to injure those around them are very common during fits of anger. Petty thieving of tempting morsels, of playthings and of similar articles, and the practice of lying are common, even among carefully trained children. Capital crimes are not unknown among children. Murder and assaults have been reported many times. Children have a very imperfect idea of ownership and responsibility. Deceit, vanity, pride, superstition and cruelty are common traits in early life. These qualities, so undesirable in adults, are usual in children, and an exaggeration of these very traits in criminals marks them as vicious members of the community.

Idiocy, feeble-mindedness and epilepsy are accompanied by mental impairment, and often lead to crime and acts of violence. These affections may be due to congenital defect, to injuries, or to disease. Emotional instability is common among criminals, and often develops while they are secluded in prison. They frequently have periodic explosions that resemble epilepsy and which, like that disease, are more frequent in hot weather. One observer states that four per cent. of the criminals under his care were subject to violent fits of passion; among women these attacks are more common during the menstrual period.

LOMBROSO has pointed out that those regions in Italy that produce the most epileptics also produce the largest number of criminals. The relation between insanity and crime is an important one, although too large a subject to be considered in a paper of this kind. Those crimes that lead most often to insanity are potent agents in the production of crime. For instance, syphilis, alcoholism and sexual excesses are responsible for much of our insanity and our crime.

JACOBI says: "The constitutional criminal is a tainted individual and has the same relation as the epileptic to convulsions. The essential reason of abnormal brain action is abnormal brain structure." Later he says: "There is no especial type of insanity or of criminality. There is but one thing fixed, that is, the relation of cause and effect, the correlation of physical causes, and mental and moral symptoms."

LOMBROSO, in his "Men of Genius," and NORDAU, in his "Degeneration," gives any number of examples of excessive nervous and mental action in men and women who have been prominent in their respective fields of activity. While it is true that NORDAU has exaggerated the condition, it is, nevertheless, a fact that the history of poetry, art, music and literature is filled with examples of men and women who bore distinct marks of degeneration. Many inherited insane tendencies, some succumbed by reason of disease, over-work or dissipation. According to one authority, insanity is forty times more frequent among criminals than among average men and women.

We can trace in all individuals a process of evolution in the building up of their natures. Animal instincts are highly developed at birth, next intellectual power is added, and finally moral and ethical conceptions help to round out a man's character.

That it is possible to have arrest of development during any stage is apparent, just as there may be arrest of development during the embryonic stage, leading to congenital anomalies. If the process of evolution is checked in early childhood, only the animal instincts exist, and idiots and imbeciles are the result. If the arrest takes place later, we have impaired mental power or feeble-mindedness. If the arrest of atrophy is postponed until manhood is reached, we may have intelligence, but no moral sense. There are in society to-day many moral imbeciles, whose intelligence disguises them from the world until they commit some heinous crime that reveals their true character to society.

Heredity exerts a marked influence in the production of criminals. Just as physical and mental peculiarities are transmitted from parent to offspring, so moral and criminal tendencies are, likewise, inherited by children of degenerate parents. Some would explain these apparent transmissions of criminal tendencies to environment, but after considering all points, there seems to be no doubt that criminal tendencies are actually transmitted. We do not mean by hereditary transmissions of criminal tendencies that parents must have been actual criminals in a legal sense, or that the children are; but that the inebriate, the epileptic,

the insane, the morally depraved beget children that are deficient morally and are prone to drift into criminal life, without regard to environment.

The Jukes family, as studied by DUGDALE, is an excellent illustration of the influence of heredity. From the head of the family, Max Jukes, a great drunkard, descended in seventy-five years, 200 thieves and murderers, 280 invalids, attacked by blindness, idiocy or consumption, 90 prostitutes and 300 children who died prematurely. Out of 709 descendants carefully studied, but few were honest. Of the men, not more than 20 were skilled workmen and 10 of these learned their trade in prison.

It has been observed that criminality, like idiocy, tends to run in the line of the eldest son. MORRIS gives instances where for four generations, marks of degeneracy were plainly evident, and with the fourth generation the race became extinct. He also points out the tendency to degeneracy in children of intemperate parents.

