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Original Communications.

PROPHYLAXIS AND TREATMENT OF INFANTILE SUMMER DIARRHŒA.*

BY DR. MILLER, TORONTO.

The variety of diarrhœa to which I propose to call your attention occurs during the summer months, and almost exclusively among children under two years of age who are artificially fed.

Eustace Smith says: "In bottle fed infants this disease is especially common, and is answerable for a large part of the mortality which occurs in cities during the first twelve months of life. Severe inflammatory diarrhœa appears to be almost confined to large towns, and the mortality from this cause is greatest during the months of July, August and September.

It is now generally admitted that the exciting cause of this disease is the presence of micro-organisms, or ptomaines in the alimentary canal, or the irritating, or poisonous substances which are formed in the processes of fermentation, or putrefaction, which are induced by these. The reason assigned for the prevalence of this disease only during the summer months is that a temperature of 60° F., or higher, is requisite for the active multiplication of germs.

The age at which this disease occurs being the period of first dentition explains why teething has in the past been considered one of its causes, but it is evidently only a coincidence, and not in the relation of cause and effect, as teething is a purely physiological process, many children passing through the whole period of dentition without having diarrhœa. If teething could produce it, it would be as common during the winter as during

the summer, whereas, it never occurs during the winter.

It is a well-known fact that children artificially fed are more subject to this disease than those nursed at the breast. Meinert, of Dresden, found in 500 cases only 20 cases among breast-fed children. Hope, of Liverpool, in a record of 1,000 deaths from infantile summer diarrhœa, gave the number of breast-fed children as only 30, or three per cent.

For artificial feeding, cow's milk is mostly used, and it has generally been thought that the difference in chemical composition between it and mother's milk was the reason why it did not agree as well with children as the latter.

However, Escherich found that when cow's milk was fed to an infant ten weeks old in quantities of one quart per day, an examination of the fœces disclosed an almost perfect digestion of the casein. This experiment has been repeated by others who testify to its correctness.

Cow's milk rarely disagrees with children during the winter, although the chemical composition remains the same throughout the year. Not so however with the bacteria which are present in large quantities during the summer, but almost entirely absent during the winter, as evidenced by the fact that milk can be kept for a long time during the winter without undergoing any change.

Ordinary market milk, which is that used in infant feeding in cities and towns, is well known to be loaded with bacteria during the summer months. In fact, from the time that it leaves the udder it is contaminated with impurities at every step until it reaches the consumer. In the case of breast milk the child receives it directly from the breast, and when the mother is healthy, the milk is free from germs. Escherich proved this by drawing milk directly from the milk ducts into sterilized capillary tubes under proper antiseptic precautions, and sealing these tubes hermetically; he found that this milk could be kept for a number of days exposed to the temperature of the body without undergoing any change. Ordinary market milk, when placed in similar tubes and subjected to the same temperature, decomposed within a few hours. Professor Vaughan, of Ann Arbor, tried a similar experiment upon cow's milk. He found that it also was sterile as it came from the milk ducts. I think it is quite evident that if mother's

*Read before the Toronto Med. Society, Nov. 17th, 1888.

milk was subjected to the same unsanitary influences before its administration to the infant that cow's milk is, it would produce injurious effects just as often as cow's milk does.

As micro-organisms enter the alimentary canal of the child almost exclusively with the food, the most important feature of prophylaxis must consist in rendering the food pure or free from germs.

In the case of adults almost all articles of diet are rendered sterile by the process of cooking. In infants artificially fed no such precautions are taken. The milk is variously prepared by dilution, sweetening, warming, but not sufficiently heated to destroy the germs, and as ordinarily administered is loaded with these, and sometimes even partially decomposed.

The most appropriate food for infants under nine or ten months is undoubtedly the mother's milk, and I think the reason why it is the best is because it is free from germs, but unfortunately, for various reasons, we are often deprived of this, and compelled to resort to artificial feeding, and when this is necessary cow's milk properly sterilized is no doubt the best substitute. There are many processes recommended for its preparation. Jeffries, of Boston, in the May number of *Am. Jour. Med. Sciences*, gives the details of upwards of forty experiments tried by him to test the advantages to be obtained from steaming the milk. He concludes that steaming for fifteen minutes renders it practically sterile. I shall only mention the result of one of his experiments which will show how impure ordinary milk is, as well as what he claims the process of steaming will accomplish. From the milk just as he received it from the dairy he prepared two cultures each containing one drop of milk. On the seventh day he examined and found that one of them contained 1,644, and the other 1,391 colonies of bacteria. Some of the same milk received by him at the same time was put into flasks and steamed for fifteen minutes. The flasks were then corked and set aside for twenty-four hours, when four cultures were prepared from this steamed milk, each, as in the former instance, containing one drop of milk. Upon examination on the third day he found that no bacteria were present. Upon the eleventh day they contained respectively 0, 1, 3 and 10 colonies, all of the same variety of bacteria. He says this process of steaming can be carried out in any

ordinary steamer with a perforated bottom and tight-fitting cover, the bottles containing the milk being placed inside and the steamer placed over a pot of boiling water. After the steaming is completed the bottles of milk should be placed on ice until required for use.

He says "The secret of the success of this method lies in the well-known fact that the vegetative forms of bacteria succumb to a moist temperature of 212° F."

Other authorities, however, among whom may be mentioned Schroeder and Pasteur, claim that steaming is insufficient, and that boiling at a temperature of 266° F. for thirty minutes is required to render milk sterile.

The process of Soxhett, for which he has devised a special apparatus, consists in placing the milk in bottles, being filled to within an inch of the top, then placed in a tray and set into a vessel containing cold water, this is placed over the fire, and when boiling has continued for ten minutes the bottles are to be tightly corked, after ten minutes further boiling the bottles are removed and placed upon ice till required.

The same indications can, however, be fulfilled without any special apparatus by taking an ordinary self-sealer and putting the milk into it, placing it into water and heating, after the milk has begun to boil the cover can be placed on the sealer and the boiling continued for ten or twenty minutes, the sealer is then removed and placed upon ice till required. I have found this process very satisfactory. I am also in the habit of having the milk peptonized, before using, with Fairchild Bros. & Foster's extractum pancreatis.

Rubber tubing should never be used on feeding bottles owing to the impossibility of cleaning it properly. Nipples to fit directly to the bottles answer fully as well and can be kept clean.

The infant should also receive its meals at regular intervals, about every two to four hours during the day, according to age, and once or twice during the night. The amount at each meal to be from two to four ounces. When an attack of indigestion or colic occurs a dose of castor oil and withdrawal of all foods for a few hours will generally be all that is required. The nursery should be properly ventilated and the child kept thoroughly clean.

With regard to the treatment of infantile sum-

mer diarrhœa, the usual classification of these cases is into simple diarrhœa, inflammatory diarrhœa and cholera infantum. The first two are very much alike, the difference being of one degree; in both, the disease is largely due to the local irritating properties of the bacteria. The extreme depression which is sometimes seen in these cases, often out of all proportion to what might be expected from the vomiting and purging present, and which may continue after these have ceased, and even cause death, are probably due to the absorption of some of the poisonous products of fermentation or putrefaction of the food substances present in the intestinal canal. In cholera infantum the cause is, no doubt, the absorption of poisonous ptomaines affecting principally the nervous system, probably the sympathetic.

Professor Vaughan has traced some of these cases to the poisonous action of tyrotoxinon or ptomaine discovered by him; he has been able to isolate it and finds that the symptoms which it produces when administered to some of the lower animals are identical with those of cholera infantum. It is found in connection with the butyric fermentation. I believe milk is the only culture in which it will grow. He considers it necessary to abolish milk entirely from the dietary in these cases.

The treatment of infantile summer diarrhœa is generally begun with a grain of calomel or gray powder, followed by a dose of castor oil to remove all irritating substances that may be present in the alimentary canal. When the stomach is very irritable a small mustard blister may be applied to the epigastrium for a few minutes. Ice in small pieces held in the child's mouth assuages the thirst. A linseed meal poultice to the abdomen has a soothing effect and protects from sudden changes of temperature. For the first twenty-four or thirty-six hours the diet should be restricted to barley water in small quantities, repeated as indicated. Some form of opium is generally required, Morphine being probably the best. Eustace Smith recommends that it be administered hypodermically.

The internal administration of antiseptics has many advocates; indeed, before bacteria were looked upon as the cause of this disease, the treatment had taken a distinctly germicidal tendency.

The preparations of mercury, calomel, bichloride

and gray powder are recommended for their antiseptic properties, in small doses, frequently repeated. Salicylate of sodium, naphthallin, creasote, carbolic acid and many others have been recommended, but the difficulty with all these is that the dose must be so small to avoid irritant or poisonous effects, that what is taken is so acted upon by the digestive fluids and other substances present, that they become so diluted as to be almost useless, or are entirely broken up into new compounds. Salol is said to decompose into carbolic and salicylic acids after reaching the small intestines; if this is the case, it should be particularly adapted to these cases. I believe the expectations which were entertained of it have not been realized, as it has been found to be very uncertain in its effects, sometimes producing wonderfully good results, at others producing no effect whatever.

Another remedy which possesses antiseptic properties, and owing to its insolubility acts as a protection to the inflamed mucous membranes, is bismuth in the form of the sub-nitrate or sub-carbonate. It is certainly a very useful remedy in these cases, and can be given in considerable doses to quite young infants.

Epstein recommends washing out the stomach by irrigation when the presence of irritating substances is indicated by nausea and vomiting.

Baruch recommends irrigation of the rectum and colon, with sterilized warm water, by means of a fountain syringe and long rubber tube with catheter attached, the infant being placed upon its abdomen, across the mother's knee, and the catheter being cautiously introduced till it reaches the flexure of the colon, he believes that the entire colon may be washed out by this means, thus removing bacteria and all irritating substances present. This should be a useful procedure, as by mortem examination in these cases it is found that the seat of greatest inflammatory action is the lower part of the ileum and the entire colon and upper part of rectum.

When the temperature in the rectum reaches 102° or 103°, cold sponging or even cold baths are recommended. In extreme prostration Eustace Smith recommends warm mustard baths.

With regard to the diet nothing but barley water should be given for the first twenty-four or thirty-six hours, then peptonized meat broths

may be administered, and later, sterilized, partially digested milk may be used. Stimulants are generally required, the best form of stimulant being whiskey, and it might be given as soon as signs of exhaustion show themselves, and in sufficient quantities to relieve these.

THE AMERICAN HIP-SPLINT.*

BY DR A. B. JUDSON, NEW YORK.

In the present Congress, the first held in America, it will not be thought inappropriate to devote a short paper, chiefly historical in its character, to the American splint for the treatment of hip disease.

This apparatus was first described by Dr. Henry G. Davis and Dr. Lewis A. Sayre, in the April number of the *American Medical Monthly*, published in 1860. These two surgeons wrote independently, but by a curious coincidence they both described a new splint which was recognized as an important invention, not only in this country, but especially in England and France, where it was known as the American splint. Under this name it has been described and discussed by Edwards Barwell, Holmes, Marsh, Adams, and many other eminent European surgeons.

It will be interesting to inquire whether the name American has been rightly given to this apparatus? As first described, in 1860, it has two important features. (1) A perineal strap or ischiatic crutch-head, for the purpose of keeping the weight of the body from resting on the affected limb, the patient being thus enabled to engage actively in ordinary pursuits while wearing the splint and (2) adhesive plaster applied with the view of making traction on the limb.

In regard to these two features, ischiatic support and traction by the use of adhesive plaster, the first was not an American invention, nor was it a novelty. Support of this kind has been used for a long time in the construction of artificial limbs, and even in the treatment of hip disease the possibility of so supporting the body had occurred to M. Ferdinand Martin, a wood-cut of whose splint is found in Bonnet's "Treatise on the Diseases of the Joints," published in 1853.

But when we come to consider the other remark-

able feature of this splint, we recognize a real advance in mechanical surgery, and one which may rightly be called American. The use of adhesive plaster for prehension of the limb, in the treatment of fracture of the long bones, was an American invention, and the transfer of this device from the treatment of fractures to that of hip disease was first effected in the new splint. For many years it had been a common practice in the treatment of hip disease to make traction with the long splint for fracture of the femur, prehension of the limb being made by a gaiter, or fillet or handkerchief

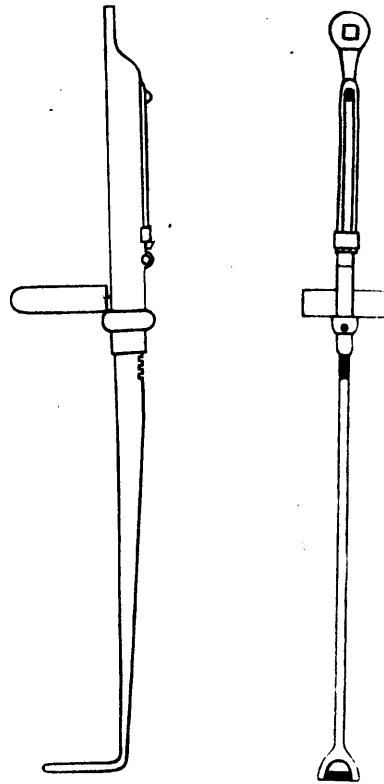


Fig. 1.—Front view.

Fig. 2.—Side view.

placed around the ankle. These instruments of torture were supplanted in the new hip splint by the absolutely comfortable and convenient adhesive plasters. Thus we see that the new splint was a combination of an old device, ischiatic support, with an American invention, traction by adhesive plaster, and as the happy combination was made in America, it is not strange that the courteous attitude of European surgeons toward the surgery of a comparatively new country, led them to call the new method the American method, and the new splint the American splint.

*Read before the Ninth International Medical Congress, Washington.

Following the history of the hip splint in this country for the past twenty-seven years, one is amazed at the great number of the so-called improvements that have been made upon it. The most important has been a perfecting of that part of the apparatus which provides for ischiatic support of the body in standing and walking. The first splint did not extend to the ground, but depended on the integrity of the plaster adhesion for keeping the weight of the body from resting on the inflamed joint. Dr. Edmund Andrews, of

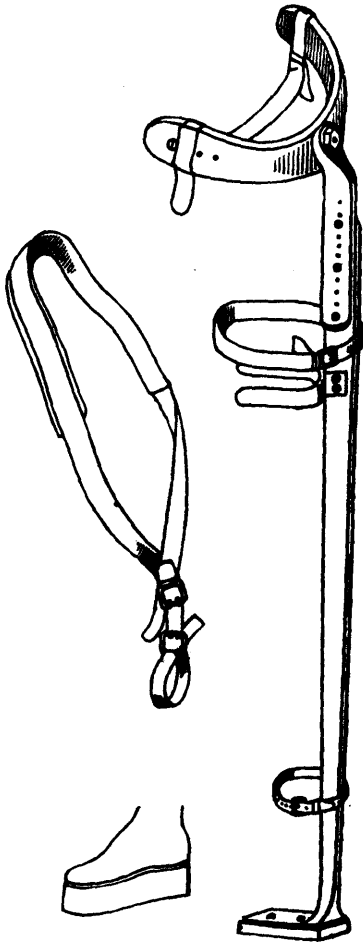


FIG. 3.

Chicago, and Dr. C. Fayette Taylor, of New York, proposed and perfected an extension of the splint to the ground, and thus left but little to be desired as an ischiatic crutch. Aside from this great improvement no essential changes have been made. Experience and increasing light have shown that certain things which it was thought that the splint

accomplished are mechanically beyond its reach, and that some things supposed to be desirable and even necessary to proper mechanical treatment are of no importance whatever. The two things which the splint does to-day, and which it has done ever since the improvement above mentioned, the two functions of the splint, so to speak, are (1) to make the effected limb a pendent member, resembling in this respect the arm, when the patient is erect, which it does as an ischiatic crutch, and (2) to apply traction to the distal member of the joint, which it does by its rack and pinion and adhesive plaster. Traction protects the joint from the traumatism of motion, muscular or otherwise, and the ischiatic support protects it from the traumatism of standing and walking, while the patient runs about and follows the ordinary pursuits of life for the months and years necessary to bring about a recovery with restoration of ability and symmetry, so far as may be.

