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# CANADA MEDICAL RECORD

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DECEMBER, 1900

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## Original Communications.

### ODDS AND ENDS IN ORDINARY PRACTICE.

By A. D. STEVENS, M.D., Dunham, Quebec.

#### A PLEA FOR THE COUNTRY DOCTOR.

I can quite understand your anxiety to furnish your readers each month with a high-class periodical, and that you have, for the most part, reached the mark there is no doubt. It is only natural that the desire to attain to a high standard should possess you, or, if you prefer it, that your journal should compare favorably with your exchanges or contemporaries. In the meantime, be kind enough to let me ask how are slow and unpretentious men like your humble servant ever to be benefited by the ideal you set up unless you descend more often to their level—down, I say, where matters of every-day, all-round professional life in the country parts are disposed of? We are not anxious for assistance or instruction in opening the abdominal or cranial cavities. No one expects or asks us to master these details, but they *do* expect us to understand our midwifery and the management of diseases proper, with always surgery of a certain kind thrown in. What we seem to require most of the ordinary journalist is that light shall be let in upon our work in such a way that we can use it; we must be always prepared to act in emergencies upon our own resources independently, and stand or fall by the consequences. For the future, then, try and remember us; let us have our share of your pages.

And now, please, do not mind, publish or take seriously to heart this scolding, for I wish to get down to business as

soon as possible. Do not send me elsewhere for the kind of literature I describe, for I am just now out of change and unable to pay for it.

#### PARALYSIS AGITANS.

In a couple of cases of Paralysis Agitans—one recent, the other several years ago—nothing appeared to give as good results as the tincture of Hyoscyamus. It was first suggested for the purpose of allaying the nervousness both suffered from, but I have a strong impression that it effected more than that. Both were males and past the meridian of life when taken; both were previously as fine specimens of our race as you will ever meet in a community of farmers. I did not try Hyoscamine or Hyoscine, for the simple reason that I was not aware, at the time, that either the alkaloids or tincture had been recommended in the disease. But the end came at last; both are now sleeping with their fathers after an illness that lasted for years.

#### A POSSIBLE CASE OF POISONING.

A gentleman living here has five children; the youngest is a year and a half old and the eldest is twelve years of age. Two were at schools a half a mile apart; two were at home and the remaining one out driving with the father. The youngest one was suddenly seized with vomiting and cardiac depression, to be followed almost immediately after by the other child, who, it will be remembered, was at home, and showing precisely the same symptoms. Next, one of the children from one of the schools appeared and was suffering exactly like the other two. Directly after this, the fourth child was brought home from the other school in a strikingly similar condition, and, in a few minutes, the father drove in with the fifth and last child, who was in no way different from the others.

Just about this time it occurred to me that I had better examine the ground I was standing on, and on turning to the parents for light I was informed that the only *one* sort of food that *all* of the children had partaken of was milk. It seems that the father had, the day before, purchased

two cows, and the whole five had drank of the milk at breakfast for the first time.

And now, if it was not the milk that was at the bottom of the affair, what was it? It is not necessary to say that I claim no very great exercise of skill in the treatment. All, however, recovered in a few hours, and whatever anxiety we experienced soon disappeared.

#### HOURLASS CONTRACTION.

Is it not remarkable that I should have been in the practice of medicine all these years and meet with only one instance of hour-glass contraction at the internal os (fully twenty years ago) and one case (a few days since) of contraction at the middle of the uterus? With the single exception of ectopic gestation, I fancy I have seen about everything else that a medical man is expected to contend with in the practice of midwifery.