It would be interesting to study more in detail the influence of such diseases as syphilis, tuberculosis, alcoholism and meningitis in the production of abnormal conduct. That these and many other affections are important can hardly be doubted after studying carefully the histories of many criminals, who, either by inheritance or by acquired disease, have dyscrasias, which enfeeble them physically and render unstable their nervous systems. We must not infer from this study that criminals and degenerates can be arranged like pathological specimens in a museum, each labeled as a distinct morbid entity, with a proper diagnosis, and all dependent upon actual disease. We must remember that environment, education, association and climate bear an important relation to vicious conduct; and it is only by weighing these various factors in each individual case that a scientific diagnosis can be made.

The conception of crime on the part of many reminds one of those days of superstition and ignorance when those affected with insanity, epilepsy, chorea and similar diseases were considered to be bewitched by the devil, and therefore were cast into prison, hanged, and even burned at the stake. The history of witchcraft in our country is a blot upon old New England. To-day all is changed. We have asylums for the insane, colonies for the epileptics and homes for the feeble-minded, while the aim is to reclaim these unfortunates and to return them as useful members of society.

From our experience in the past in dealing with those mentally impaired, and from our present knowledge of the normal and diseased workings of the brain, can we not apply similar methods to the study and care of criminals and degenerates ?

This problem is of vast importance to society and the State ; and it behooves the medical profession to give the same study and thought to it as they would give to mental diseases in general. It is necessary that we keep in touch with this problem in order that we may give an intelligent opinion and wisely direct legislation along lines that are practical, scientific and just.—*Willis S. Anderson, M. D., Detroit, Mich., in The Physician and Surgeon.*

**HIP-JOINT DISEASE.**—In hip-joint disease there is usually a tubercular history in the family, and a pretubercular stage present. The disease begins insidiously, develops slowly and presents the symptoms of a low-grade of inflammation, subject to exacerbations resulting from increased irritation from undue use of the joint, or changes in the weather. Pain is almost never felt in the joint itself, but on the inner side of the knee, leg or ankle. A limp, not marked, not constant, but coming and going at first, but later becoming established, is significant of tubercular disease. Atrophy appears early and may be the only positive sign at the first examination. Err on the safe side and watch the case. Muscular spasm is also an early symptom. It may not be marked, may limit the motions in only one or two directions, but when present is a sure indication of hip-joint disease.—*Archives of Pediatrics.*

**SENILE TUBERCULOSIS.**—Tuberculosis is often carelessly regarded as a disease almost peculiar to youth and early adult life, but, as a matter of fact, tuberculous lesions of viscera, of joints, and even of the skin, are tolerably common even in advanced life. The symptoms are identical with those with which we are familiar in the young, but the prognosis, as might be expected, is vastly less favorable. While in a young subject placed under favorable conditions of environment, tuberculous disease, even involving a large joint, may be perfectly and permanently recovered from, it is quite otherwise when that lesion presents itself in an elderly person. As Mr. HOWARD MARSH pointed out in the paper which he recently read at the Medical Society of London, it is rare for recovery to take place in tuberculous disease of a large joint occurring in a person over fifty-five years of age. These lesions occurring in the joints in elderly persons are frequently mistaken for gouty or rheumatic mani-

festations until suppuration and disorganization pave the way to a correct diagnosis. This difficulty of early diagnosis may possibly account in some degree for the unfavorable course which these patients usually follow.—*Medical Press and Circular.*

“TUBE BOTTLE” PROHIBITED.—The City Council of Buffalo, at the instigation of Dr. WENDE, backed by the medical fraternity of that city, has passed an ordinance prohibiting the use and sale of nursing bottles fitted with a tube. That is a wise thing to do. France did it long ago, and the United States ought to follow her example. Dr. WENDE is the efficient Health Officer of Buffalo, who, by his sensible methods, has reduced the death rate of that city from 23.48 in 1891 to 13.95 in 1895. He expects to reduce it still more by means of this ordinance. The “tube” cannot be kept clean; it becomes a breeding tract for germs, which when taken into the baby’s stomach are well nigh certain to produce death. Let everybody give the “tube bottle” a kick—and the baby a fair chance for existence. Dr. WENDE stated, in arguing for the ordinance, that a large decrease in infant mortality had followed the issuance by him, some time ago, of a circular giving warning against the use of tube bottles.—*Medical Council.*