I will close by briefly referring to two points of practical utility. The first is in regard to an early diagnosis, which is especially of great importance, inasmuch as there is reason to believe that if treatment can be begun sufficiently early the focus of osteitis in the cancellous tissue may be resolved before the other structures of the joint are involved. Reason for this belief is found in the fact that disease of the joints is comparatively rare in the upper extremity, where a focus, being in a pendent member, may undergo resolution, protected, as it is by the nature of the case, from the traumatism which assail the lower extremity in standing and walking.

Now, if the lower extremity can be made pendent, as can easily be done by the use of the hip splint, in the very incipiency of articular osteitis of the hip, before the articular contours are changed and before the circumarticular muscles are seriously involved, we may look for resolution of the osteitic focus and recovery without lameness or impairment of motion.

To assist in making an early diagnosis in a doubtful case a careful study should be made of those limitations in the motions of the joints which become apparent only when the extremes of normal motion are approached. This may be done in various ways. I have found two methods easy in practice and certain in their revelations. The first method applies to rotation, which is a

direction in which limitation of motion first takes place. Let the patient lie supine with the feet slightly apart. With the hand placed lightly on the knee of the unsuspected limb a rocking or oscillating motion is given to the whole limb, outward and inward rotation following each other, while the toe sweeps through an arc of nearly 180°, the inner border of the foot striking the table, and the outer border nearly reaching that level. This occurs in the well limb. A similar manipulation of the suspected limb may reveal a slight limitation of rotation, the result of hip disease. The other simple procedure relates to flexion. Let the patient, still on the table, sit up and kiss the knee. By flexing the neck and back and drawing the limb up with the hands this can easily be done with the unaffected limb, while the attempt to do it with the suspected limb may reveal a slight limitation of flexion indicative of hip disease.

Another diagnostic sign, too little thought of perhaps, but of importance in the very early stage, has recently been referred to by Dr. A. J. Steel, of St. Louis, Missouri, as "a brawny thickening about the joint in front of the capsule or behind the trochanter." There will in some cases be found a condensation of the soft tissues, due apparently to the vicinity of osteitis, not visible, perhaps, but recognized by palpation or pinching with the thumb and finger, and then often not detected, excepting by comparing the two sides. It will be found that a smaller pinch of the skin and underlying tissue can be made on the well than on the effected side. These tests are to be used, of course, in connection with other diagnostic helps and with due regard to other conditions which have the power to produce similar phenomena. Properly used they may betray the presence of hip disease in a patient as yet entirely free from pain and lameness.

The other practical point which I would emphasize relates to the position of the limb. Adduction is most to be dreaded. It causes tilting of the pelvis and apparent shortening, which, although technically *apparent*, produces more disability and deformity than the shortening which is called real. It is due, as a general thing, to the fact that the patient uses the well limb more than the affected one in walking, putting the former forward in less time than the latter, and uncon-

sciously keeping the affected limb off the ground more than half of the time, and drawing up and adducting it in order to make it less of an impediment. To remedy and prevent this, the patient, during and after treatment, should be drilled in rhythmical walking, which compels the affected limb (protected by the splint during treatment) to do its full share of the work of locomotion, and leads the patient unconsciously to thrust the affected limb down and to abduct it so that it may be in the best position to receive the weight of the body, and do its half of the work of progression. It is gratifying to witness a recovery in which real shortening is more than counterbalanced by apparent lengthening. Although this may be the case when the patient is discharged, the abduction, which is so favorable a feature, is likely to disappear and give place to adduction, with its disability and deformity, if the gait is allowed to become habitually irregular.

Figures 1, 2 and 3 will give an idea of modifications made in the hip splint by the writer.

In closing, I would deprecate a tendency to complicate the mechanics of the hip splint. If its true functions, which are few in number and simple, and the limitations of its usefulness, are duly recognized, it will be found a most useful and convenient appliance.

CASE OF PUERPERAL ECLAMPSIA TREATED WITH PILOCARPIN AFTER OTHER REMEDIES HAD FAILED.

BY DR. K. IRVING, KIRKTON, ONT.*

Mrs. C., primipara, the patient whose treatment is about to be described, is a blonde, 21 years of age, of active nervous temperament, of rather slender build, not the typical eclamptic woman of authors. Previous to her marriage I treated her on one or two occasions for anæmia and headache. Since her marriage I had not seen her till called to attend her in confinement, but understood from her friends she enjoyed good health up to that date. This occurred on the morning of the 15th of Nov. last. When I arrived I hurriedly washed and warmed my hands, for the cries of an infant told me the child was born. On reaching the room I found the young parent in a most happy frame of mind (congratulating her mother on being grand-

*Read before the Ont. Medical Association, June, 1888.

mother), and on seeing me she laughingly chided me for not arriving sooner, asking me at the same time if I did not consider her very smart; I answered in the affirmative, and told her to keep perfectly quiet as she seemed rather excitable.

The nurse remarked that the after-birth was still there though the child had been born an hour, and pains were severe. After warming my hands in hot water I told the patient we were going to see if the after-birth was ready to come away. Examination proved the uterus to be firmly contracted and placenta in the vagina. While removing it patient said, "Doctor, I am going to faint," and at once went into a convulsion. I immediately injected, hypodermically, $\frac{1}{4}$ a grain of morphia. The convulsion did not last long and consciousness was soon restored; then I gave her 40 grs. pot. bromid., by mouth. In twenty minutes the second convulsion came on, when I again repeated a $\frac{1}{2}$ gr. of morphia, hypodermically, and sent for assistance. When consciousness returned, gave 35 grains more pot. bromide. She now complained of pain in the head. In one hour and fifteen minutes she took the third convulsion, which was longer in duration than the others. The 4th came on in forty-five minutes after the third.

Dr. Rollins, of Exeter, now came to my assistance, and we gave her an enema of 80 grs. chloral and 30 of pot. bromide, and another hypodermic of $\frac{1}{4}$ gr. of morph. Consciousness did not return after the fourth. We drew off the urine from bladder; examined it and found it laden with albumen, although there was very little swelling of legs or ankles. The fifth convulsion followed at 9.30 a.m., about thirty minutes after the fourth. The face was now livid and swollen, the eyes turned upwards, one inwards and the other outwards, the pupils somewhat dilated, the pulse very rapid. The eighth convulsion came on at 12 o'clock. We gave her 4 drops croton oil, although the bowels had been freely moved through the night. The convulsions continued unabated, and at 2 p.m. we gave $\frac{1}{2}$ gr. morphia, and then resolved to bleed her. She was anæmic, but we thought bleeding might relieve the venous congestion, and in this way bring relief. With difficulty we drew from both arms from sixteen to twenty ounces of blood without effect, except that the pulse was made somewhat more compressible. The convulsions still continued.

The breathing was, if possible, more stertorous and labored, the face and body were perfectly dusky. Coma very marked. We concluded our patient would, in all probability, die. I had spoken about pilocarpin as a remedy in those cases; had gone over the success achieved in such cases by Dr. McKeough as related by himself at the Chatham meeting of the Dominion Medical Association, and on the strength of which I had secured and carried about with me a bottle of Wyeth's tablets, so as to be ready should occasion require. All other remedies had failed and we now concluded to try the effect of pilocarpin. I hurried home for it; for now when wanted I found I had left it, as the Dutchman did his anchor, at home. When I returned about 5 p.m. I was greeted by one of the attendants in tears, telling me she was dying. Dr. R. had said she was. We gave a hypodermic of one-third of a grain, this just as a convulsion was commencing. In about eight minutes the skin began to get warmer, and the color began to change. The skin became moist, a condition which soon gave place to a most copious flow of perspiration. The salivary and bronchial discharge was something which astonished me. Napkin after napkin became saturated, and with a piece of cloth on the finger, or on a stick, we helped to remove the flow. It poured out of the nostrils as well as the mouth. It seemed sometimes, it is true, as though she would be smothered; but then would come an involuntary effort which, with assistance, would expel the discharge. She had two convulsions after the action of the drug began, the first much slighter than those preceding, and the last so slight that very little contortion of the face occurred, and it soon passed off. From the time the medicine began to act the pulse and temperature began to fall. The rapid change in the skin from a dark and dusky, to that of a healthy hue, was as remarkable as the bronchorrhœa. The perspiration and bronchorrhœa continued unabated for four or five hours then gradually disappeared. Then the breathing became gradually less stertorous. About five the following morning she roused to partial consciousness and was able to recognize me. She dropped off into a quiet slumber and about nine woke up perfectly conscious, complaining of a curious feeling in her head as well as pain, and of a very sore tongue. She had no recollection of what had transpired on the previous morning or day.

She recovered without any further puerperal trouble.

Here is a case in which I think we are justified in concluding that the morph., pot. bromid., chloral and bleeding did no good, and that when death seemed inevitable, pilocarpin was used with advantage. In this case, at any rate, I feel convinced it saved a life, acting first as a nerve sedative then relieving vascular tension and the convulsions, as well as secondly ridding the system, by the emunctories, of the uræmic poison. Dr. Barker protests against its use as a remedy in those cases, principally from its depressing effects, and because of the danger of smothering from the excessive bronchial flow during coma. Here was a case where coma was deep, yet she did not smother. If depression appears too marked have we not remedies at hand such as ether to control those depressing effects. Notwithstanding its condemnation by such high authority as Dr. Barker, I think it is a drug which, when used properly, should rank as one of the first in the treatment of puerperal convulsions.

Correspondence.

OUR NEW YORK LETTER.

From our own Correspondent.

NEW YORK, Nov. 22nd.

M. Tarnier has devised an apparatus called a "Hatching Cradle." It consists of wood, sixty-five centimetres long, by fifty high, and thirty-six wide, with sides twenty-five millimetres thick. Inside the box is a partition which divides the incubator into two chambers. This partition is horizontal, so there is an upper and a lower chamber.

Dr. A. M Thomas, of the State Emigrant Hospital, has had one of the incubators made. A tank that is suspended in the lower chamber holds about fifteen gallons of water. The object of not fitting the tank tightly in lower chamber, but having it suspended in the middle, is that it gives a free circulation of air in this chamber. Between the main, inner and outer walls is a space of four inches, filled with sawdust, closely packed. Two tin tubes, one inch in diameter, connect the tank with a small cylindrical reservoir outside of box, from the top of which the tank is filled. The upper tube is exactly even with the top of the tank, and

the lower one some six inches below it. Beneath the tin reservoir an alcohol lamp supplies the heat. The cold water goes to the bottom of the tank, and the warm rises in the reservoir and passes through the upper tube into the tank. The cold water passes through the lower tube again until all the water is of a uniform heat. The water can be drawn from the tank by means of a faucet at the bottom. A small door, packed with sawdust, opens into the chamber where the child lies. This chamber has a temperature of ninety-five degrees, Fahrenheit. In the top of the incubator is a plate of glass one foot square. Looking through this the child can be seen.

As far as I know this is the first incubator made in this country, and it has proved a great success. On September 7th, 1888, there was a baby born, which, as near as could be ascertained, was not much, if any, over twenty-eight weeks, and weighed two pounds and thirteen ounces. In thirty-six hours it had lost ten ounces, and at this time was placed in the "hatching cradle." It was first fed on mother's milk, given to it with a dropper, then it began to improve, and showed an inclination to nurse, and a small nipple was placed in its mouth and mother's milk was dropped into the nipple, and it has made steady improvement, and at this writing it weighs four pounds four ounces and a half. There is every reason to believe that the child will continue to improve, and will soon be taken out of the incubator and the mother will nurse the child. The mother's milk has been kept flowing by letting her nurse a strong baby. This incubator is not convenient for private cases. In the first place it is too expensive, but it is very convenient for maternity hospitals, and I can safely say it is the best made at present.

There is a good deal of discussion among medical men at present, about what determines the sex. Prof. Charpentier says, that beyond the established facts, there is comparatively little known. One of the facts is, that the absolute or relative age of the parents had a real influence in producing a certain sex in embryo. When a man was ten years older than his wife, while she was still in the active period of production, there would be more boys than girls born to them, and also the parent that had the most energy determined the sex of the child. Bidder drew his conclusions after making a thorough investigation of a

very large number of cases : 1. That every young primipara might be expected to have mostly boys. 2. That a primipara of middle age would have mostly girls. 3. That primiparæ after the middle period or life would have more boys. The multipara follow the same rule, but cease to have boys sooner. That the sex came from the male or female quality of the ovum. The male ova were most likely to be fecundated in youth. Afterwards, during the fullest activity of the woman's sexual life, the female eggs were most numerous and most likely to produce, and this became less and less probable, as time went on, when the male element or tendency again predominated.

Dr. Charpentier's good advice to physicians is, when asked what the sex is going to be, ask the mother what she wishes for and then predict that the opposite sex is the one to be looked for. In this way if it turns out as he has predicted, he gets great credit for his knowledge, and if the physician is wrong the mother is so overjoyed that she can easily forgive the physician.

In the obstetrical department of the State Emigrant Hospital, the women in the waiting ward are carefully watched, their urine examined three times a week, measured when there is any albumuria, and when she goes into the "pony room," she receives a thorough bath with bichloride of mercury $\text{I} \overline{\text{000}}$, and then a vaginal douche of $\text{I} \overline{\text{000}}$ of the same drug. After labor she gets another warm douche of bichloride $\text{3} \overline{\text{000}}$, then a binder is put on; then a T bandage holding in place a pad of antiseptic gauze and jute, this is changed every four hours for the first forty-eight hours and if the discharge show through then it is changed oftener and after forty-eight hours the dressing is changed every eight hours, and the woman is moved into the ward with other cases. Immediately after labor she is put in what is called the forty-eight hour room. In this way there has been but one death in five hundred cases of labor, and that was a case where the woman had phthisis. In my next I will give you something about our cases of erysipelas and the treatment.

"AJAX."

DR. JOSEPH DWYER, the originator of Intubation of the Larynx, has been appointed Professor of Diseases of Children in the New York Post Graduate Medical School and Hospital.

Selected Articles.

THE TREATMENT OF PILES BY INJECTION.

So-called quacks, both in this country and in others, have been in the habit of using various injections for the cure of piles, advertising their method as being one which cured without the use of the knife, an instrument the public is unduly afraid of. I was led to test this treatment from the accounts given me by several American surgeons, who have from time to time attended the practice at St. Mark's Hospital for fistula. They confirmed what I had already heard, that Kelsey, of New York, a well-known rectal specialist, treats a large number of hæmorrhoidal cases by the injection of carbolic acid, and this with brilliant results. There can be no doubt that if by this method the pain and confinement attendant upon an operation, whether by ligature, clamp and cautery, crushing, or excision, can be obviated, an immense boon is conferred upon the patient.

Now, amongst the out-patients at St. Mark's, and including two or three private patients, I have tried this method in thirty-eight cases, and I may say at once that I have been agreeably surprised by the results. It is now over two years since I commenced, and up to the present time I have only met with one relapse, whereas three cases have remained well for nearly two years, and fourteen others for periods varying between this and six months. In nine cases there are no symptoms remaining, such as hæmorrhage, pain, or prolapsus; but sufficient time has not elapsed for me to discharge them as cured. I have lost sight of two, and ten are still under treatment, but all of these are improving. Excluding, then, the two cases which did not attend again after the first injection, all have been either cured (for a time, at all events) or are in a fair way to attain this end, with the exception of the case I have mentioned as having relapsed; but, indeed, this patient never gave the treatment a fair trial. He was a clerk in the city, and had been troubled with prolapse and bleeding at stool for seven years. After the administration of an enema, four large and well-developed piles were to be seen; and so large were they that I urged him to have them tied, but for this the patient had no time. In fact, it was a question of the loss of his berth if he were obliged to lie up. Accordingly I injected about two minims and a half of a carbolic solution, 1 in 10, into each pile, and returned them. There was a little bleeding, but no pain. This was on May 5th, 1887. On July 1st he wrote: "I have felt no pain whatever, and until to-night I have seen no blood, and now it is very slight." I did not see him again, but on November 11th, six months after the injection, he

wrote to say he was quite well. It is but fair to say that he was taking a mixture of iron and magnesia, and using an ointment of the persulphate of iron. A few days ago he wrote to say that his piles troubled him somewhat and came down at stool. The only wonder to me is that he should have had so long a respite.