The confinement that I wish to describe went on well enough apparently until the delivery of the placenta was attempted, when I failed to find it where I expected. As there was then no reason to suspect that there was anything wrong, I waited a few minutes for its arrival down near the mouth, and in the meantime the nurse compressed the womb. However, soon after this it became evident that the patient was flowing badly, and the second attempt was made to reach the afterbirth, with the result that the uterus was found contracted in the middle and the placenta well shut up above the constriction. The next thing to do, was to get it out of its prison or enclosure and control the hæmorrhage. With the hand, or rather fingers, arranged conically, the constriction was dilated, the placenta detached and delivered, but not without a little pain and loss of blood on the part of the patient and the loss of more or less perspiration on the part of the doctor. This accomplished, and a full dose of ergot given, a good contraction was secured, and an arrest of the hæmorrhage obtained. The only after-treatment she received beyond the ordinary consisted in washing out the cavity of the womb with a mild antiseptic the next day. Her husband told me yesterday that his wife was all right—as well

as ever. Previous to this she had quite easily given birth to two children. And here would you mind if I express the opinion that it is not necessary to insist upon the douche, or injection, if you prefer the word, after every case of accouchement? It seems to me that, if the womb is thoroughly cleansed out and well contracted, nature may be safely relied upon to do the rest. So far as my memory serves me rightly, I have never seen a case of auto-infection except in consultation,—that is, in midwifery.

## NOTES FROM THE CLINIC

OF

DR. F. W. CAMPBELL,

Montreal General Hospital,

Professor of Medicine University of Bishop's College.

Calomel in doses of 1-10 of a grain, combined with a little white sugar, is a very valuable remedy in chronic diarrhoea. Calomel is one of the best of gastro-intestinal sedatives.

The Bi-Sulphide of Carbon poured on cotton in an open-mouthed bottle and held against the forehead will, it is said, promptly relieve nervous headache.

The addition of a small amount of white sugar greatly increases the solubility of borax.

Wine of Colchicum in doses of five to ten minims is useful in obstinate sciatica.

Slippery elm, infused in hot water, is excellent in throat diseases. It is especially valuable in obstinate cases of ptyalism, met with sometimes in the pregnant condition.

Obstinate cases of epistaxis are often benefited by having the patient soak the hands and feet in water as hot as can be borne.

Ergotole for hypodermic injections is preferable to ergotine. In a recent case of hæmorrhage from the bowels in typhoid fever it acted promptly and well. Two injections were given of 20 minims.

If during typhoid fever you notice a sudden fall in temperature, look out for hæmorrhage from the bowels. Give

a hypodermic of a drachm of ether, and follow it by a hypodermic injection of ergotole (Sharpe & Dome, of Baltimore, make it).

A drop of castor oil, it is said, will relieve the irritation and pain caused by a grain of sand in the eye.

Scarlet fever in colored children is not often seen. In them the eruption is a rich purple.

A combination of caffeine and digitalis is said to produce excellent results in cardiac dropsy. The caffeine increases the diuretic action of the digitalis.

Guaiacol mixed with an equal part of glycerine, applied over the seat of pain (neuralgic), or muscular pain, will often give relief.

The attention of the class is frequently drawn to the study of the physiognomy of disease. The tuberculous physiognomy is a common visitor to the Clinic, and is indicated by marked prominence of the ears, a wedge-shaped face, large eyes and prominent malar bones. Clubbing of the nails is almost constantly present. These indications are often met with before any definite evidence is found in the chest.

Women with varicose veins often present themselves at the Clinic, complaining of a tired, aching, hot feeling in the limbs. This feeling seems aggravated on going to bed, and the legs are moved about from place to place in the hope of finding a cool spot and getting relief. Surgical interference may come to the relief of the patient. Outside of this, very marked benefit may be obtained by careful bandaging with a bandage made of fine flannel. These should be worn night and day, and, if the stockings are worn at night and the bandages are properly applied, they will not need renewing for several days. A set of four bandages will last at least six or more months. They require to be damped and ironed and well rolled, before being applied, after being once on the legs. Patients very soon learn how to properly apply a bandage.