THE INFLUENCE OF TOBACCO-SMOKING UPON THE HEALTH.—Wishing to explain how far tobacco-smoking is spread among students and how it acts upon the respiratory and digestive organs, Dr. MENDELSON, in 1890, sent questions to all students of the Military Medical Academy and Technological Institute. Every smoker was to give five answers (age, how long he smokes, how many cigars or cigarettes daily, if he inhales the smoke, and if he often suffers from affections of respiratory or digestive apparatus), and non-smokers three, and those who gave up smoking nine. He received altogether 5,000 answers. Of 1,071 students, 556 were of the medical academy and 515 of the institute. There were a little more smokers, namely, 51.07 per cent. Among the students of the academy were more smokers than among those of the institute—of the first, 54.66 per cent., and of the latter, 47.18 per cent. The majority began to smoke in the sixteenth, seventeenth or eighteenth year. On the average, the smoking medical student smoked daily 19.64 cigarettes and the technological students 22.88. Estimating ten cigarettes to have cost  $1\frac{1}{2}$  d., the author figured out that the students of the Military Medical Academy spent yearly on tobacco £1,200—i. e., a sum quite sufficient for the competent support of forty poor students. The

smokers in both institutes show a greater percentage of mortality than non-smokers. Out of 100 smokers 16.09 per cent. fell ill from affections of the respiratory organs, and out of 100 non-smokers only 10.69; of digestive organs, out of 100 smokers, 11.88, and out of 100 non-smokers, 9.92; affected with both apparatus, respiratory and digestive, out of 100 smokers, were 8.77 per cent., and out of 100 non-smokers only 3.22; in general, 36.74 per cent. of the smokers and 23.83 per cent. of non-smokers were taken ill. One-third of the smokers began to smoke before the sixteenth year and two-thirds after sixteen. The first became ill oftener than the latter; of the first, 45.83 per cent. became ill and of the latter, 32.71 per cent. The health of the technologists is better than that of the medical students; this difference is particularly noticeable in the first semestre, where, of the first, 14.66 per cent., and of the latter 31.53 per cent., became ill. The smoking especially increased the sickness of medical students of higher courses and technologists of the chemical section. The reason that the technologists are, on the whole, healthier, is that they principally come from the country, and, besides, are not tired and fatigued by the "classical system of education."

Sixty-one students gave up smoking; of this number, 20 on account of lung affections; of the latter, 6 cases recovered completely, 10 showed improvement and 4 none whatever.—*Universal Medical Journal*.

SCHWEININGER, Bismarck's physician, declares the two greatest sources of illness are the corset in woman and the silk hat in man.

THE AMERICAN PÆDIATRIC SOCIETY is making a collective investigation of Infantile Scurvy as occurring in North America, and earnestly requests the cooperation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases. [Signed].

J. P. CROZER GRIFFITH, M. D., *Chairman*, 123 S. 18th St., Phila.

WILLIAM D. BOOKER, M. D., 853 Park Ave., Baltimore.

CHARLES G. JENNINGS, M. D., 457 Jefferson Ave., Detroit.

AUGUSTUS CAILLE, M. D., 753 Madison Ave., New York City.