In one case only was any, or perhaps I should say much pain complained of. The subject was a young man who, on my passing the needle into the first pile, jumped off the couch as if he had been shot. It was lucky that he did not break off the needle off the syringe. As he had not sufficient control over himself, I did not tempt Providence a second time, but admitted him into the hospital, where he underwent the usual operation of ligature. Our house-surgeon told me that he was very nervous and sensitive, complaining of more pain than his fellow-patients.

The ages of my patients ranged between 21 and 68, and they were all men, from the fact, I presume, that during the time I have been trying this method I have been in charge of the male out-patients at St. Mark's. In only one case had I to repeat the injections four times. One or two injections, as a rule, sufficed.

As to the Method Employed.—Various fluids have been used, as carbolic acid, perchloride of iron, sulphate of iron, and ergot. I have confined myself to the first named, using this formula: carbolic acid, gr. xij; glycerine and water of each ℥j, or 1 in 10, though in severe cases I have increased the strength to 1 in 5. If the piles are not down, that is, visible on separating the buttocks, an enema should be given; then, when the patient has strained his piles down as much as possible, he is placed on a couch on his elbows and knees. A hypodermic syringe, with a needle of good lumen, having been filled with the solution, an injection is made into the centre of each pile in turn of from two to five minims, and this should be done slowly, in order to give time for the fluid to diffuse itself. The piles having been oiled, should then be at once returned, and the patient may be allowed to depart. I advise him not to have an action of the bowels for twenty-four hours, and caution him to return the piles at once should they perchance become prolapsed. A mixture of sulphate of iron, dilute sulphuric acid, sulphate of magnesia, and infusion of quassia, three times a day, is prescribed, with an ointment of the subsulphate of iron to be passed up the bowel before and after stool. As a rule, I do not see the patient again for a week, when the report is usually satisfactory, that is bleeding and prolapse have lessened or disappeared. A fortnight or more should be allowed to elapse between each injection; at least, I have not found the necessity of repeating it at a shorter interval.

Of course, it is only of internal hæmorrhoids we are speaking. It seems to me that every variety

of these may be treated by this method, though not so advantageously should the pile be much indurated, or have become semicircular. It is obvious that sloughing and prolapsed hæmorrhoids, which are irreducible, are beyond the reach of this remedy.

There are certain cautions which it is as well to bear in mind. In the first place, make a thorough examination of the rectum to see that no other disease co-exists; as for instance, polypus, fissure, fistula, and stricture, either carcinomatous or fibrous; the latter I have known more than once to have escaped recognition, whilst the piles alone were treated. Before operating, see that the bowel is empty, and that the piles are well protruded. If the patient is unable to force them out with the help of an enema, I hardly think it worth while attempting this method, for careful constitutional and local treatment is usually sufficient, though it is recommended that the hæmorrhoids be injected through a speculum. Take care that the needle be inserted into the centre of each pile, or it is said that sloughing of the mucous membrane may be caused. After the injection swelling of the pile rapidly occurs, and if it is left long outside the sphincter there may be a good deal of difficulty in returning it. A digital examination after a week or so will discover slightly indurated swellings, corresponding to the tumours which have been injected. No doubt inflammatory thickening, with some thrombosis, is produced, which in time undergoes shrinkage, until at last an examination fails to discover anything abnormal.

There is a point one cannot lay too much stress upon, and that is to impress upon the patient the necessity of returning the part at once whenever it comes down. From the neglect of this one of my patients suffered great and unnecessary pain for three days, during which time the piles, which had become extruded, remained outside the sphincter.

The advantages of this method must be apparent to all, for the patient is not laid up, suffers practically no pain, and runs no risk to life from hæmorrhage, tetanus, erysipelas, or pyæmia, though I may here mention that my friend Mr. Cripps tells me that in some twenty cases one of his injections was followed by abscess. The patient commences to get better at once after the first injection, and is able to attend to his usual occupation during the whole course of treatment. Contrast this with any of the recognized operations. Although many of them are excellent, they necessitate the administration of an anæsthetic—at least, it is the usual thing, though it is possible to operate painlessly under cocaine, witness a case I reported some two or three years ago. Then a week in bed, and a subsequent week or two on the sofa, is generally required; in fact, it is usually three weeks or a month before the patient is fit for

work again, although I am aware that some men have gone to work with the ligatures still *in situ*.

As to the strength of the solution, it will be seen that I have employed comparatively weak ones, for Kelsey recommends 15 to 20 per cent. solutions, and even the pure acid; but then he only injects one hæmorrhoid at a sitting, which takes place weekly. Ball, in his recent work on the rectum, says that Dr. Matthews, of Louisville, declares this method to be painful, insufficient, and liable to cause death by peritonitis, embolism, and pyæmia. All I can answer is that, in these thirty-eight cases, extending over the past two years, I have been fortunate enough to meet with none of these things. I admit that the number of cases I have brought forward is but limited, probably not sufficient to allow one to form a definite opinion; however, I trust that I may be as free from accident in subsequent cases as in those I have already had. My colleague, Mr. Allingham, in the fourth edition of his work, throws cold water on the method, for he says he has "tried the plan in a few cases, but the result was much pain, more inflammation than was desirable, a lengthy treatment, and the result doubtful—certainly not a radical cure."

Only once have I met with anything deserving the name of pain; as a rule the prick of the needle only is felt. Excess of inflammation I have not seen. As to radical cure, it seems to me that many years must yet elapse before we can judge of that. As I have pointed out, three of my cases operated on two years ago are, I have reason to believe, still well.

I would that I could close this paper here; but it is only right that it should be known that the chief advocate of this method, Kelsey himself, is no longer so enamoured of it as he once was, when he had had a series of 200 successful cases. It appears that he has published a pamphlet, which I am sorry I have not been able to see, in which, having had some unsuccessful cases, he now recommends the operation (if such it can be called) in certain selected cases only.—F. Swinford Edwards, F.R.C.S., in *Br. Med. Jour.*

MEDICAL NOTES.

Sometimes an *infant's tongue* can be exposed to view by simply pressing the cheeks gently with thumb and finger. If necessary, hold the nose for a moment and the tongue will come in sight.

Dr. J. C. Da Costa prefers *silk ligatures* to any other form in operations upon lacerated cervix, as strong and never causing serious effects. In one case the suture accidentally remained six weeks without any evil results.

When *iodine or iodides* are to be administered for a long time, certain precautions must be ob-

served to prevent iodism, as occasional intermission of the drug, the use of eliminants, as large draughts of water, or combined with such drugs as atropine. (Bartholow.)

During pregnancy *hypertrophy and dilatation of heart* are common, but transitory; the flow from kidneys become more profuse especially the watery portions, and sometimes in latter part of pregnancy a little albumin appears in urine; a little sugar need not cause alarm if there be no renal disturbance.

Prof. Da Costa prescribed for a case of *chronic gastritis* due to excessive use of alcohol, accompanied by morning vomiting, pain in epigastrium and flatulency:—

R. Zinci oxidi, gr. ij.
 Ext. belladonnæ, gr. ʒss.
 Ft. pil. j. M.
 Sig.—One three times a day.

In the first stage of *hip disease* pain and swelling are absent and the patient does not complain; the second stage is the result of an injury, which may be slight and even unnoticeable, but an injury has been received in some form or other; the third and last stage is the destruction of the parts. Do not attempt to move the hip-joint if it is stiff; if you do, you will do harm.

The prognosis of *fatty heart* is unfavorable for a cure, but if there is no strain upon the organ, it can be benefited by treatment. Diet does not materially injure, but should be good and nourishing. Stimulus is the best treatment, given with meals in small quantities. Digitalis does not do very much good, but strychnine is valuable; also small doses of nitro-glycerin.

Prof. Barthlow recommends the iodides as among the best remedies for beginning *cirrhosis*, often adding arsenic to the prescription, whereby the efficiency of the iodide is increased:—

R. Ammon. iodidi, ʒj.
 Liq. potas. arsenitis, f ʒss.
 Tinct. colombæ, f ʒss.
 Aquæ, f ʒ iss. M.

Sig.—One teaspoonful three times a day, before meals.

The *ligatures used* in Jefferson Hospital are prepared by taking ordinary catgut, immersed in alcohol containing one per cent. corrosive sublimate and five per cent. tartaric acid for one hour. From this solution, immediately place in oil of juniper berries, where it must remain at least ten days before ready for use. When wanted for use, wipe the gut with a towel wrung out of a solution of bichloride of mercury, 1-1000, and place it in a similar solution, to which has been added twenty per cent. of alcohol; the alcohol prevents untwisting and swelling.

To relieve the paroxysm of *asthma*, there is no remedy equal to the hypodermic injection of morphine. In many cases iodide of potassium in full doses, fifteen to twenty grains every two or three hours, will arrest the paroxysm. In cases which persist for some days, the combined action of bromide and iodide of potassium, with the addition of one or two drop doses of Fowler's solution, is commended. The inhalation of pyridine, iodide of ethyl and fumes of burning narcotics are used to the exclusion of all other remedies by some asthmatics. In the treatment of asthma, no point is of so great importance as the careful regulation of the diet, which should be light and easily digestible, and of little bulk as possible, avoiding starchy and saccharine substances. (Bartholow.)—*Coll. and Clin. Rec.*

INFECTION OF FŒTUS THROUGH PLACENTA.—The precise manner in which the fœtus is infected by a disease which has attacked the mother has often been disputed. Small-pox, tuberculosis, and syphilis may infect the fœtus. If these diseases depend on micro-organisms, these germs must pass through the placenta; if so, the placenta is not a filter which arrests all solid or noxious bodies, as an old theory supposes. If it be a filter, how is it that, as experience has proved, it does not always let the same micro-organism pass? This is the case with charbon in rabbits. And how is it that the placenta always gives transit, on the other hand, to certain specific micro-organisms, as in the case of chicken-cholera? These questions have been propounded in the *Archives de Tocologie* for August. They appear to be solved by certain experiments conducted by M. Malvoz, of Liège, recapitulated in that periodical. M. Malvoz contends that micro-organisms only clear the placental barrier and enter the fœtus when the placenta itself presents pathological changes in its chorionic villi, changes generally due to the micro-organisms themselves. Thus Malvoz injected into the blood of pregnant rabbits emulsions of Indian ink, an inert substance, and into others solutions containing non-pathogenic bacilli. In no case were any granules of the ink, or any bacilli found in the fœtus, and in all far less of the infected substances were detected in the placenta than in the liver of the mother. After similar infections with bacillus anthracis, the tissues of 32 fœtuses were subjected to cultivation, but, in 163 tubes of cultivating fluid, only four showed the charbon bacillus. Lastly, M. Malvoz inoculated pregnant rabbits with chicken-cholera. In every case the specific bacillus was found in the fœtal tissues. On examining the placenta in the latter case, they were invariably found to be diseased; in the charbon experiments the placenta were but rarely diseased; in the Indian ink and non-pathogenic bacilli cases the pla-

centa was never diseased. The placenta was diseased in all the few cases where the charbon bacillus infected the fœtus. The germs were found abundantly in hæmorrhagic areas disseminated over the placenta. Clinically, placental lesions are found in syphilis and small-pox, diseases often communicated to the fœtus. Thus it would appear that the placenta allows the transit to the fœtus of those micro-organisms only which have the property of first setting up morbid changes in its own substance.—*Br. Med. Jour.*

ANTIPYRINE IN LABOR.—During the first stage of labor the accoucheur is in a position to do but little toward relieving the maternal suffering, and this little consists in the administration of opium or of chloral. The former drug I have always been loath to administer to the parturient, for the reason that if pushed it may retard the labor, and further because it is of the highest importance the puerpera that the intestines should functionate normally in order that this main emunctory should not become locked, and poisoning from fœcal accumulation ensue. In chloral we possess a most valuable means of "taking the edge off the pains" and of regulating their rhythm, but the woman's suffering during the acme of the pains is still intense, and we often wish we had an adjuvant to the chloral which, whilst nullifying none of its effects, would render the contraction practically painless. In the hands of certain observers, electricity—the faradaic form chiefly—has rendered service in this direction, but, valuable as this agent has proved in my hands as an oxytocic, it has never appeared to me to possess any anæsthetic effect on the uterus. When cocaine was discovered, before long it was heralded as of value as a local anæsthetic during childbirth. In my hands, however (and other observers are in accord with me), it has proved of no value whatsoever during the first stage of labor, and questionably if at all during the second stage. The excellent results yielded me by antipyrine in dysmenorrhœa and other affections where it is a question of nerve pain have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been similarly used by others, but if such be the case I have seen no record of their experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen grain doses every three-quarters of an hour till three or four doses have

been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the mother nor the child has presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and third may at any time be made through resort to chloroform.—Dr. Grandin, in *N. Y. Med. Jour.*

THE GINGIVAL LINE IN THE DIAGNOSIS OF TUBERCULOUS PHTHISIS.—In the year 1850 A. Fredericq called attention for the first time to a red line which occurs on the gingival border in various diseases. This line is intensely red in cases of acute phthisis and more bluish in chronic cases of this disease. This line was observed by him in the earlier stages of phthisis, and was considered not only of semeiotic but of prognostic value; the more rapid the course of the disease the more intensely red the line, and any diminution in the intensity of this redness was considered as a favorable sign. A bronchitis without this line was considered by him never to be of tuberculous origin. In 1854 Thompson again called attention to this line in phthisical individuals, and found that it was especially characteristic around the incisors of both jaws. He furthermore found that it occurred in all stages of this disease, and was occasionally one of the earliest signs, occurring, however, less frequently in women. When the patient's condition was improved, Thompson observed that the line disappeared; the broader the line the more unfavorable the prognosis, which was also bad when light red spots occurred on the mucous membrane of the cheek. Saunders and Draper followed up the observations of Thompson and concluded that the red line frequently attended tuberculosis, but could not be considered as characteristic of the same. More recently Dr. George Sticker, studied the subject, and finds that the red line of Fredericq and Thompson is almost invariably present in phthisis, and may be considered one of the earliest symptoms of this disease. He furthermore found that the line was present in healthy women in the latter stages of pregnancy, and existed for a time after its termination. In other healthy individuals and in non-phthisical patients this red line is only exceptionally found, and if so, in the senile period of life. In young persons who are not phthisical it is never present.—*Münch. Med. Woch.*

PRACTICAL HINTS REGARDING CHILDREN.—Dr. A. Jacobi, in the *Arch. of Ped.* gives some practi-

cal points. Probably most of these have been formulated in the minds of the majority of physicians, but some things are such as bear constant repetition.

Always teach a nurse that a child can not swallow as long as the spoon is between the teeth; that it is advisable to depress the tongue a brief moment, and withdraw the spoon at once, and that now and then a momentary compression of the nose is a good adjuvant.

The taste of quinine is disguised by coffee, chocolate and "elixir simplex."

Powders must be thoroughly moistened; unless they be so, the powder adhering the fauces is apt to produce vomiting.

Inunctions require a clean surface, and are best made where the epidermis is thin, and the net of lymph-ducts very extensive, as on the inner aspect of the forearm and the thigh.

Babies, after having taking opiates for some time, demand larger, and sometimes quite large doses to yield a sufficient effect.

Febrifuges and cardiac tonics, such as quinine, antipyrine, digitalis, strophanthus, sparteine, convallaria, etc., are tolerated and demanded by infants and children in larger doses than the ages of the patients would appear to justify.

Mercurials affect the gums very much less in young than in advanced age.