During the past spring several severe cases of urticaria or hives presented themselves at the Clinic. The patients complained of much acute discomfort, and there was consider-

able systemic disturbance. Fortunately, the cases were of comparatively short duration, and were traceable to some idiocyncrasy or disturbance of the digestive tract. The diagnosis, Dr. Campbell said, was comparatively easy, and can be assisted by learning that the patient has been indulging in some form of shell-fish, or possibly largely of some common fish. According to the severity of the attack, the body will be more or less covered with raised wheels or blebs—white on the summits and red at the base. The lesions are generally pretty uniform, and closely resemble the rash caused by the common nettle, "*urtica urens*." As a rule, the wheels are not more than an inch or so in size, but occasionally they are several inches, and such cases are called "giant hives." Still more rarely this may become confluent and cover the greater part of the body. Such cases, fortunately, are not common, but when met with the patient is driven to the verge of insanity, so intense is the itching. It occasionally comes out on the palms of the hands and the soles of the feet. Patients so afflicted suffer intensely. In treating this disease, the cause should be discovered, and, if possible, removed. Then a good full dose of sulphate of magnesia ought to be given, with a view of clearing the alimentary tract. The patient should be immersed in a full bath of a temperature of 90°, in which a pound of Bi-Carbonate of Soda has been dissolved. The immersion should last about ten minutes, and relief will be obtained in most cases. If the irritation returns, immerse the patient again. Subsequently put the patient on either Salicylate of Soda, fifteen grains every three or four hours, or Liquor Arsenicalis, two drops every four hours. When the remedies suggested do not give relief to the patients suffering, some Anodyne will be required, and none act better than Nепenthe in doses of twenty drops every four hours till relief is obtained.

Styes are not uncommon at the Clinic. Sometimes they are large and cause a great deal of discomfort. Sometimes a patient is met with who says "he has had a crop" of them. Occulists—some, at least—attribute them to eye-strain. Dr. Campbell says he has had much benefit from bathing the eyes every two or three hours with warm water, or a lotion

of warm water containing one drachm of Boric Acid to every four ounces. Internally he invariably gives a pill of gr. 1-4 of Sulphide of Calcium three times a day. After they have disappeared, he puts the patient on a mixture containing Compound Tincture of Gentian, Tincture of Nux Vomica and Hydrochloric Acid, which should be taken for at least a month.

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## Selected Articles.

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### A CLINICAL LECTURE ON THE PREVENTION OF VALVULAR DISEASE OF THE HEART IN CASES OF ACUTE RHEUMATISM.

*Delivered at the Liverpool Royal Infirmary.*

BY RICHARD CATON, M.D., F.R.C.P.

Physician to the Infirmary.

GENTLEMEN,—It is your constant experience and mine day after day on the medical side of this hospital to meet with cases of organic heart disease. These poor people come to us suffering from dyspnœa, dropsy and weakness after too often a severe struggle to accomplish the daily task needful for the earning of a livelihood. They have striven hard against increasing difficulties, until at length Nature can do no more, and they come to us almost in despair. We treat them as out-patients, or more frequently take them, into our wards, and give what temporary help we can. Nearly always we get the same sad story from them—a bad attack of rheumatism, after which they were never the same as before ; increasing breathlessness, then swelling of legs and feet, and inability for hard work. It is a painful experience for the doctor, especially when, as so often happens the patient is young, and his whole life is blasted by this terrible breakdown of circulation, a breakdown the urgent symptoms of which we can often alleviate, but the underlying essential defect of which we can never repair. Under these circumstances it is not wonderful that some of us have felt the urgent need for efforts to prevent this injury of the cardiac valves in rheumatism from which so much suffering and disablement result. No one can deny that the inquiry is important and is worthy of our best efforts. Nevertheless it is the fact that the great majority of our profession at present, while treating the rheumatic affection to the best of



their ability, leave the cardiac risk to fate ; they are deeply concerned if endocarditis occurs, but believe themselves powerless to prevent or influence it in any way.

Many of you have observed the care with which in my wards the heart is examined daily in every case of acute rheumatism, and also that certain rather unusual measures of treatment are applied. They are employed with the object of preventing organic valvular disease. I have told you why I employ these measures ; let me explain to you the theory on which the measures are founded, and give you a brief summary of the results which have hitherto been attained, and, finally, I wish to lay down one or two principles which it seems to me we should always keep in mind in the treatment of these cases :

1. On what theory can we reasonably hope to exert any influence on the endocardium, to prevent or assuage rheumatic inflammation, to remove the products of such inflammation, and prevent the crippling of the valve ?