J. LOVETT MORSE, M. D., 317 Marlboro St., Boston.—*Committee*.

TOXINS AND ANTI-TOXINS—A NEW THEORY.—CALMETTE and DELARDE (*Ann. de l'Institut Pasteur*, x, 12) have reinvestigated the natural and acquired antitoxic properties of blood serum from various animals, taking the reaction to doses of abrin as the most frequent criterion. They have arrived at the following conclusions: (1) The serum of animals naturally refractory to such toxins as they have investigated rarely possesses antitoxic properties with regard to those toxins. Thus, while fowls and tortoises resist very considerable doses of abrin, their serum is totally inactive with regard to abrin. Similarly, VAILLARD has proved that the fowl, although refractory to tetanus, gives a serum which is without action on tetano-toxin. Even when the serum of refractory animals is antitoxic, as in the case of the ichneumon and the hedgehog with respect to serpents' venom, the antitoxic power is always extremely feeble and by no means in proportion to the degree of immunity. There is thus no relation between the natural refractory condition of certain animals and the antitoxic power of their serums in respect of the toxins by which they are unaffected. (2) While warm-blooded refractory animals can produce antitoxins under the influence of repeated non-fatal injections of toxins, cold-blooded refractory animals produce none under the same conditions. (3) Cold-blooded refractory animals, such as the frog, can acquire immunity against fatal doses of toxin without their serum becoming antitoxic. (4) Antiabric and antivenomous serums can be used practically for the production of passive immunity in man and animals, and also for the diagnosis of the toxins which they oppose. The former has a very marked preventive action when applied to mucous surfaces, and hence may be turned to account in ophthalmology. (5) The active substance of antitoxic serums is not modified by certain chemical reagents, which destroy or profoundly alter the toxins. It does not alter toxins when mixed with them *in vitro*. It appears to exist in great abundance in the leucocytic protoplasm of vaccinated animals, the leucocytes retaining their antitoxic powers after being thrice washed free from serum. It does not dialyse through membranes; it acts as energetically on the leucocytes of fresh animals as do the antimicrobial serums. (6) Certain substances having no specific action on toxins, such as bouillon, normal ox serum, or the serums of certain animals vaccinated against various infections or intoxications can, when injected into fresh animals, act preventively as regards other infections or intoxications. Hence immunity, natural or acquired, cannot be due to the presence in the serum of a chemical substance having the power of destroying or

modifying the toxins. The true existence of a preventive substance in the serum of vaccinated animals remains yet to be proved; the author's experiments suggest that the preventive power may after all be a physical and not a chemical phenomenon. Thus they have shown that the antitoxic function is independent of immunity, since the latter can exist in the absence of the former; further, that both natural and acquired immunity result from a special property of the cells. These, according to the conditions of the surrounding mediums and their own composition, yield passively to the influence of the toxins as a bar of soft iron does to that of a magnet. When these conditions change under diverse external influences, such as the tolerance of certain poisons, the functional state of the cells is modified at the same time. This may be compared to the conversion of the soft iron into steel by tempering; the steel can preserve its magnetization and transmit it temporarily to other bars of soft iron or permanently to other bars of steel. The authors maintain that a similar physical explanation can be offered of the susceptibility or temporary permanent resistance of organisms to infections and intoxications.—*British Medical Journal*.

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### Books of the Month.

TUBERCULOSIS OF THE GENITO-URINARY ORGANS.—By N. Senn, M. D., Ph. D., L. L. D. Price, \$3.00, net. Published by W. B. Saunders, Philadelphia.

THE DISEASES OF WOMEN.—By J. Bland Sutton, F. R. C. S., and Arthur E. Giles, M. D., B. Sc., F. R. C. S. Price, \$2.50, net. Published by W. B. Saunders, Philadelphia.

THE TREATMENT OF ALCOHOLISM.—By J. M. French, M. D. Reprinted from *Medical and Surgical Reporter*.

THE SERUM DIAGNOSIS OF ENTERIC FEVER BY THE DRIED BLOOD METHOD.—By J. C. DaCosta, Jr., M. D. Reprinted from *New York Medical Journal*.

## Therapeutic Suggestions.

AN ANTIDOTE TO THE TWO GREAT SYMPTOMS.—The value of anti-kainnia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure him relief from pain and intermission of fever. We have, in short, in this drug, not a remedy for any disease, but a most useful antidote to the two great symptoms—pain and pyrexia.—*Medical Reprints*, London, Eng.