The rectum of the young is straight, the sacrum but little concave, the sphincter ani feeble, and self-control is developed but gradually; for these reasons rectal injection is allowed to flow out or is vehemently expelled. Therefore one which is expected to be retained must not irritate. The blandest and mildest is a solution of six or seven parts of chloride of sodium in a thousand parts of water, which serves as a good vehicle for medicine unless incompatible with the latter. The injection must be made while the child is lying on its side (preferable the left side), not on the belly over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced almost to nothing.

In many cases of intense intestinal catarrh, large and hot (104° to 108° F.) enemata will relieve the irritability of the bowels and contribute to recovery. They must be repeated several times daily. When there are many stools and these complicated with tenesmus, an injection, tepid or hot, must or may be made after every defæcation, and will speedily relieve the tenesmus.—*Arch. of Gynecol.*

RULES FOR A HEALTHY MILK SUPPLY.—1. The milk of diseased cows should not be sent to market. Any condition that produces a fever in a milch cow should be regarded as rendering the milk bad. 2. The milk of cows fed upon distillery swill, or those fed entirely or largely upon fermenting brewers

grains, should not be sold for infants food. 3. Cows should not be allowed to drink stagnant pond or ditch water. 4. Milk from cows that are overheated or worried, at the time of milking, should not be sent to market. 5. If the udders are dirty, they should be washed clean before milking. 6. The milk should be cooled outside of the stable, and the cans should be covered during the process, to exclude air and dust. Milk should be kept at a temperature below 60° F., but ice should never be put into it. 7. Warm milk should never be received from the dealer, nor should the can be left out on the sidewalk in summer. 8. Milk should always be kept covered, and should never be kept in an ice-box with meats or vegetables possessing an odor. 9. Ice-boxes, stores, and wagons in which milk is kept, should be kept clean and sweet by occasional washing with chloride of lime followed by clean water, or soap and water. 10. When possible, only full cans should be received. A small full can is better than a large one partly filled, as the agitation and churning of the milk is less in a full can. Avoid the unnecessary handling of milk. The necessary agitation of shipping and delivering is an injury to it. 11. Milk that has been brought back from the morning rounds should not be mixed with other milk; it should be cooled at once, and sold as soon as possible. 12. If milk is kept over night, a small portion of it should be boiled to see if it would curdle, before it is sold. 13. Each and every dairy's milk should be tested daily. 14. It is best to make a contract with the one who delivers the milk to you to furnish that of a given test by the lactometer, say 105 to 110, and giving at least ten per cent. of cream. 15. Milk which contains dirt settling to the bottom of the can, blood, offensive odors or taste, should not be sold to customers. 16. *Cleanliness in the handling of milk is absolutely essential to its wholesomeness.*—Dr. Bartley in *Brooklyn Med. Jour.*

CONNECTION OF DISEASE WITH INTEMPERANCE.—

The Committee on Collective Investigation of the British American Association summarize the results of their researches on this subject as follows:

On the whole, then, in addition to the information that we obtain from these returns as to the alcoholic habits of the inhabitants of this country, and as to the relative alcoholic habits of different occupations and classes, we may not unfairly claim to have placed upon a basis of fact the following conclusions:

1. The habitual indulgence in alcoholic liquors beyond the most moderate amounts has a direct tendency to shorten life, the average shortening being roughly proportionated to the degree of indulgence. 2. That a man who has passed the age of twenty-five, the strictly temperate, on the

average, live at least ten years longer than those who become decidedly intemperate. 3. That the production of cirrhosis and gout from alcoholic excess plays the very marked part which it has long been recognized as doing, and that there is no other disease anything like so traceable to the effects of alcoholic liquors. 4. That in cirrhosis and gout apart, the effect of alcoholic liquors is rather to predispose the body toward the attacks of disease generally than to induce any special pathological lesion. 5. That in the etiology of chronic renal disease, alcoholic excess, or the gout which it induces, probably plays a special part. 6. That there is no ground for the belief that alcoholic excess leads in any special manner to the development of malignant disease, and some reason to think that it may delay its production. 7. That in the young, alcoholic liquors seem rather to check than to induce the formation of tubercle; while in the old there is some reason to think that the effects are reversed. 8. That the tendency to apoplexy is not in any special manner induced by alcohol. 9. That the tendency to bronchitis, unless perhaps in the young, is not affected in any special manner of alcoholic excess. 10. That the mortality from pneumonia, and probably that from typhoid fever also, is not especially affected by alcoholic habits. 11. That prostatic enlargement and the tendency to cystitis are not especially induced by alcoholic excess. 12. That total abstinence and habitual temperance augment considerably the chance of a death from old age or natural decay without special pathological lesion.—*Brit. Med. Jour.*

UNKNOWN SENSATIONS.—Sound is the sensation produced on us when the vibrations of the air strike on the drum of our ear. When they are few, the sound is deep; as they increase in number, it becomes shriller and shriller; but when they reach forty thousand in a second they cease to be audible. Light is the effect produced on us when waves of light strike on the eye. When four hundred millions of millions of vibrations of ether strike the retina in a second, they produce red, and as the number increases the color passes into orange, then yellow, green, blue, and violet. But between forty thousand vibrations in a second and four hundred millions of millions we have no organ of sense capable of receiving the impressions. Yet between these limits any number of sensation may exist. We have five senses, and sometimes fancy that no others are possible. But it is obvious that we cannot measure the infinite by our own narrow limitations.

Moreover, looking at the question from the other side, we find in animals complex organs of sense, richly supplied with nerves, but the function of which we are as yet powerless to explain. There may be fifty other senses as different from

ours as sound is from sight; and even within the boundaries of our own senses there may be endless sounds which we cannot hear, and colors as different as red from green, of which we have no conception. These and a thousand other questions remain for solution. The familiar world which surrounds us may be a totally different place to other animals. To them it may be full of music which we cannot hear, of color which we cannot see, of sensation which we cannot conceive.—Sir John Lubbock, in *Pop. Science Monthly*.

CHRISTIAN SCIENCE HEALING.—Christian science healing, is a glorified form of faith healing, and has an immense following in America. During last season the drawing-room of Lady Mount Temple, at Shelley House, was for several weeks filled by a fashionable crowd of people to listen to a course of lectures by Miss Lord, the editor of *The Woman's World*. This particular sort of teaching had evidently an attraction for theosophists, spiritualists, mesmerists, *et hoc genus omne*. Miss Lord has since published as the outcome of the course of lectures a volume of some 500 pages. The essence of the teaching lies in denying the reality of any form of evil—evil is illusion, good only is real and permanent. As pain and disease are forms of evil according to this theory, they do not really exist, except in the imagination, which no doubt might with truth be said of many of the ailments of a fashionable audience. To be rid, therefore, of disease (not surgical disease, be it remembered, for even toothache, if proceeding from caries, resists the treatment), it is not necessary to have faith but reason. Suppose the case is one of facial neuralgia, you may cure your patient either by making a negation or an affirmation. Nothing can be simpler. You say either "Your head does not ache, you really have no pain at all, you only think you have, it is all an illusion," or you may proceed by the other method, and say: "You are perfectly well, you were never really better in your life, for good is real and pain is illusion," and that is all; no nasty drugs, no hypodermics, no constant or intermittent currents, no passes, no anything but "words, idle words,"—no, not idle words, you must be in deadly earnest, and under a proper course of this treatment your patient gets well. It beats homœopathy, as you have not even to order globules. Its simplicity is its great drawback with the vulgar, but the highly intellectual theosophical folk who hold that "words are creative acts" find it highly consonant with their ideas, and say it does them and their friends as much or more good than regular practice. Miss Lord cautions her pupils that they must not take fees for their treatment, as people have been prosecuted in America for obtaining money under false pretences when they have taken money for their negative and affirmative. But of

course this is an additional merit of the system to the patients. Surgery is not attempted; it has not been found uniformly successful in cases of dislocation or fracture. It is on record that a Christian science healer did once reduce a dislocated arm by vigorously working it aimlessly about while declaring that "the arm was perfectly well," but that is not to be taken as a precedent. An old monastic chronicle tells how a good brother who had lost an eye prayed for a new one at the shrine of St. Thomas of Canterbury; in the course of time he received a new eye, but the chronicler quaintly adds that "it was a verrey litel one." Christian science healing has not even got to that yet.—*Br. Med. Jour.*

LANOLIN AND BORIC ACID IN SKIN DISEASES IN CHILDREN.—The combination of lanolin and boric acid as an ointment is said to have a most gratifying effect in certain skin diseases in children, especially eczema of the head and face, intertrigo, and seborrhœa. In the case of eczema, for example, with raw patches on the cheeks and yellowish crusts on the head, the surface is first cleansed in the usual way, and then dusted over with finely powdered boric acid. On the following day this washing and dusting over is repeated; already the inflammation will seem lessened. The process is then repeated twice daily, the washing being always done gently, until the skin is in a condition to bear an ointment containing 30 per cent. of lanolin and 8 per cent. of boric acid. In the squamous form of eczema with considerable induration, olive oil is well rubbed in and then removed with castile soap, and an ointment containing $\frac{1}{2}$ or 1 per cent. of salicylic acid with 30 per cent. of lanolin is energetically applied according to the degree of induration. This washing and application are repeated twice daily. The strikingly beneficial action of this course of treatment, which is less painful than the use of strong alkalies or oil of cade, is ascribed to the penetrating properties of lanolin, which thus facilitates the entrance of salicylic acid in the deeper layer of the epidermis. Dr. Russell Sturgis, who advocates the above treatment, also finds lanolin a reliable means of alleviating the irritation due to chronic urticaria.—*Br. Med. Jour.*

PELVIC ABSCESS.—Dr. T. Gaillard Thomas, of New York, has found three forms of pelvic abscess: 1. Inflammation of the broad ligament. 2. Of the cellular tissue between the vagina and the posterior part of the uterus. 3. The cellular tissue between the bladder and the uterus. Another form is that which is treated as pyo-salpinx. He thinks that the hazardous operation of laparotomy could often be avoided by opening and draining through the vagina. He thinks that many hard tumors if explored, will show the presence of pus. The man

who waits for constitutional symptoms in pelvic abscess will wait a long time. There are but two passages by which pus ought to be let out—through the vagina and the abdominal wall. If the abscess points and clamors for an outlet through the rectum, I do not think it should be allowed to do so. I have seen two cases in which the patient died from evacuation through the rectum. Gases and feces passed through the opening. The evacuation should certainly not be made in the bladder. I use Goodell's modification of the German dilators, and always insert the drainage tube. If the abscess is anterior to the uterus, I separate the anterior vaginal wall precisely as I do in uterine extirpation. Pelvic abscess is almost always immovable; neoplasms, movable. This is the great diagnostic difference. Yet some pelvic abscesses are very movable, especially those posteriorly situated. Hence, many are diagnosed fibroid tumors, and cured by electricity. I use bichloride, 1:1,000. If the symptoms do not disappear, I use a stronger one, but with fear and trembling.

Dr. W. Gill Wylie, of New York, thinks cellulitis has always played too great a role in the etiology of pelvic abscess. Many abscesses, four out of five, occurring within a year or two after delivery, are due to salpingitis or ovaritis, and our best proof is from those who have opened the abdomen. Great mistakes are made by not distinguishing between those due to septic poison and ovaritis or salpingitis. It is of no use to open the vagina and leave a rotten ovary there. My views are, if you have pelvic abscess, patient dangerous, temperature 101° F., and sweating, I would open the vagina or belly at once, and find out just what can be done by the vagina. I have done it often, and if closed soon the danger is small. One patient died in New York, one in Chicago, from using an aspirator in pelvic abscess.—*Med. Record.*

ACETIC ACID AS A DISINFECTANT.—Dr. F. Engelmann, being much impressed by the numerous fatal cases which are constantly occurring from the employment of intra-uterine injections in obstetrical practice, and feeling that there is doubt whether they ought not to be given up, brings before the profession an antiseptic which he has used for the last two years in a large number of cases, and which has given him excellent results—acetic acid. Some years ago he was led to use and to recommend the employment of acetic acid in diphtheria, and he is convinced that it possesses antiseptic properties in as high a degree as carbolic acid itself, and has at the same time the great advantage of being non-injurious, even when used in a tolerably concentrated form; besides, it has a decidedly styptic effect, and this is an additional advantage in obstetric practice. Again, acetic acid is very diffusible, thus penetrating the tissues to a much greater extent than most other antiseptic

tics. Corrosive sublimate, as is well known, forms insoluble albuminoid compounds on the surface, and thus does not act upon the deeper parts of the tissues. In one respect acetic acid is similar to corrosive sublimate—viz., in its action on instruments; but the latter is the more prejudicial of the two. The forceps may remain for a quarter of an hour in a 3 per cent. solution of acetic acid without being injured. The irrigator is, however, liable to be affected by the prolonged use of acetic acid solutions. It should be remarked that the hands must be washed twice after using acetic acid, as of course soap will not dissolve where this is present. The skin is rendered peculiarly soft and pleasant to the feel. As to the strength to be used, Dr. Englemann, as a rule, employs a 3 per cent. solution, but he has sometimes employed a solution as strong as 5 per cent.; this, however, is apt to cause a smarting sensation in any spot where the surface is broken. All the cases in which acetic acid was used recovered without abnormal rise of temperature.—*Lancet.*

REVIVAL OF TARTAR EMETIC IN TREATMENT OF PNEUMONIA.—The amount of attention that has been given this ancient use of an old drug shows that it has not been so quite forgotten everywhere as it seems to have been here in America.

In Germany the drug has been given after the method of Lebert. Of tartar emetic gr. jss—v are ordered in \bar{z} vj of water, of which solution \bar{z} ss (= gr. $\frac{1}{2}$ +) is given every hour till vomiting or diarrhoea occurs, and then every two hours. In most cases these symptoms from the side of the gastro-intestinal tract will cease even under the continued use (Lebert, Brückner); if not, or if opium does not control them, the remedy is to be given up. The tolerance is very variable. Usually, after one or two doses, there is vomiting, which brings great relief, then four to eight watery stools, then sweating and an increased expectoration. The pain and dyspnoea are much relieved. The well-ascertained physiological action of tartar emetic is in diminishing the blood-pressure, and its therapeutical action in pneumonia is probably to be found in this effect on the pulmonary circulation (Lebert). The clinical results from its use in the hands of these observers have been encouraging. Certainly most physicians would rejoice to have forty successive cases in hospital practice without a death! (Mosler).

Dr. Arthur Jamison, basing his conclusions on the careful study of 213 personally observed cases, in 155 of them has acquainted himself with the later history of the case and secured the opportunity of a physical examination at a period not less than two years after the attack. This after-history, he considers, should be the guide to treatment, for in 74 of the 155 examined he found traces of an unresolved pneumonia, viz., dulness

of affected side, *rales*, etc., and 12 of the cases died of phthisis. Of the 81 found free from signs 65 had been treated by tartar emetic. Not only did physical signs persist in many cases, but he ascertained that many patients, though discharged as well after treatment by the usual methods, had for months some cough and expectoration, constant feeling of uneasiness, flatulent distention after meals, and in general were not up to par. On the basis, therefore, of much comparative trial of all methods of treatment, coupled with this after-investigation, Jamison recommends tartar emetic as a continued remedy, ascribing to it the merits of relieving the distress of the first stage, and of easing the strain of breathing, while it is superior to everything else in inducing the greatest degree and rapidity of resolution, as tested by the after-condition of the lung. He gives it in doses of one-twentieth of a grain for young adults every hour, but less frequently to older persons. When the symptoms are relieved it is given less often, but still continued several days, or even a week after defervescence. In no case of the large number treated has it caused either vomiting or diarrhoea. It is combined with a little paregoric. Diluted nitric acid is preferred in the after-treatment.—*Br. Med. Jour.*

OBSERVATIONS ON THE USE OF TEREBENE.—Thirteen cases, treated by the author, were of chronic bronchitis, most with more or less extensive pleuritic adhesions. Three were acute bronchitis, ten emphysema, two asthma and bronchitis, ten phthisis, one pleurisy, and one of the third stage of pleuro-pneumonia. Two of these, both cases of acute bronchitis, were cured, one in four and the other in eleven days. Thirty-three cases were improved, most of them markedly, but a few only to a slight degree. Five were unimproved, two of the patients being obliged to discontinue the drug after two or three days, as it produced vomiting. The shortest time the treatment was continued in any case was four days, the longest time six months. The average length of treatment was a little over twenty-six days. Most of the patients took fifteen minims, and some as much as half a drachm, in a mucilaginous mixture four times daily. In all except three the cough was improved, becoming softer and less frequent. In twenty-six the quantity of the expectoration was lessened, in four it was unchanged, and in two it was increased. The latter were under treatment only one week, and it was found in some of the other cases that the expectoration was increased for the first few days and afterward diminished. In seventeen cases the expectoration became thinner and more watery; in six it was no thinner. In the other cases no note was kept in regard to this point. In those troubled with dyspnoea it was diminished in thirteen and undiminished in eight.