In the first place we must stop the rheumatism as rapidly as possible, and prevent all aggravation of it by chills. We therefore keep the patient absolutely at rest in bed ; profuse sweats usually occur, in which there is great danger of chill, I therefore clothe the patient from head to foot in a warm flannel garment ; a large stock of these vestments is kept in my wards expressly for rheumatic cases. Salicylates are given in full dose, often with alkalis, and cholagogues in such measure as to cause free evacuations but not diarrhæa. The diet is confined to milk and light farinaceous food ; no red meat is given for a long time. The patient is kept in bed long after all pain and fever are gone, for never forget that the salicylate treatment, while removing pain and fever in twenty-four or forty-eight hours, does not remove the rheumatic entity itself (what ever that unknown entity may be) after less than two or three weeks of steady administration. The treatment I have thus far mentioned has nothing particularly new in it, but if you carry this out with strictness you will have a low percentage of cardiac complication. Out of many hundreds of cases, I have only had about 15 per cent. of cardiac troubles, which is a low average.

But, even if you do all that, you will have some cases of cardiac trouble, and of course it will often happen that the mischief in the heart has begun before you see the patient. What are you to do when you find that the first sound at the apex is getting soft, that a *bruit* has developed which you can often hear in the axilla, and that the second pulmonary sound has become accentuated in consequence of reflux through the mitral ? (a) You must keep the patient most stringently at

rest ; no raising the head, no excitement ; he must have the most perfect physiological repose you can devise. And why ? In order to give the heart all the rest possible, to make the intervals between the systoles as long as you can, to keep down blood pressure as far as is practicable. The endocardium when inflamed has dilated vessels and effused lymph and leucocytes in its deep layer. The valve cusps, being thickened and softened, become unable to withstand the pressure waves produced by a powerful systole ; it is possible, in fact, that the regurgitation which occurs, and which alarms us so much, is in itself a beneficial and a protective arrangement of nature lessening the pressure on the cusp of the valve. You know that there are no vessels in the valve cusp itself, but there are many connective tissue canals ; these are affected by the inflammatory process, and from them are effused those vegetations which project from the inner border of the free margin of the valve. Well, in order to protect the damaged valve during its period of infirmity and to give a chance to the restorative processes of nature to repair the damage done, we must give the heart a long and complete rest of several weeks, say five or six at least. (*b*) Next, is it possible to give any help to the natural powers in their strife with the rheumatic dyscrasia in the endocardium ? Can we give Nature local help against rheumatic ailments anywhere, in the joints, for example ? Yes we can unquestionably ; by the application of small blisters close to or just above a joint we can almost with certainty remove rheumatic swelling and pain. No one who has witnessed the results of the late Dr. Herbert Davies' method of treating acute rheumatism by blisters can doubt this for a moment. How is this relief afforded by these very small blisters ? I believe it is solely through their action on the cutaneous nerves and by the resulting stimulation of the trophic nerves of the affected part ; that, I believe, is the explanation of the efficacy of every form of so-called "counter-irritation." We get a stimulation of trophic and vasomotor nerves, and in consequence extra nutritive and reparative activity, and restoration takes place which without such aid might not have been accomplished. We see the same principle exemplified in a most simple and rudimentary form in the healing of an ulcer ; if nature is making no progress towards a cure, we stimulate the indolent tissues by applying such an agent as silver nitrate or some other excitant, and then healing and cicatrization begin.