TURPENTINE IN MUMPS.—In usual doses, according to the age of the patient, turpentine is a specific against mumps. The patients quickly recover and without metastasis to other organs.—*Massachusetts Medical Journal*.

STERILITY.—Many a household is rendered unhappy by the absence of children. This is sometimes owing to the husband and sometimes to the wife, but in many cases it is almost impossible to determine the real cause of the trouble. Here Jones, of Edinburgh, counsels not to forget the sedative affinity of belladonna toward the female sexual organs, and gives an opinion that the drug is followed by more or less benefit in every disease to which these parts are liable; and in married women who, though apparently enjoying the best of health and never suffering from any irregularity of the sexual organs, are yet sterile, the exhibition of belladonna internally for some weeks is so frequently followed by pregnancy as to preclude considering the occurrence as a mere coincidence. Though advancing no theory in regard to the matter, Jones has noticed that during the exhibition of the drug the external genitals become more relaxed and the os and cervix more pliable and softened.—*Medical Times*.

SPEEDY AND EASY TREATMENT OF SPRAINS.—Dr. I. A. BRIDGES, of Gilford, Me., has this to say (*Atlantic. Med. Weekly*), May 15, 1897, regarding the treatment of sprains: "For the past two years I have ordered rest for the injured member, applications of electricity, once a day for five to seven days, and massage. In most instances, my patient can use the injured joint with freedom at the end of a week. I regard this mixed treatment as the best that has come to my notice; for it gets the patient well in a much shorter time and saves him days of suffering."

The patient presents himself, with a joint highly inflamed, extremely sensitive to the touch, and full of pain. At once use the faradic current of tension for a period of thirty minutes. At the end of that time the

temperature of the joint is lowered, the pain has disappeared and the joint can be freely handled. Immediately begin massage, commencing at the elbow, if the injured joint is the wrist, or the knee, if it is in the ankle, and continue for five minutes. This is to be repeated twice during the day, by some member of the family. "This is all that I do." This mixed treatment, so Dr. BRIDGES states, he has employed in many cases, and so far he has had no failure.—*Virginia Med. Semi-Monthly*.

**SUBCUTANEOUS INJECTIONS OF IODIN IN THE TREATMENT OF ALBUMINURIA.**—Dr. E. BOISSON (*Journal de Medecine de Paris*), remarks that some Italian and French physicians maintain that this treatment is beneficial. The following is MENELLA'S formula :

R—Iodin . . . . . 3 grains.

Potassium iodide . . . . . q. s.

Distilled water, enough to make 20 cubic centimeters.

M. Sig.—From 1 to 2 cubic centimeters to be injected in the course of a day.

MOUSNIER'S formula is as follows :

R—Iodin . . . . . 1 drachm.

Tannin . . . . . 15 grains.

Eucalyptol . . . . . 600 "

Sterilized oil, enough to make 100 cubic centimeters.

M.—This is twice the strength of MENELLA'S solution, consequently the amount to be injected is from a half to one cubic centimeter.—*New York Med. Jour.*

**HYPERTROPHIED PROSTATE.**—Early in the disease catheterization is valuable, but may be dangerous if not entirely aseptic, particularly when entrusted to the patient himself; here electrical treatment is often of great service. I use a gum elastic sound with the end cut off; it is traversed by copper terminating at one end in an olive-shaped bulb of the same metal; at the other, in a ring to which the negative rheophore can be attached. The sound is introduced into the urethra, so that the bulb is in contact with the prostatic urethra. The result of electrolysis is a marked diminution in the size of a gland, probably due to the awakening of the dormant activity of its smooth muscle fibres. This view is confirmed by the fact that in the old-standing cases in which sclerotic changes have taken place in the prostate electricity is unavailing. I consider that electrolysis should be restricted to the early stages of hypertrophy, in which it is most valuable as determining a change in the intimate stricture of the gland. Later on, when definite and permanent retention together with other changes has supervened, perineal drainage and suprapubic cystotomy are valuable.—VAUTRIN, in *Archives d' Electricite Medical*.