The patients noticed an increase in the urine in nine cases; no increase was noticed in fifteen. In many of the cases the appetite improved. In two cases the terebene caused vomiting, in two nausea, in one dizziness and nausea, and in two dizziness. These symptoms usually disappeared when the dose was reduced. It is beneficial in affections of the bronchial mucous membrane, both acute and chronic. It relieves the dyspnoea of emphysema, it is readily borne by the stomach, and it seems to have a resolvent action on pleuritic adhesions.—*N. Y. Med. Jour.*

THE SURGICAL TREATMENT OF AORTIC ANEURISM.—At a recent meeting of the Academy of Medicine, Dr. Constantine Paul read a paper on the Treatment of Aneurisms of the Aorta. He does not defend the method that bears the name of Moore, but he believes it to be useful in certain cases to introduce a foreign body into the aneurismal sac. He shows the defects of the electro-puncture, which produces around the needle a deposit of coagulated albumen without adhesion to the parietes of the sac; it is movable, friable, and forms a veritable grain of emboli. The procedure of Constantine Paul consists in the introduction of a certain number of Japanese needles, which are long and extremely fine, so fine that, to make them penetrate the skin, it is necessary to employ a conductor, which keeps them straight. The needles are left in the sac only a few minutes; they produce a slight degree of adhesive inflammation of the aneurismal sac. After a few days the same operation is recommenced, and a new access of inflammation takes place. In a short time the parietes of the sac become thickened, and the needles cannot be introduced into the points where it appeared that the aneurismal sac was about to open. In these special conditions, this form of surgical intervention, always inoffensive when it is practised as indicated by Constantine Paul, renders real service. Dr. Dujardin-Beaumez thinks that until some absolutely certain method can be found all surgical procedures in the treatment of aneurisms of the aorta should be abandoned, and particularly that of Moore. More benefit may be expected from the administration of the iodide of potassium, especially when given in beer or black coffee, or even in milk, as it is then better tolerated, the elimination of the iodide rapidly takes place, and the inconveniences of iodism are prevented.—*Lancet.*

A NEW AND RATIONAL TREATMENT FOR GONORRHOEA.—Under this attractive title, Mr. Charles J. Smith, formerly Surgeon to the Farrington Dispensary, states in the *Lancet*, that he has been able to cure his cases of gonorrhoea in five days by using an instrument by which an ointment is made to cover the inside of the urethra. The in-

strument is modeled after Mr. Allingham's rectal ointment introducer, and consists of an oblong ointment container with a long broad screw to expel its contents. To the box are attached perforated stems of different sizes to fit closely the urethra, which he says must be stretched by as large a stem as can be introduced, so as to spread the ointment fairly and well over every portion. The bladder should be emptied immediately before the instrument is introduced, so that the urethra will be well washed out from behind. The stem is well oiled before introduction, and, when once introduced, the screw is turned, the ointment expressed, and the whole instrument rotated as it is withdrawn. He uses a mixture of oil of eucalyptus and olive oil. Three hours after using the instrument, a mild injection (he does not say of what) is used, and the ointment-applicator used again the next morning. The only medicine given is a saline aperient.

The principles applied in this treatment are sound, but Dr. Smith's statement as to their efficiency needs confirmation. Certainly cocaine should be used before the instrument is inserted, not only because the use of the latter would itself be painful, but because the oils are irritating.—*Med. and Sur. Rep.*

ON THE ACTION OF SOME ANTISEPTICS AND OF HEAT ON THE BACILLUS OF TUBERCULOSIS.—A. Nersia *Jour. de Med., Chir. et Pharm.*, reports from the *Annales de l'Institut Pasteur*, the results of experiments made to kill the bacillus in the sputum of tuberculous patients. It was found that the bacillus was killed after thirty minutes in a 5-per-cent. solution of phenic acid, and lived only five minutes in a 1-per-cent. solution of the same acid. Its life lasts only five minutes in absolute alcohol and iodoform 1-per-cent. It is killed after ten minutes under the influence of ether, or when in a sublimate solution of 1-per-cent.; it can live three hours in a 3-per-cent. solution of thymol, and six hours in a 2.5-per-cent. solution of salicylic acid; it resists for twelve hours in a four per-cent. solution of boric acid and water saturated with creasote. It resists a temperature of 140° F. and succumbs when exposed to a temperature of 158° F. for ten minutes.

CASCARA SAGRADA — Referring to the unsightly mixture produced when water is added the official liquid extract of cascara sagrada, Dr. Irving says that this may be entirely obviated by the addition of a very small quantity of ammonia solution, which clears it to a bright ruby color seen by transmitted light, the transparency of which is not affected by the addition of a flavoring agent such as tincture of orange or by saccharin (*Brit. Med. Jour.*) It can then be dispensed clear with iron preparations, such as citrate of iron and ammo-

nium, a combination which Dr. Irving says he has found serviceable, with or without small doses of digitalis, where the heart is enfeebled and constipation exists. Mr. Martin also reports (*Lancet.*) that he has succeeded in subduing the pain of rheumatism after sodium salicylate had failed, by administering cascara sagrada in combination with that salt, the proportions being 15 grains of the salicylate with 10 minims of the liquid extract in orange flower water every three or four hours.—*Phar. Jour. & Trans., Can. Phar. Jour.*

CAUSES OF MALIGNANCY IN SYPHILIS.—M. Fournier gives six causes for malignancy in Syphilis:

1. Age. 2. Scrofulo-tuberculosis. 3. Alcoholism. 4. Malaria. 5. Hereditary predisposition. 6. Insufficiency of treatment.

Syphilis is especially grave at the two extremities of life. Acquired beyond fifty the prognosis is very grave, and beyond sixty the disease is characterized by tending to phagadæna, profuse and general symptoms, early appearances of gummata and cerebral symptoms; and lastly to a marked reaction upon the general health, prostration, cachexia, and loss of general strength and appetite. In the scrofulous, syphilis is very apt to take on the suppurative and rupial forms. It is among them precocious gummata and massive adenopathies are seen. Alcoholism acts in predisposing to grave and precocious forms of syphilides, constant eruptions, cachexia, and cerebral syphilis. Poverty is one of the causes of malignant syphilis, and it is among the poor that the worst forms of syphilis are the most common. Nervous overwork is one factor of gravity for syphilis in directing its localization upon the brain and cord.

Fournier says that nineteen out of twenty cases of severe tertiary syphilis is the direct result of insufficient treatment, or no treatment at all.—*Boston Med. and Surg. Jour.*

CONTRA-INDICATIONS OF ANTIPYRIN.—Some time ago, M. Huchard said that antipyrin should be used sparingly in diseases such as typhoid fever, in which the kidneys served as emunctories, as it diminished the secretion of urine. On the same principle he gave eight grammes a day to a woman suffering from meningomyelitis, who passed from 24 to 28 litres of urine in 24 hours. This quantity was reduced to five litres under antipyrin. M. Huchard therefore suggested the use of antipyrin in analogous cases, such as diabetes, for instance. M. Dujardin-Beaumetz expressed a similar opinion. Antipyrin should no more be given than opium or salicylate of soda when the kidneys were diseased. These substances being eliminated by these organs, might possibly be absorbed into the organism with toxic effects. M. Dujardin-Beaumetz had tried antipyrin in two cases of polyuria, the amount of

urine being diminished in both cases. M. Huchard says that arterio-sclerosis should not be treated by antipyrin, even when the kidneys were affected.—*Brit. Med. Jour.*

PERNICIOUS ANÆMIA—The conclusions of Dr. Hunter in his investigation into the pathology of pernicious anæmia are as follows:—

1. Pernicious anæmia is to be regarded as a special disease, both clinically and pathologically. It constitutes a distinct variety of *idiopathic* anæmia. 2. Its essential pathological feature is an excessive destruction of blood. 3. The most constant anatomical change to be found is the presence of a large excess of iron in the liver. 4. This condition of the liver serves at once to distinguish pernicious anæmia *post-mortem* from all varieties of *symptomatic* anæmia, as also from the anæmia resulting from loss of blood. 5. The blood destruction characteristic of this form of anæmia differs both in its nature and its seats from that found in malaria, in paroxysmal hæmoglobinuria, and other forms of hæmoglobinuria. 6. The view can no longer be held that the occurrence of hæmoglobinuria simply depends on the quantity of hæmoglobin set free. 7. On the contrary, the *seat* of the destruction and the *form assumed by the hæmoglobin* on being set free are important conditions regulating the presence or absence of hæmoglobinuria in any case in which an excessive disintegration of corpuscles has occurred. 8. In paroxysmal hæmoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to a rapid dissolution of the red corpuscles. 9. In pernicious anæmia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and the liver, and the destruction is effected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.—*The Polyclinic.*

The following are examples of answers given by *graduates* in medicine at recent examinations held by the State Board of Examiners of Virginia:

“Describe the larynx. *Ans.* The larynx is composed of cartilage. The œsophagus passes through the larynx.

What is the function of the liver? *Ans.* Do not know.

Give tests for arsenic. *Ans.* Sulphuretted hydrogen is one. Don't know rest.

Give test for mercury. *Ans.* Do not remember.

Give dose of tartar emetic. *Ans.* Ten grains.

Give dose of sulphate of atropia. *Ans.* Hypodermically, 10 grains; by mouth, 60 grains.

Give dose of corrosive sublimate. *Ans.* One grain.

How would you treat placenta prævia? *Ans.* I don't know what it is.

Give dose of powdered cartharides. *Ans.* Forty grains.

What is the source of iodine. *Ans.* It is dug out of the earth in blocks, like iron.

Describe dengue, or break bone fever. *Ans.* By four applicants: A fever that comes on soon after the bones are broken. By one applicant: The patient should be cautioned against moving, for fear the bones should break.

Describe the peritoneum. *Ans.* It is a serous membrane lining the belly and extending into the chest, covering the heart and lungs.”

DANGER FROM THE USE OF COCAINE.—The following conclusions are given in an American contemporary bearing on the use of cocaine and the risks of toxic symptoms:—1. Certain persons possess an idiosyncrasy to cocaine which cannot be foreseen or entirely guarded against. 2. Cocaine exerts its toxic effects upon the nervous centres and secondarily on the heart. 3. Its evil effects are most liable to be seen in neurotic subjects. 4. The danger in cocaine-poisoning is mainly from paralysis of the heart (syncope). 5. It may be well to precede its use by the administration of alcohol or other cardiac stimulant, as is done with chloroform. 6. Special care is needed in “weak heart” and organic heart disease. 7. The subcutaneous administration is dangerous and should be avoided. 8. The use of the stronger solution is dangerous and unnecessary. 9. The treatment of cocaine-poisoning consists of measures to rouse the heart, especially inhalations of nitrite of amyl.—*Med. Press.*

NERVE-STRETCHING.—A paper on nerve-stretching presented to the American Surgical Association by Dr. N. P. Dandridge, concludes as follows: 1°. That nerve-stretching should be condemned in all forms of central disease, such as tabes, myelitis, etc. 2°. That it offers little prospect of relief in tetanus. 3°. That it should be regarded as a reliable method in cases of persistent neuralgia and peripheral paralysis of sensation in the extremities. 4°. That stretching the facial is indicated in tic-convulsif. 5°. That further trial is justified in reflex epilepsy. 6°. That stretching the lingual should be tried in painful affections of the tongue. 7°. The resection should always be preferred to stretching in the spinal accessory and in the branches of the fifth nerve except the lingual.

IODOFORM NOT A GERMICIDE.—The consensus of opinion of recent observers (*Am. Jour. of Med. Sciences*) concerning iodoform is, that it is not a germicide, and is useless to disinfect wounds or to prevent general infection. It, however, possesses two excellent effects, and, because of these, it is still used. Local anæsthesia is produced by it and secretion from wounds diminished. The latter is

thought to be due to its destructive influence on the ptomaines generated by the cocci. Free iodine or an iodine compound is liberated in the wound which exerts this action. No ptomaines have been demonstrated in connection with the bacilli of suppuration and erysipelas, so its effect must be nil in certain surgical affections. Its greatest usefulness is in situations in which putrefaction, with the formation of stinking ptomaines, is unavoidable.

—*Polyclinic.*

SKIN DISEASES DUE TO DEFECTIVE ALIMENTATION.—In common with other organs the corium requires a plentiful supply of oxygenated blood, but an additional amount is called for to supply the appendages of the skin, the proper nourishment of which is essential for the healthy condition of the skin as a whole. There is no doubt that defective alimentation is a potent factor in cutaneous pathology. In infancy it appears most frequently in eczema, and latter on in urticaria and erythema.

Eczema in infants often appears as the result of too early weaning when the child is fed with a little of every thing. That skin diseases are the frequent result of irritation of the gastro-intestinal tract is well known, and this is frequently the result of defective alimentation. The last words of England's best-known dermatologist, Sir Erasmus Wilson, in an address before the Medical Society, of London, were: "Well, our first six patients are adults, say between forty and sixty years of age; some have eczema, moist and dry, recent and chronic; some erythema, some gutta rosea, and some lichen. We inquire into the functions of digestion and assimilation; in the majority we find symptoms of gastric disorders, nausea, loss of appetite, flatulency, distention, constipation—all more or less confirmed. Our pen flies to the paper; we are about to prescribe; and for what?—for indigestion and malassimilation. But our patient consults us for cutaneous disease, not for his stomach or liver or digestive organs, with which he finds no fault, and which he is not aware of being in a state of disorder; while we, on the other hand, know the assimilative organs to be the cause of the irritation, and if they be restored to their healthy function all the cutaneous symptoms will subside and disappear. Undoubtedly, when the *force majeure* has been dealt with, we shall advise our patient as to some local treatment, an ointment, a powder, or a lotion for the immediate relief of the skin; but, practically, we treat the cutaneous affection as if it were altogether secondary in importance; neither need we care to inquire too minutely whether the anatomical lesion is a hyperæmia, a papule, a vesicle, a discharge, or a state of desquamation. And if we be in want of a name to include the cases of this description, we might adopt the word assimilation, and con-

sider this as an *assimilative group* of diseases."—Dr. Corbett, in *Med. Rec.*

SUDDEN ACCESSIONS OF HIGH TEMPERATURE IN CHILDREN.—In a letter to the *British Medical Journal*, Dr. Joseph Smith writes: I was called in to see a male child, aged 16 months, at 10 a.m., and found my little patient with swollen gums, which I lanced. I prescribed calomel, gr. ij. as the bowels were constipated, and a little saline mixture. The temperature was 101.5°. There was a little cough; but on carefully examining the lungs the physical signs were almost nil. At 6 p.m. I was informed that the calomel had acted twice; but as the child looked worse I again examined its lungs, and found the physical signs in the same condition as on my first visit.

Upon taking the temperature, my thermometer recorded 110°. Thinking the thermometer was at fault, I compared it with the others, and found the record correct. Upon visiting the child again at 10 p.m., the thermometer registered 102°. In two days the child was comparatively well and the temperature normal.