Can we in any way stimulate the trophic and vasomotor nerves of the heart ? Is there any channel by which we can reach an organ which seems so peculiarly inaccessible ? Yes, I think there is one way, and only one. Every viscus has

relations with cutaneous sensory surfaces, as we have learned from the work of Gaskell, Sherrington, Head, Ross and other observers; the heart is in special relation with the first four dorsal intercostal nerves. As those of you who have been clinical clerks have often observed, morbid trophic changes in the heart, such as those involved in angina, degeneration, over-strain, etc., constantly manifest themselves by referred pains in the region supplied by those nerves. Now these are afferent nerves. Is it not at least possible that we can influence the heart by transmitting afferent impulses along these channels? If we stimulate these nerves, a portion of the impulse traverses the cord and reaches the cerebrum in a sensory form, but, as they are in special relation with the cardiac plexus, is it not probable that a portion of the message produces its effect on the heart, not in a sensory form, but as a stimulus to trophic function, as appears to be the case when we stimulate the nerves adjacent to a joint?

This is, of course, merely a hypothesis, and an entirely new hypothesis so far as I am aware, but it does seem to have much to support it, and as our methods of reaching the heart were so few, it seemed worth while to make all the use one could of this one. I have, therefore, for the last fifteen years applied small blisters, each in size rather larger than a shilling, in the course of these nerves—that is to say, over the upper part of the chest, between the clavicle and the nipple on either side. Only one blister is applied at a time, and after each a small poultice is placed on the blistered surface. Practically no pain or discomfort results if the small blistered surfaces are properly dressed and attended to.

(c) It is important that all inflammatory exudation should be absorbed and removed from the endocardium and valve cusps as early as possible. If the effused products remain in the substance of the valve and organise, probably the cusps never regain their normal mobility. I have seen a mitral cusp thickened after endocarditis to fully the extent of one eighth of an inch. Such a cusp, of course, cannot flap back in the quickly-changing flux and reflux of the blood current with each systole and diastole. It must necessarily cause stenosis or regurgitation, or both. We have some drugs which are believed to influence absorption, and particularly to attack such effusions into the tissues as are not fully organised and fortified by the ingrowth of nerve filaments and capillaries. The iodides and mercury are of this order. I always give one of the iodides, usually sodium iodide, during the treatment of one of these cases; and sometimes with caution a mercurial.

2. What has been the result of following this method of

treatment which I have now carried out for fifteen years? Let me first tell you what were the results following a merely expectant treatment carried on during several previous years, treating only the rheumatism and leaving the heart to take care of itself. In a number of my cases which I watched and followed carefully, the patient went out of hospital with a *bruit*, which unhappily was the origin of permanent heart disease, in almost all cases the mitral being the valve in fault. It was this succession of ill consequences which caused me to seek after some better system. After that I experimented the several methods which had been proposed by old writers, but without any encouraging result.

During the last fifteen years I have treated 85 cases of valvulitis in hospital on the plan above described. Of these, 54 already had signs of cardiac trouble, apparently recent when they came under my charge. Of these, after being subjected to the treatment above detailed, 34 left hospital with apparently sound hearts, while 20 had, I fear, valvular disease. Of course in many of these cases one could not be sure that the valvular mischief was really of recent occurrence. Thirty-one cases came into hospital with sound hearts (or at least having no *bruit*) and valvulitis occurred in hospital; they were treated *ab initio*. Of these, 27 went out with apparently sound hearts, 3 lapsed into permanent disease of the valve, and 1 remains under treatment. This has been a highly satisfactory result. Some of you have seen certain of these cases, but rarely more than one or two, because the series has extended over a period of fifteen years.

After prolonged treatment the *bruit* is found to become soft and to be heard with increasing difficulty; it then becomes variable; sometimes heard and sometimes not. A time comes when it is heard when the patient is recumbent, but disappears when he sits up; at length it disappears altogether and the accentuation of the second pulmonary sound also vanishes. But even after this satisfactory point has been reached, rest and care are required for a time. Many such a case have we watched in these wards. Whenever practicable, we keep the patient under observation for months or years after, and, provided no fresh rheumatic attack occurs, he usually does well.