**MERCURY IN TUBERCULOSIS.**—FOURNIER and others have recently reported surprising cures of cutaneous and osseous tuberculosis with

mercurial anti-syphilitic treatment, and DUBOIS has been using mercury in tuberculosis for five years with results that have surpassed all his expectations. Patients thus treated have been restored to health with astonishing rapidity, and although he does not venture yet to call them cured, still their improvement has been such that they have resumed their usual occupations and scarcely remember their pulmonary affection. He uses a thousandth solution of the bichloride of mercury, injecting  $\frac{1}{2}$  c. c. every other day in the subspinal or subclavicular region. By the end of two weeks he injects 1 c. c. He described twenty cases in a recent communication to the Academie de Medicine, which received his report with enthusiasm.—*Bulletin*.

TELLURATE OF SODIUM IN THE TREATMENT OF NIGHTSWEATS.—For persistent effect it is necessary to administer the drug for three consecutive days. Pills are the best form, but alcoholic or aqueous solutions are readily made. Thus a prescription may be written :

R—Tellurate of sodium . . . . . 2 to 3 grains.  
90 per cent. alcohol . . . . . 2 ounces.

A small teaspoonful, night and morning, in a little sugar and water.

It is claimed that this treatment will prove successful in 16 out of 20 cases of tubercular nightsweats. Its persistent use gives an odor of garlic to the breath.—*Medicine*.

GRANULATED LIDS.—Paint the mucous membrane of the lids with a solution of pure iodine mixed with liquid vaseline (oleum petrolei) twice a day. In chronic cases use vaseline containing from a half to one per cent. of iodine. In about four days improvement begins, and in about twenty a cure is generally effected.—NEZNAMOFF.

SULPHATE OF SODA AS A HEMOSTATIC.—J. REVERDIN, of Geneva, states that he has often used with success sulphate of soda in small doses (one and one-half grain every hour) in grave capillary hæmorrhages, spontaneous or traumatic. The method is said to have been first employed by KUSSMAUL in hæmophilia. REVERDIN has made experiments to ascertain the mode of action of the remedy—given to animals (rabbits, guinea-pigs), mixed with their food, or by intravenous injection, it seemed to render more rapid the coagulation of the blood; used hypodermically it had not the same effect.—*Practitioner*.

CROTON OIL LOCALLY FOR TONSILLITIS.—Dr. CHARLES COBBS, of New Athens, O., writes that he has found one-half drop of croton oil,

applied daily to the affected tonsil with a probe, will permanently cure suppurative tonsillitis. He has proven it in his own case, and among others.—*Medical Brief.*

THE TREATMENT OF ECZEMA.—In *La Medicine Moderne* for Feby. 17, 1897, BESNIER writes a long paper upon this subject, in which he points out that it is indispensable in these cases to prescribe a particular diet and a regular method of life, if encouraging results are to be obtained in the treatment of severe cases. Care should also be taken that all internal and external causes for tracheal irritation are removed as far as possible, and the urine should always be carefully examined to see that there is no renal cause for the difficulty, as evidenced by albuminuria, phosphaturia, oxyuria, glycosuria, or polyuria, occurring in the course of such diathetic conditions as lithæmia, gout, and diabetes. In regard to the methods of life, BESNIER points out that the patient should be as much as possible in the open air, must eat regularly of easily digested foods, the proteid constituents of which should be present in comparatively small amounts, and that fresh vegetables are useful, such as the various salads, cresses, and similar substances. Should the eczema be present in the new-born, great care should be paid to the regularity of nursing and the clothes, particularly the diapers; and as healthy surroundings as possible should be provided.