To the same journal, Dr. Albert Kish writes: On May 7, 1887, I received an urgent summons at 8 a.m. to see C.L., a dark bright eyed, healthy looking girl, aged 12. She had not yet menstruated. I found her in bed, apparently well; pulse 72; temperature in mouth, 99°. The father explained to me that he made a practice of taking the temperature of his children with a clinical thermometer on occasions of illness, and as the child had complained of headache and some general discomfort shortly after waking, he placed his thermometer in her mouth, and found that it registered at 8 a.m. 105°. At 8.40 a.m. she seemed more uncomfortable, and, being unable to keep the bulb of the thermometer in her mouth in consequence of a rigor, he placed it in the rectum, and found that it registered 110. When I found, only twenty minutes later, that my thermometer only indicated 99° in the mouth, we concluded too hastily that my friend's thermometer must have been faulty; but while we were discussing this matter the child again felt uncomfortable; her pulse was then 144; she was pale, and said she felt more ill than ever previously. A slight shiver came on. I inserted the bulb of my thermometer into the rectum and found that it registered 110°. Five minutes later it still registered the same temperature, but ten minutes later it indicated 105°. At 5 p.m. the temperature was found to be 102.2°, and at 9.30 p.m. it was 99° both in mouth and anus, and the pulse was 84. She complained of occasional violent pains in the head, but neither pulse nor temperature was affected by them. The tongue was clean, and, but for the pains in the head and occasional slight rigors, she was fairly comfortable throughout the day. A

dose of Gregory's powder administered after my first visit acted at about 7 p.m. At 10 p.m. she fell into a sound sleep, which continued with slight intermission till the morning, when pulse and temperature were normal. I may add that the bowels had been regular, and that the urine was normal in all respects, and that, but for the fluctuations of temperature, there were no physical symptoms.—*Analectic.*

THE TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN BY THE APPLICATION OF ICE.—Dr. Angel Money urges, in the *Lancet*, the more general adaptation of the use of ice bags in the treatment of broncho-pneumonia. He writes that he has now treated in this way many cases of severe broncho-pneumonia in children and in infants with general success, no matter what might have been the cause of the disease. He has used it with success in cases of broncho-pneumonia, secondary to tracheotomy, and even with more favorable results when it occurs as a complication of influenza and measles. The smaller the child the more marked are its effects. In very small infants under one year of age the ice bags may be placed on the head, the hair having previously been thinned and shortened if necessary. The treatment to be successful must be carried out with a will and systematically. As a general rule, the rectal temperature affords the best guide to the application of cold, and those acquainted with broncho-pneumonia well know the highly marked remittent or almost intermittent character of these affections. Ice bags have the drawback that they often give rise to a little wetting of the child, but this has not in the writer's experience, proved injurious to the patient. Leiter's tubes have been tried, and have some advantages, being especially valuable when an intelligent nurse is in attendance. The condensation of moisture caused by the cold is of course inevitable, but this wetting may be rendered harmless by covering the ice bag or Leiter's tubing with a layer of Hartmann's wood wool or the compressed moss sphagnum. In severe cases where a rapid effect is required, two ice bags have been placed on the head, and one over the chief seat of consolidation in the lungs.

With a little management it is not difficult to keep these in place; certainly not when the neuro-muscular prostration is marked, as it almost always is in severe cases. The chief merits of this treatment consist in the maintenance of the strength, not only of the heart, but also of the respiratory centres and of the nervous and muscular systems. Although otitis media occasionally occurred, yet this has not been more frequent than in cases treated without cold. Albuminuria is not rendered worse by the cold, nor have any cases of hæmaturia been observed. The urine has, at some trouble, been specially collected and tested in

small infants. The duration of the disease is, on the whole, shortened. Convalescence is almost invariably rendered more rapid, doubtless because of the conservation of the child's energy.

It is superfluous to assert that ice does not merely act by stealing heat; its action is almost exclusively sedative. Physiologists would aver that it increased inhibition, and in that way made wrong right; because disease simply lowers resistance in the vital processes, and curative measures raise it. Ice influences different organs differently and this is most noticeable in the various parts of the nervous system. Its action on the cortex of the brain is, perhaps more evident in the production of sleep, restless movements rapidly subsiding if the cold be efficiently applied; probably, therefore, the whole system of motor centres and sensory centres is soothed, because morbid sensations and morbid motions tend to cease. On the heart and circulation the influence is also decided, but this influence is probably exercised directly and indirectly; for not only does the cold directly quiet the heart and steady the circulation, but the calming of the nervous system also acts indirectly in the same direction.

The respiratory centres are similarly beneficially affected. The heat regulating apparatus manifests most clearly the same beneficent action, and the temperature chart shows a similar harmonious effect. It is curious to observe the almost immediate cooling of the whole surface of the body soon after the application of ice to any part, this cooling effect being perhaps best marked when the ice is applied to the head; the hands, previously red and hot, become cool and slightly blue. The change is decidedly favorable, notwithstanding the super-vention of the signs of feeble circulation in the exposed parts of the skin. Vomiting and diarrhœa, alone or in combination, may require treatment in the cases under consideration; the cold method does not increase diarrhœa, and it certainly tends to stave off vomiting. The employment of cold does not obviate the necessity of using stimulants, either of the ordinary sort, or such as act more especially on the heart and respiration. But cold renders them less necessary, and when they are required smaller doses are sufficient. There is, indeed, a saving of expenditure all round; the cost of the illness is lessened, and costs the child less expenditure of reserve strength.—*Am. Med.*

Dig.

HEMI-CHOREA COMING ON AFTER PARTURITION.—This case was observed at Osler's clinic in Philadelphia. Mrs. X., the mother of three children, had an attack of inflammatory rheumatism, four months after the birth of her last child. From this she recovered, but four months afterward chorea appeared, commencing in the right thumb the twitching extended up the entire arm, and

subsequently appeared in the right leg, in which the motion was more marked than in the upper extremity. The choreic movements were confined to the right side. When she applied to the dispensary the above condition was noted; examination of the heart revealed a systolic basic murmur. No valvular lesion was detected. The movements were much worse in damp or stormy weather, so that at times she was unable to walk across her room. She was treated by Fowler's solution, five drops three times daily, and increased until doses of ten or twelve drops were taken, or half a dram daily. An interesting point in the case consisted in the fact that the patient had never had chorea in childhood, and none of her family had been similarly affected.—*Phila. Med. Times.*

ELECTROLYSIS IN URETHRAL STRICTURE.—This subject has of late been occupying a large portion of the attention of genito-urinary surgeons. The diversity of opinion upon the usefulness of this method is so great, and each adduces such weighty arguments, that the non-expert is reduced to a state of despair. One of the latest expressions on the subject comes from Dr. C. A. Bryce in the *Jour. of Cut. and Genito-Urinary Diseases*. He expressed himself thus: "We have a large number of cases we could report of patients now living and in the enjoyment of perfect health, relieved of organic stricture and permanently cured by electrolysis. We have not said anything about failures in treating cases by electrolysis. This is not our object and does not concern us in this article. Our object is simply to show that electrolysis is capable of permanently curing the worst strictures of every grade and character, whether in the membranous or pendulous urethra. That there are, and will be, failures by this method, we are willing to admit, but were we to trespass further upon the space allowed and the patience of our readers, we could easily demonstrate that the fault, instead of being chargeable to the method employed, should be laid upon the shoulders of bunglesome and unskilled operators, who, like faulty mechanics, are ever ready to blame their tools.—*St. Louis Med. Jour.*

THE TREATMENT OF PHTHISIS WITH CALOMEL.—Dochmann, in the September *Therap. Monats.* relates his experience with the use of calomel in phthisis. Administered in the first and at the beginning of the second stage, calomel improves the appetite, diminishes the cough and fever, and dispels the night sweats and the objective symptoms. At the end of the second and at the beginning of the third stage, it reduces the fever, checks or diminishes the diarrhoea, and improves the general condition. Whether calomel has a specific action upon the local changes in the lungs or influences the life and development of the tubercle bacilli or checks the progress of the

destructive process, only more extensive observations can determine. The following formula may be used:

R.—Hydrarg, chlorid. mitis, . . . grs. x.
Pepsini, 3 j.
Ergotine (Bonjean's), grs. ij.
Ext. glycyrrhizæ q. s. ut. ft. pil. No. 60.

On the first day the patient takes six pills (two at intervals of two hours), on the second day five, on the third day four, and from the fourth day he takes two pills, thrice daily, throughout the treatment. Every fifth or sixth day, the calomel is intermitted for two or three days, during which time iodide of potassium may be given. The size of the first dose depends upon the fever; should the fever increase, the dose of calomel is increased to twelve to fourteen pills a day.—*Wiener medicin. Presse.*

RADICAL CURE OF HYDROCELE.—Mr. Henry Morris in speaking of this interesting subject states what is well known, that the only radical cure consists in obtaining a complete obliteration of the cavity of the tunica vaginalis (*Am. Jour. of the Sciences*). The only cases in which it is preferable to incise or excise are, according to him, the following:

1°. When we are in doubt as to the precise nature or relations of the hydrocele sac—*e. g.*, as to whether the tumour is a congenital hydrocele, or a hydrocele of a hernial sac. 2°. In some cases, when hernia, whether reducible or irreducible, complicates a hydrocele. 3°. When a foreign body in the tunica vaginalis is the cause of the hydrocele. 4°. When we have reason to think that the hydrocele is caused by, or associated with, a diseased condition of the testis, for which castration would be the right treatment. 5°. When, as in a case recently operated upon, a vaginal hydrocele is associated on the same side with an encysted hydrocele of the cord and a bubonocoele. In this last case excision of both the hydroceles, and the hernial sack, and closure of the pillars of the external abdominal rings were successfully accomplished at the same time.

CYST IN THE HEART.—At a recent meeting of the London Pathological Society (*The Lancet*), Dr. W. B. Hadden brought forward a specimen of cyst in the heart. The patient was a woman of sixty-six, who died of cirrhosis of the liver. There were no symptoms pointing definitely to the condition of the heart, and nothing in the history to explain the origin of the cyst. It was an inch and a half in diameter, globular, thin-walled, and situated in the inter-auricular septum. The contents were pink and grumous, microscopically, were found to consist of finely granular fatty material. The walls were of loose, fibrous tissue, and there was no evidence that it was hydatid,

dermoid, or serous; its nature and origin were obscure.

METHYLAL INJECTIONS IN DELIRIUM TREMENS.—Kraft-Ebing advocates the use of methylal subcutaneously in delirium tremens. Although large doses are required by the mouth to procure sleep—often as much as sixty grains—administered subcutaneously, one and a half grain is sufficient, although two and often six hours are required to bring about the desired result. Earlier investigators, such as Mairet and others, spoke of it as a reliable and not disagreeable hypnotic, but they often resorted to doses of one and a half to two drachms. If Kraft-Ebing's results (restfulness and sleep) after minute doses, given subcutaneously, prove the rule, it will add materially to the value of the drug.—*Med. Press.*

PACZKOWSKI reports a very large series of 532 pneumonias treated by Kermes mineral (antimon. sulphurat.). The mortality in this great series was only 1.69 per cent. ! The drug should be freshly prepared, and the earlier given the better. He makes the astonishing statement that if given on the second or third day the crisis occurs within twenty-four hours, sometimes in eight. It is given in the following formula :

Kermes mineral	gr. xxx.
Ext. digitalis	gr. ijss.
Opii	gr. j.

Divide in pil. no. xxxij. Two pills every two hours, and after the crisis two every three hours till convalescence is established.—*Am. Jour. Med. Sciences.*

TREATMENT OF DIPHTHERIA.—The three rules to be followed for the successful treatment of diphtheria are, according to Renou :

To saturate the inspired air with antiseptics.

To feed and tone the patient to the greatest possible degree.

Never to touch the throat with any medication, and to give internally only alcohol and quinine.

The facility with which this treatment may be applied, especially in the case of children, the certainty and rapidity of absorption, are elements which recommends a thorough trial.—*Bulletin Général de Thérap.*

THE TREATMENT OF SYPHILIS BY INUNCTION.—Fournier, of Paris, (*Rev. Gén. de Clinique et Thérapeut.*), in a clinical lecture, dwells upon the treatment of syphilis by inunction. The patient is first placed under a tonic regime; laxatives are not prescribed; the patient eats as much meat as he pleases; he takes walks—in fact, he is advised

to spend much time in the open air; hydrotherapy and sea baths are ordered. Among ointments for inunction, that of the bichloride of mercury and the ordinary blue ointment are to be preferred. Recently, soaps, composed of equal parts of mercury and soap, have been proposed. The disadvantages of these are, that the inunction requires too much time. The dose of the ointment (unguent. hydrarg.) at first is a drachm; in the course of time it can be increased to a drachm and a half and two drachms. In the case of women and children, in view of the lesser tolerance, correspondingly smaller doses must be used. With children, thirty-five grains should not be exceeded. This dose is sometimes indispensable, but it should be remembered that fifteen to thirty grains may be given to infants only a few days old, without harm. In cases of severe syphilis, syphilis of the brain, and during a course of treatment with sulphur baths, in adults, the dose mentioned may be exceeded. Every application should be made with a definite quantity of ointment—for instance, seven drachms of mercurial ointment are ordered for one week, in several equal parts. As a rule, the inunction should be performed but once a day, preferably before retiring for the night. The lecturer applies the friction to the side of the chest. This offers a large extent of surface, and the patient himself may undertake the application

Two precautions are to be observed: 1. The ointment should not be rubbed into the scrotum, the groin, the pubes, and the axilla, because of too ready absorption. 2. To avoid irritation of the skin, the site of application should be varied, alternating the left and right side of the chest, the inner surfaces of the arms and thighs. The friction is continued fifteen minutes for a drachm of the ointment, thirty minutes for a drachm and a half or two drachms. The application must not be a mere annoying, but the skin must actually be rubbed, but not with great energy. The parts treated are covered with cotton, linen or flannel; if the chest, held in place by a binder; if an arm, by a shirt sleeve, etc. The ointment remains upon the affected part throughout the night, and is removed in the morning with soap and water. Twice a week a thorough bath is enjoined. Nothing definite can be stated relative to the number of applications. If a patient can be kept under observation, treatment should be continued for from two to four months. It is agreed that it should not be too long continued, because, after a certain time the mercury is no longer tolerated by the system. If the treatment becomes objectionable, the inunction may be omitted for a few days, to be again renewed.—*Deutsche medicin. Wochenschr., Med. News.*

THE VALUE OF VACCINATION.—A Leicester guardian, writing to an evening contemporary,

dwells with much satisfaction on the immunity from small-pox enjoyed by Leicester, which has escaped any special prevalence of this disease since 1872, when 346 persons lost their lives from this cause. During the last ten years, he says, more than 20,000 persons remained unvaccinated, and he argues that, if some eight or ten vaccinated hospital nurses or officials can save the 140,000 people in Leicester from the ravages of small-pox, double the number ought to have saved Sheffield. We have already pointed out that, for the purpose of estimating the protection afforded by vaccination, it is necessary to compare the incidence of small-pox upon vaccinated and unvaccinated persons respectively living under the same conditions, and the Sheffield differs from Leicester in one important particular—viz., that it had in its midst a small-pox hospital. The effects of small-pox hospitals have come to be well recognized since Mr. Power studied this subject in connection with the Fulham Hospital, and Mr. Ritchie has shown in the House of Commons that the unvaccinated in Sheffield suffered out of all proportion to the vaccinated. Since that time the Sheffield outbreak has been the subject of detailed investigation by the Local Government Board, and it may be anticipated that the report on the inquiry will deal with this question. Before the Leicester guardians attempt to draw conclusions from the Sheffield epidemic, they should have all the facts before them, and these will not be obtainable until the official report is finished.—*Lancet*.