Purgatives have been much abused by the physicians of earlier times in the treatment of eczema because they have been given in excessive quantities, but their moderate use, should constipation be present, is an absolute necessity. At first calomel may be given in small doses, or some of the neutral salines, or castor oil, or the preparations of senna. As diuretics it is well to employ some of the alkaline mineral waters, and to use to a great extent a milk diet. Belladonna is sometimes useful in cases of eczema in which there is a profuse sero-fibrinous exudate. Under these circumstances, two to ten drops of tincture of belladonna may be taken quite frequently, or in its stead small doses of atropine may be given. If there is a contraindication to these drugs, we may employ such remedies as tannin, agaracin, and phosphate of sodium. In persons who have a distinctly malarial history, quinine is to be employed, both for its specific and general tonic effects, and antipyrin, colchicum, and digitalis may also be used, particularly if there is a gouty tendency or feebleness of the circulation. In the eczema of the young, which is often dependent upon anæmia in lymphatic persons, the admin-

istration of iron is often exceedingly advisable; in other cases it is better to give cod-liver oil or the iodide of iron; or in some cases if there is a tendency to arterio-sclerosis, we may administer iodide of potassium with good results. If there is hereditary syphilis as an underlying cause of infantile eczema, the iodide of potassium in moderate doses may be useful.—*Therapeutic Gazette*.

MULLEIN OIL IN DEAFNESS AND ENURESIS.—Two school girls, who had been excluded from the public schools on account of deafness, were again admitted after about three weeks' use of mullein oil, two or three drops in each ear twice a day. I have found it helpful in many cases of deafness in older people. For enuresis also I have found it, so far, a specific. I place it at the head of the list for that condition, both for its certainty and pleasantness. A boy of sixteen had from childhood been troubled with enuresis, which nothing would cure until he received fifteen drops of mullein oil three times a day; this soon afforded permanent relief.—DR. LAWS, in *California Med. Jour.*

Mullein oil is an admirable remedy in ear ache so common among children. A few drops in the ear at bed time.—*Medical Brief*.

#### EXTERNAL HEMORRHOIDS.

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	Fluid ext. hydrastis,		
	Comp. tinct. benzoin,	- - - -	a a ʒss.
	Tinct. belladonna,	- - - -	ʒi.
	Carbolized olive-oil (5 per cent. carbolic acid)	q. s.	
	ad	- - - -	ʒiii.

M. Sig: Apply often to the parts.—ADLER in *Med. and Surg. Report*.  
—*Bulletin*.

We wish to draw the attention of our readers to the advertisement in this issue of the Abbey Effervescent Salt Co. The Abbey Salt is a pleasant effervescent aperient and is a valuable substitute for nauseating mineral waters. It has been highly endorsed by leading physicians of Great Britain and the continent of Europe.

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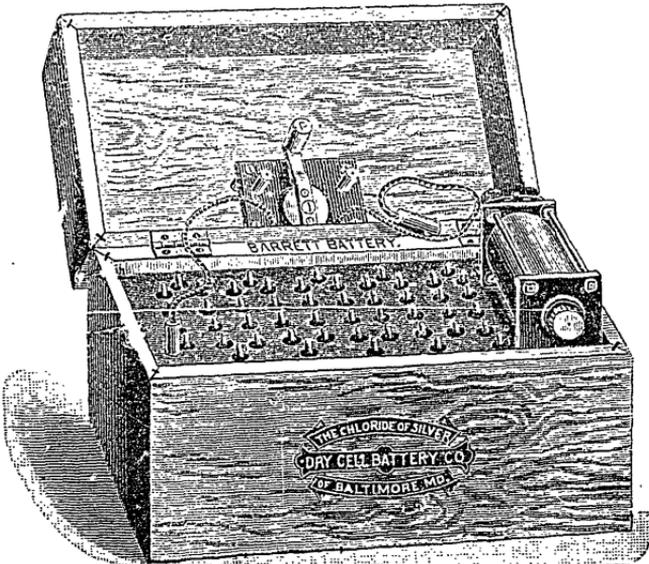
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Graduates of other accredited Medical Colleges are admitted as fourth-year students, but must pass examinations in normal and pathological histology and pathological anatomy.

The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements or graduation and other information, will be published in July, 1897. Address Austin Flint, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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