THE NEW HYPNOTISM.—The peculiarities of the Nancy school are these: They do not believe in the three phases of hypnotism—lethargy, catalepsy, and somnambulism; hysterical patients, such as were used by Charcot, are not good subjects for studying hypnotic phenomena. The hypnotic state is not a pathological, but a normal, nervous condition, allied very closely to sleep; persons may be hypnotized in very varying degrees of intensity in some of which the subjects hardly seem to be in a different state from the normal one. The method of hypnotizing patients should always be by simple suggestion. The old method of using brilliant objects fixing the patient's eyes, etc., is faulty, and likely to cause injury. The new method, properly applied, is harmless. This is the "suggestive method": The patient is placed in a chair in front of the operator. The operator then talks to the subject in a firm and confident voice, assuring him that he will go to sleep in a short time, telling him to make no resistance—that his sleeping will be natural, that nothing will be done to worry or fatigue him, that he will dream pleasant dreams, that he will wake up feeling better; then that he is feeling drowsy, his eyes heavy, objects look confused, the lids are falling, they are closed—in a moment more the patient goes off to sleep. All

this may require some little time—five to fifteen minutes. It may fail the first time and succeed the second. It is not always possible or necessary to put the patient to sleep; the effect may be gained short of this. The proportion of persons of all ages found to be hypnotizable by Beandis was about eighteen or twenty per hundred. Children up to the age of fourteen are very susceptible. After the age of fifty-five susceptibility lessens. Men are almost as easily affected as women; but persons of a docile mind, and those trained in some degree of mental discipline and capacity for submission, such as soldiers and artisans, are more sensitive. The class of cases in which good results have been reported are rheumatism, neuralgia, alcoholism, morphine habit, various functional nervous diseases, and amenorrhœa. It has been applied also in the treatment of extremely refractory children.

The particular point made is that Bernheim and others in France have been working out on a rational basis the same art that the mind-curers in this country have been empirically applying. In other words, mind-curing and the "suggestion" of Bernheim are the same thing; the docile patients who sit about the parlors of the mind-curers, if affected at all, are really experiencing hypnotism in some of the minor grades described by the French authors. Practising physicians, no doubt, in many cases cure unconsciously by "suggestion." They should, however, it is thought, know the scientific basis of their therapeutics, and perhaps extend its practical application.—*Ed. N. Y. Med. Rec.*

CHROMIC ACID IN EXCESSIVE SWEATING.—A circular has been sent to all the Prussian Army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperhidrosis of the feet the application of a ten per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.—*Med. Press.*

EMMENAGOGUE POWDER:

R.—Powdered absinth . . . gr. xxxviij.
Powdered yarrow . . . gr. xxxviij.
Powdered saffron . . . gr. xix.—M.

Divided in pulveres No. V.

Sig.—One powder each day, for five days preceding the expected menstrual period.—*Med. Prog.*

A woman in Edinburgh, Scotland, is pregnant at the age of 62, it being her twenty-third time. She was also pregnant at the age of 47, 49, 51, 53, 56, and 60. The case is attracting much attention from the physicians of that place, as it is a rare one.—*Wes. Med. Rep.*

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TRINITY ANNUAL BANQUET.

The twelfth annual banquet of Trinity Medical College was held at the Queen's Hotel on the evening of the 13th ult. Over two hundred persons, including students, professors and guests sat down about 8 o'clock to do justice to the magnificent bill of fare provided for the occasion. The room was handsomely decorated, and nothing but praise was heard for the manner in which the management of the Queen's did their work.

Mr. H. Chapple occupied the chair, supported on his right by Dr. Geikie, Dean of the Faculty, the Rev. John Langtry, Mr. H. E. Clark, Mr. Walter S. Lee, Mr. P. Hughes, Rev. Dr. Stafford, Drs. Stark (Hamilton), Bray (Chatham), Davison, Stuart, Hawley and Auld, whilst on his left were A. MacMurchy, M. A., Revs. A. H. Baldwin, G. M. Milligan, Drs. Grasett, Sheard, Teskey, MacFarlane, Covernton, Powell, Harris, O'Reilly, Temple, Graham, McPhedran, Elliott, Ardagh, Cowan, Langford and Thompson, Mr. A. Marling, Profs. Kirkland and Shuttleworth, and others.

The viands were warmly discussed for about an hour, when the president, Mr. Chapple, called the assemblage to order, and in a very happy, thoughtful and eloquent speech, proposed the health of Her Majesty, the Queen. This was drunk with great enthusiasm, in cold water, as were all the toasts of the evening. And just here it may be mentioned that there were fewer toasts put down

than usual, a most wise arrangement, for which the Committee of Management have, we are sure, the thanks of both those who were called upon to respond, and those who were not. The Committee also deserve the greatest credit for the smoothness with which the whole affair ran, as there was no perceptible hitch in the proceedings from first to last. Fortunately for the credit of Trinity and of the medical students of Toronto generally, there was none of that unseemly hilarity which has, on previous occasions, marred the enjoyment of similar gatherings. Sobriety, gentlemanly conduct, and perfect good humor were the characteristics of the banquet, a matter of sincere congratulation to all concerned. Especially is this true at the present juncture, when the press, and we think the great majority of the public are making severe strictures upon the conduct of the medical students of the city. While we do not wish to appear in the rôle of champions of the students, we do say this, that they are often more sinned against than sinning, and that a great many misdoings are laid to their charge of which they are entirely innocent.

Dr. Geikie, in response to the toast, "Our Faculty," made a stirring and eloquent speech, which was listened to with the greatest pleasure and attention by all present.

Col. G. T. Denison responded, in his happiest strain, to the toast of "The Army, Navy and Volunteers." Messrs. W. S. Lee and P. Hughes spoke as representatives of the Toronto General Hospital.

Dr. O'Reilly, Superintendent of the Hospital, was received with the greatest enthusiasm. He made a capital speech, and was cheered to the echo. No doubt could remain in the minds of those present that no man could be more popular with the students than the present respected head of our hospital, of which institution we may well be proud.

Dr. Gilmour responded for "Our Graduates." He indulged in a little fun at the expense of the clergy, saying that while the latter preached, they, the medical profession, practiced. Rev. Mr. Baldwin afterwards got in a counter, by saying that while the doctors killed their patients the clergy had to bury them.

The toast of the undergraduates was eloquently responded to by Mr. Homer Mason, who expressed the views of the graduating class in a most able manner.

The "Sister Institutions" toast was responded to by Mr. McClellan, representative of McGill College, Montreal; Mr. Harkness, of Queen's College, Kingston; Mr. S. F. Houston, of Trinity University, and Mr. Rush, of the Dental College.

A number of other toasts were honored during the evening, including the learned professions, Press, Ladies, etc.

One of the most pleasing features of the evening was the singing of the Glee Club of the College. This valuable auxiliary to the rest of the entertainment had been by no means forgotten. Mr. Robertson rendered very creditably two cornet solos, which received hearty encores. An Italian string band in the gallery rendered their usual sweet strains at various intervals.

The singing of the National Anthem brought to a close the 12th and most successful and enjoyable banquet that Trinity Medical College ever held.

PROFESSIONAL DIGNITY AND CONTRACT PRACTICE.

To the medical profession belongs a dignity and a position handed down to its present members chiefly through the efforts of those of our predecessors whose high principles and feeling would not allow this dignity to be sacrificed even in a keen struggle for existence. How much real value this position of the medical profession has to-day must be apparent to any one who is at all acquainted with the ordinary work of a physician, and it is the duty of all to see that this position be constantly and firmly maintained. Many are the inducements held out to the practitioner to make money out of its barter and sale, and, in this age of cunning, deep and numerous have been the schemes planned by unprincipled people to induce those of us who may have felt the reverse of fortune to sell their self-respect in a moment of need, and, it may be a surprise to some to learn what these devices are. There exists a scheme among a few "very thrifty" merchants of having their employees furnished with medicine and medical attendance by contract. Some poor doctor is employed by the firm to take charge of say one hundred or more employees at one hundred dollars per year—and this might be excusable on the part of such establishment if it were simply for the

protection and assistance of those who might fall ill whilst in their employ through accident or overwork; but, so far from such being the case, some small sum like ten cents a week is deducted from the employees to pay for medical attendance, thus forcing the poorly paid mechanic or shop girl to pay five dollars and over per year for what the firm buys for a dollar, and selling at an immense profit the brains of the poor medico. Whilst the greatest sympathy is to be given to that physician who, with the responsibility and care of a family pressing upon him, is manfully struggling to procure for them every advantage; yet, we assert, the labours of the physician are heavy enough and he should have all of their profit. Something ought to be done to stop the wholesale inroads into the rights of the profession by schemes for contract practice. In the City of Toronto, we understand, there exists an organization for ensuring the lives of artisans and mechanics, and the medical men making such examinations are paid at the enormous rate of "ten cents" per risk, and still worse, this life insurance organization was originated by a medical man of high position. We are not inclined to favour any form of contract practice where the precise number of visits cannot be specified; it is of all practice the most unsatisfactory. The majority of the so-called benevolent orders rely for their popularity and existence, to a great extent, upon their physician, as his services constitute the chief benefit. Whilst we would not wish to have the physician a being without self-sacrifice or benevolence, we earnestly hope, before long, some more satisfactory and uniform plan may be adopted which will satisfactorily deal with this growing evil.

THE TOXIC ACTION OF THE POTASH SALTS.

The idea that all the compounds of potash act as protoplasmic poisons, and are therefore muscle destroyers, has long been held by pharmacologists and practitioners. M. M. Chevron and Foques, among other conclusions place the following as important:—"The bromide of potash joins to its sedative action on the nervous system a depressing action on the muscular system; it is thus a neuro-muscular agent." They also state that the bromide of soda is not a muscular depressant and

that the ammonia salt is a stimulant. Ringer, Guttman, Bernard, and other eminent authorities have agreed that the potash salts are far more poisonous than those of soda, and that the potash salts are all equally deleterious in the same space of time "if administered in the same way." The heart has been considered as the organ which suffers most, and it has been held that it is always depressed and eventually paralyzed by the action of potash. While their views have been widely accepted, the ordinary medical man has prescribed bromide of potash perhaps twenty times where he has prescribed the corresponding soda salt once. Perhaps this has been due to habit, or fashion, even when the supposed poisonous action of potash was well known.

The experiments of most of the observers in the field, appear to have been made by injecting the potash salt directly into the blood, under which circumstances undoubted depression has been noted.

But it is now held that they act in quite a different manner when introduced into the stomach. Professor Germain Sée has lately, in a communication to the Academy of Medicine at Paris, made the statement that this toxic action of potash can not be shown to be true, when it is taken by the stomach. He also states that while the potash salts are depressants if thrown directly into the circulation, the soda salts are but slightly less so. Bunge has made some interesting calculations, by which he shows that a man who lives chiefly on potatoes consumes from 1000 to 1200 grains of potash, in twenty-four hours. If the potash were so prejudicial to muscular tissues we should expect to find here a very serious depression, but it is not so. While Bunge's illustration is striking, it is by no means conclusive, for we must take into account that in potatoes the potash is prepared, and compounded in the laboratory of nature, a vastly different matter from its preparation and compounding in the chemical laboratory. Whatever be the scientific value of the experiments heretofore made, Sée comes out bluntly with the statement that he prefers the action of iodide of potassium to that of the soda salt in the treatment of affections of the heart and lungs. Perhaps the truth is that we have entertained a too exaggerated idea of the poisonous effect of potassium salts, and that administered by

the stomach and in medicinal doses a deleterious effect upon warm-blooded animals can only be produced, if at all, by their very long continued use.

THERAPEUTIC NOTES.

Treatment of Endometritis.—For the treatment of the above affection, Professor Polk, in a recent clinic at Bellevue, strongly recommended the packing of the uterine cavity with iodoform gauze. It is a recognized fact that in inflammation of any cavity, or part of the organization, one of the first things to be obtained is good drainage, so that the effused inflammatory materials may be got rid of as soon as possible. Heretofore attempts have been made to drain the endometrium by means of hollow glass plugs, uterine stems, etc.; but the great objection to these means has been the expulsion of the plugs by uterine contractions consequent upon the irritation which their presence inevitably sets up. This difficulty is overcome by the use of iodoform gauze, which secures thorough drainage by capillary attraction, and the iodoform being itself an excellent antiseptic, is applied directly to the diseased uterine mucous membrane, and its beneficial effects in endometritis are already well known. The operation is performed as follows: the patient is placed either in Sim's position or the dorsal decubitus, the vagina is then thoroughly douched with 1-2000 bichloride, and it may be here stated that all vaginal operations are now performed in New York with nearly as much antiseptic precaution as are laparotomies. Sim's speculum is then introduced and held by an assistant, the posterior lip of the os is laid hold of with the vulsellum forceps and drawn down. Then the uterine cavity is thoroughly irrigated with 1-2000 bichloride, by means of a uterine irrigator, the return tube preventing the entrance of any of the fluid into the Fallopian tubes. Ellinger's dilators are now passed and the cervical canal well dilated, special care being observed that the internal os is included in the dilatation, and unless this point is attended to the treatment is apt to prove a failure.

The uterine cavity is again irrigated with 1-2000 bichloride; narrow strips of iodoform gauze are then wound around the point of a uterine sound and the endometrium thoroughly packed, a piece of gauze being allowed to hang into the vagina in

order to secure the necessary drainage. The patient is then placed in bed and at the end of twenty-four hours the operation is again repeated. For the primary packing anæsthesia is generally necessary on account of the dilatation of the cervical canal, although this can be obviated by the use of a four per cent. solution of cocaine. For the subsequent operations no anæsthetic or dilatation is required as the canal is usually patulous enough. If, in any case, the vascular type of endometritis is suspected, the uterus should be first curetted and then packed, although this is not necessary, as good results have been obtained without the preliminary curetting. Prof. Polk then commented on the intractability of endometritis to all previous modes of treatment, and stated that in his experience twelve packings had generally sufficed to secure a complete cure and in some instances the happy result had been secured in six sances. As yet this method is on trial, but very favorable reports have been stated by many other gynecologists.

Report of October meeting of the section for Diseases of Children, of the New York Academy of Medicine: After the usual preliminary business had been dispensed with, Dr. Jacobi presented two cases of syphilitic cirrhosis of the liver. In the one evidences of the lesion were well marked as ascites, fluctuation, etc., and on percussion the liver was found to be much diseased in size. One of these cases had been presented to the society one year ago, and under the treatment of iodide of potash had been completely cured, as the liver is now of normal size. The same treatment is to be pursued in case No. 2, and a like favorable result is to be anticipated. Dr. Jacobi then presented a case of congenital syphilis in a child twelve days old, with marked enlargement of the epiphyses of the bones due to syphilitic osteitis, and also occlusion of the external ear. Treatment suggested was the iodide of potash, as already under its influence a marked diminution in the size of the epiphysis had occurred, and the question was raised as to the cause of the occlusion. Dr. Jacobi advanced the view that it was due to syphilitic osteitis and hyperplasia, and not to a defect in development. In the discussion which followed as to the best method of treatment of congenital syphilis, Prof. Smith was in favor of the continua-

tion of small doses of the bichloride of mercury with the iodide of potash, while Prof. Jacobi, and the majority of the Academy advocated the exclusive use of iodide of potash. Prof. Winters then presented a case of a fine healthy male child, age five years, who six months ago had lobar pneumonia and made an excellent recovery, but four months ago slight deafness was noticed, and from that time the boy has gradually lost his power of speech and now suffers complete aphasia. An interesting discussion then took place as to the cause of the aphasia. Dr. Tweed suggested meningitis as being a frequent complication of pneumonia, this had now become chronic and pressing upon the speech centre resulted in aphasia. Profs. Jacobi and Winters opposed this view, as no history of meningitis could be obtained, and the ears had been examined by an otologist, and the hearing found defective on both sides. They inclined to the view that as no other symptoms of chronic meningitis could be elicited, that the aphasia was simply due to the otological defect, the boy being unable to hear the words, thus had no power to reproduce them. Dr. Warner then presented a case of congenital syphilis with Hutchinson's teeth well marked. Dr. Heubner now read a paper on "Intubation of the larynx for diphtheritic laryngitis," by means of O'Dwyer's tubes. His report included personal experience in ninety-two cases. In all cases of diphtheria he recommended the use of minute doses of bichloride of mercury $\frac{1}{10}$ of a grain every half hour (from this dose he had observed no toxic effects), combined with the use of steam inhalations internally and warm fomentations externally. He believed by these means that the spread of the diphtheritic inflammation could be more effectually checked than by any other therapeutical resource at our command. When the larynx was involved he advocated intubation by the intermittent method. This plan embraces the use of a smaller tube than is recommended by O'Dwyer's scale. After the introduction of the tube it is coughed up in a number of hours and with it comes a croupous cast of the larynx. The child can now be fed and stimulated if necessary, and then the tube re-introduced. The time that the tube remains in situ is generally five or six hours, and in some cases it may not be required to be introduced again. The advantages he claims are that the child can be fed and stimulated when it is coughed up, and the expulsion of

the laryngeal cast renders the introduction of the tube unnecessary, until the cast is again formed.

Dr. Brown then read a report of 138 cases. He is a very young man, said not to be over thirty years of age, and has the reputation of being the most successful intubator in the city. In twenty-six per cent of cases he has had favorable results, he advises the use of bichloride in 1-100 grain doses, steam intubations internally and warm fomentations externally, but strongly advocates the continuous method of intubation and leaves the tube in the larynx until there is no further indication for its use. In the discussion which followed, the prevailing opinion appeared to be largely in favor of continuous intubation.

Notes.

Sulfonal, the new hypnotic, is now being extensively tried in the various hospitals throughout the city. From all quarters very favorable reports are received, although, as yet, the test has not been of sufficient duration to determine its exact value. It is exhibited in doses ranging from 30 grains to 1 drachm. Generally in half-an-hour it is followed by a sound sleep of from four to six hours' duration. As yet no unfavorable after effects have been observed, the patient awakening refreshed and thus giving it a great advantage over many of the common hypnotics in use. Good results have also been obtained from its use in mental diseases as acute mania, hallucination, acute alcoholism, etc.

For chronic rheumatism the following is a favorite prescription with Professor Loomis:

- R. Kali acetatis, ℥ii.
- Sodii iodidi, ℥ii.
- Magendies solution, ℥i.
- Vinum colchici sem. ℥iii.
- Syrup limonis, ℥i.
- Aq. cinnamomi, ℥iiii.

Sig.—℥i four times a day.

Many practitioners are not sufficiently impressed with the power of pilocarpin in cutting short the duration of malarial chills; it is not, by any means, a new remedy, having been first brought to the notice of the profession some years ago by a Bellevue house physician. In this hospital it is still a routine practice when the cold stage of an

intermittent is first noticed to give immediately $\frac{1}{8}$ grain of pilocarpin hypodermically, and, in nearly every instance, in from ten to twenty minutes, the sweating stage is established. It has no curative action over the malaria whatever, it simply acts as a symptom medicine and the malaria must be treated by quinine or Warburg's tincture.

Before all laparotomies in New York it is customary to give $\frac{1}{10}$ grain atropia sulph. to act as a respiratory stimulant. It used to be combined with $\frac{1}{4}$ grain of morphia, but of latter years the morphia is left out.

Professor Winters in administering calomel to children gives it in $\frac{1}{10}$ grain doses in the convenient form of the triturates every hour until a movement takes place, and it is seldom necessary to give more than half a grain. In the erysipelas pavilion of Bellevue where a cathartic is indicated it is given in $\frac{1}{8}$ grain doses every hour, starting at 5 o'clock in the morning, and by 10 o'clock the patient has several plentiful movements. It seems to act in these small doses just as effectually as 10 grains, and has the advantage of producing none of the after effects.

Professor Sands, the distinguished surgeon, died suddenly in his carriage last week. The autopsy revealed embolism of the coronary arteries due to atheromatous degeneration of the vessels. It is a remarkable co-incidence that the late Marion Sims expired in a like manner with the same affection.

THE ABORTIVE TREATMENT OF GONORRHOEA—It is rare for a practitioner to get a chance to treat a case of gonorrhœa before it has run for some days. Yet few patients feel satisfied without an attempt at abortive treatment. Regarding this, Dr. Mauriac has given (*Jour. Am. Med. Assoc.*) the following conclusions:

1. The abortive treatment is indicated and has some chance of succeeding in acute gonorrhœa only during the first hours of its outset.
2. All attempts to cut short an attack of gonorrhœa during its period of progression and when it reaches its height are useless or dangerous; one obtains only delusive cures.
3. The antiseptic practice at once (*d'emblee*), suggested by the microbial theory of gonorrhœa, has till now produced only delusive results.
4. It is indispensable to

submit acute gonorrhœa to an antiphlogistic treatment until the almost complete disappearance of the most inflammatory phenomena. It must proceed to the proper stage of maturity before any repressive medication should be had recourse to. 5. This latter gives decisive and durable results only in the involutive phases of the specific catarrh. 6. The agents of repressive medication are copaiba and cubeba internally, the sulphate of zinc in injections. 7. The balsam should be given first; it sometimes of itself produces a definite cure. In the greater number of cases, while continuing its use, astringent injections may be resorted to. 8. The duration of the repressive medication should be short. Should it not soon give the results expected of it, it must be given up and antiphlogistics resorted to. 9. It is by the antiphlogistic medication that the treatment of acute gonorrhœa or imperfectly cases should be commenced. These cures which return almost incessantly are seldom or never subdued in a definite manner.

COCAINE IN PLEURISY.—Dr. Marsh writes to the *Br. Med. Jour.*, with reference to the use of cocaine for the relief of pain in pleurisy. He recommends that one-fifth or one-fourth of a grain be injected subcutaneously at the most painful spot, and the injections repeated once or twice daily. He claims that not only is the pain relieved, but that cocaine is superior to morphine for this purpose, as it is free from many objectionable secondary effects, such as constipation and a tendency to pulmonary congestion, while by contracting the vessels a most decided check is put upon effusion into the pleural cavity.

BANDAGING THE EXTREMITIES FOR PULMONARY HÆMORRHAGE.—Seitz (*Archiv. f. Klin. Med.*) recommends bandaging the extremities for pulmonary hæmorrhage; first the upper extremities, at or about the middle of the arm, then the lower at the middle of the thigh or immediately below the knee, using silk bands about three-quarters of an inch wide; or, in case of necessity, strips of any sort. By imprisoning the blood, the tension of the left ventricle is diminished, and contraction of the vessel in the area not included occurs. The half hour during which the bandages are retained suffices for the formation of a thrombus at the site of hæmorrhage. The method was used in the time of Hippocrates.

CAMPHORATED CARBOLIC ACID.—In the *Cor-*

respond. f. Schweitzer Aerzte, Dr. Schneider recommends camphorated carbolic acid as an "elegant, reliable, and very convenient antiseptic preparation." As is well-known, when one part of crystallized carbolic acid and three parts of powdered camphor are shaken up together in a test-tube, a colorless limpid fluid is produced. This mixture does not possess either the characteristic odor or the rubefacient and caustic properties of carbolic acid, while the antiseptic power of the latter remains intact. When placed on the tongue the compound causes but very slight burning sensation. It has no effect on polished steel.

POISON BOTTLES.—A very good and simple contrivance has been put on the market by Mr. Miller of Minneapolis, by means of which poisoning by the thoughtlessness of druggists may be reduced to a minimum, if not entirely done away with. With the stopper of the bottle is a plate having sharp points on its outer side, and a fastener on its under surface to attach it to the stopper. When bottles of this kind are used, the sharp points will grasp one's hands thoughtlessly applied.

AMMONIUM CHLORIDE IN NEURALGIA.—Dr. W. T. Green speaks highly (*Med. Press*) of the value of the above drug in neuralgia. He cites a case in which its administration was followed by prompt relief. The remedy is better known as efficient in that ill-understood disease, muscular rheumatism. If, however, it be useful in neuralgia its sphere of usefulness will be greatly enlarged. He gives it in doses of 20 grains.

HOT WET PACK IN ACUTE BRIGHT'S DISEASE.—It is held (Carpenter, *Pract.*) that the constant application of the hot wet pack in acute Bright's disease is not without some risk. He holds that the temperature should be taken at least every three hours, and oftener in cases of severe pyrexia. He states that hot air is certainly safer and in all respects preferable.

FOR URTICARIA.—Dr. O'Connor recommends for this troublesome and intractable disease (*Lancet*) a solution of boracic acid, 10 grains to the ounce, to be applied by a sponge immediately on the appearance of the wheals. Internally the patient should take small doses of liq. arsenicalis, with sod. bicarb. and mag. sulph.

THE YELLOW FEVER GERM.—The celebrated Dr. Gibier, of Paris, has succeeded in obtaining material from which to make cultures of the specific germ of yellow fever. The patient was the head nurse of the hospital at Jacksonville. We may, therefore, expect to learn with exactitude all that culture, the microscope and inoculation in animals can teach us as regards this dread disease.

TREATMENT OF GONORRHOEA WITH IODOFORM.—Dr. Paul Thiéry, in the *Progrès Méd.*, recommends injections of finely powdered iodoform suspended in sweet-almond oil in gonorrhœa. He cites six cases which were cured in less than two weeks with about seventeen injections. Aside from its antiseptic properties, the injections of iodoform greatly relieved the pain of the disease.

GLYCERIN SUPPOSITORIES IN CONSTIPATION.—Fifteen to twenty minims of glycerine in capsules act in as many minutes, producing the same effect as the glycerin when given by the syringe. It need not be said that the suppository is much more convenient.

ANTIPYRIN IN AORTIC ANEURISM.—Germain Séé (*Jour. Am. Med. Assoc.*) says, that antipyrin is useful in the above disease. It calms the impulse of the heart, and also eases the sharp pains, cardiac oppression and anginous sensations, so common in cases of aortic aneurism.

For severe itching about the anus, the following is recommended, (*Therap. Monats.*)

R—Cocainæ hydrochlorat, $\frac{1}{10}$ to $\frac{1}{2}$ pt.
 Lanolin puriss. 30 pts.
 Vaselini,
 Ol. olivæ, āā 20 pts.
 Sig.—Apply locally.

THE *Maritime Medical News* is the title of a new medical journal, to be published bi-monthly, at Halifax, N. S. The object of this enterprise is to chronicle the records of medical and surgical science, in the Eastern Maritime Provinces. It consists of 26 pages of toned paper, and presents a fairly good appearance. We wish our co-laborers every success in their new venture.

DR. CHARLES H. MERZ, the house physician to University Hospital at Cleveland, Ohio, April

25th, 1887, said: "I have made use of PAPINE for some time past, both in hospital and private practice, and find it a most agreeable substitute for morphine and opium. It is the anodyne *par excellence*."

FLORENCE NIGHTINGALE is now a patient in a London hospital which she herself founded. It is said that she is suffering from an affection of the spine, which originated as long ago as the Crimean war, when she ministered so faithfully to the wants of the sick and wounded soldiers.

THE following names of Canadians appear in the lists as having recently passed the final examination of the Royal College of Physicians and Surgeons, of Edinburg, and Surgeons, of Glasgow, R. E. Walker, W. H. Merritt, C. McLeod, Miss Elizabeth S. Mitchell, P. W. Thompson.

Dr. C. A. Hodgett's, has recently passed the L.R.C.P. London examination.

Dr. Price-Brown, of Galt, is about to remove to this city, where he intends making a specialty of the treatment of the throat and lungs.

FLOATING KIDNEY.—Dr. Linder has recently published a work which goes to prove the remarkable assertion, that floating kidney exists in about one sixth of all females.

Books and Pamphlets.

TREATISE ON THE DISEASES OF WOMEN, by Alexander J. C. Skene, M.D., Prof. of Gynecology in the Long Island College Hospital, Brooklyn; formerly Prof. of Gynecology in the New York Post-Graduate Medical School, etc. With 251 engravings and 9 chromo lithographs. New York: D. Appleton & Co.

Anyone who is acquainted with the author of this work will understand its excellence. It is a thoroughly complete treatise on diseases of women, in which the most recent operations and improvements in treatment are ably described and illustrated. We have seldom had the pleasure of reviewing a treatise so readable. The chapter on fibroma of the uterus is, we think, one of the best. In that part of the work devoted to "inquiries to the pelvic floor," the reader will get an amount of information, which will show the immense progress the specialties of medicine are making in the

cure of disease. We can only say this is one of the most complete and practical treatises on the subject yet to hand.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, by Austin Flint, M.D., LL.D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, etc., etc. Fourth edition, entirely rewritten with three hundred and sixteen figures and two plates.

This author upon physiology is now so well known that any criticism of his work appears useless. We do not altogether approve of the system employed in taking up the subject. We would have been better pleased with the book had more space been afforded to the description of physiological apparatus and the details of physiological experiment. The chapters devoted to the discussion of the nervous system are worthy of every commendation. They are complete, so far as our knowledge of to-day is, and clear elucidations of a very complex mechanism.

HAND-BOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY, with special reference to the distribution of consumption in the United States. Compiled and arranged by Geo. A. Evans, M.D., Physician to the Atlantic Avenue and East Brooklyn Dispensaries, etc. New York: D. Appleton & Co.

This work deals, in a moral manner, with the subject of location of consumptives. It is a book which affords valuable information regarding the climatology of the United States, and one which can be profitably read by the physician and layman alike.

THE MODERN TREATMENT OF DISEASES OF LIVER, by Prof. Dujardin-Beaumez, Member of the Academy of Medicine, Paris, etc., etc., translated from the Fifth French Edition by E. P. Hurd, M.A., Newburyport, Mass. Stiff paper; pp. 180, 25cts. Cloth 50cts. Detroit: Geo. H. Davis, 1888.

A very cheap and well printed little work, giving all the latest points on the diseases of that important organ, the liver. Should commend itself to those wishing such an edition. The translator has apparently done his work well.

THE MEDICAL NEWS VISITING LIST FOR 1889. Weekly, for 30 patients; Monthly, for 120 patients per month. Perpetual. Each in one pocket-size volume, containing 48 pages of indispen-

sable data, with 5 illustrations, and 176 pages of classified blanks, ruled on fine writing paper. Flexible red leather, flap and pocket, pencil, rubber and catheter-scale, \$1.25. Thumb-letter Index, 25 cents extra.

This work has been thoroughly revised and brought up to date in every respect. The text portion (48 pages) contains data indispensable in the daily work of the physician and surgeon, including the latest therapeutic novelties, their doses and effects.

THE CASE OF EMPEROR FREDERICK III. Full official report, by the German physicians and by Sir Morell Mackenzie. The German report translated by Henry Schweig, M.D., New York. This is the only edition giving the unabridged reports, with all of the illustrations, of Sir Morell Mackenzie and of the German physicians. Cloth, \$1.25. Paper 75 cents. New York: EDGAR S. WERNER, 48 University Place.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI at its Thirty-first Annual Meeting, held at Kansas City, Mo., April, 1888.

DISINFECTION AND DISINFECTANTS; their application and use in the prevention and treatment of disease; and in public and private sanitation; by the Committee on Disinfectants appointed by the American Public Health Association, 1888.

MISS PARLOA'S NEW COOK BOOK.—Boston: Estes & Lauriat.

An excellent work, by an author who knows what she is writing about.

Births, Marriages and Deaths.

Married, on the 6th Nov., R. M. Bateman, M.D., to Minnie E., eldest daughter of Brereton Bunting, Esq., J.P., both of Pickering.

At Zion, on Nov. 21st, Dr. James Bray of Toronto, to Mary S., youngest daughter of John Treemer, Taunton, Ont.

At Toronto, Nov. 21st, E. Bromley, B.A., M.D., to Miss Elardge, both of Beeton, Ont.

At Brockville, Ont., Oct. 27, Dr. J. G. W. Pickup, aged 50 years.