3. Let me now briefly sum up the principles which in my judgment should regulate our treatment of acute endocarditis: (1) The chief importance of rheumatism consists in the cardiac risks involved. The complaint itself is rarely fatal, and, since the discovery of the utility of the salicylates, it involves a greatly lessened amount of pain and suffering. Its great seriousness consists in the fact that it

may, and very often does, cripple the heart for life, leaving the patient incapacitated for much of the enjoyment and for all the physical activity which were his birthright, not to speak of the suffering and the brevity of such life as remains. If there are any means by which there is even a hope of this great calamity being averted, surely we ought to give it a trial. (2) My own experience has convinced me that in the great majority of cases this calamity can be averted, but only at the cost of a prolonged rest, which in itself is more irksome to the patient than the other details of treatment which accompany it. If, however, the patient is told, in such a manner as not to alarm or distress him, what are the issues involved, he is usually quite willing to give himself a fair chance of recovery. So far as I can judge, the treatment is more efficacious if begun early; if delayed beyond a certain time, it is of no use, at any rate, in the case of adults. In childhood it has seemed to me that the restorative power is greater. I have seen a few cases of restoration of a damaged heart when no treatment but rest was adopted, and even one or two in the absence of a sufficient amount of rest, but my experience tells me these cases are few. Among children rheumatism is not infrequently devoid of pain. A sore throat, a little fever, some aching in limbs, perhaps a few largish spots on the skin, may be all that indicates an attack of rheumatism which, if unobserved, may leave the heart crippled. I advise you to examine the heart carefully in all such cases. Lastly, two brief cautions: If your patient's heart after rheumatic endocarditis appears to have become normal under treatment, warn him to avoid active or violent exertion for two or three months, and also to take every precaution against another attack of rheumatism. If that recurs within three months, the heart is almost certain to be again involved.

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## THE TREATMENT OF THE BREASTS AND NIPPLES DURING PREGNANCY AND THE PUERPERIUM.

By

GEORGE L. BRODHEAD, M. D.,

Professor of Obstetrics, New York Post-Graduate Medical School and Hospital; Instructor in Obstetrics in the University and Bellevue Hospital Medical College; Assistant Attending Physician to the Mothers' and Babies' Hospital; Fellow of the New York Obstetrical Society, etc.

With reference to the treatment of the breasts and nipples during pregnancy, there is little in my opinion to be said. In most cases the breasts and nipples do well with no preparatory treatment whatsoever beyond the usual

precautions for cleanliness. In other cases, in spite of the most careful preliminary measures, there will be no end of trouble, especially with the nipples. As a rule, the breasts require no treatment, but where the nipples are tender, or small and undeveloped, much good can be accomplished by proper care, especially during the last few months of pregnancy. In all cases the breasts and nipples should be bathed each day with warm water and castile soap. If the nipples are prominent, and not tender, this will be sufficient. If tender, a small quantity of albolene can be applied each night upon retiring, the ointment being placed upon a small piece of sterile gauze. Where the nipples are small, flat or only slightly protruding, the woman should, with perfectly clean fingers, draw them out by careful manipulation for a period of fifteen minutes each day of the eight weeks immediately preceding the time of confinement. For this purpose a lubricant, such as albolene, is to be used. The nipples can in some cases be made eminently suitable for nursing, where without the use of manipulation it would be impossible for the child to take hold. It seems to me that our purpose in the case of the nipples should be, not to harden them, thus making them more liable to crack, but on the contrary to keep them soft and pliable, in which condition cracking is certainly less likely to occur.

Taking up, now, the consideration of the breasts and nipples during the puerperium, it will be best to commence with the treatment of the nipples, for the reason that, if proper care be given them, serious trouble in the breasts will be of comparatively rare occurrence. The most direct and most common source of infection in the breasts is through imperfect or careless treatment of the nipples. It is my firm conviction that if the nipples are kept absolutely clean there will be no infection in the breasts themselves. The most essential element then in successful treatment of the breasts and nipples is that of strict attention to the details of surgical cleanliness. The nipples themselves, the child's mouth, the applications and the fingers of the nurse must all be kept as nearly sterile as is practicable. The child's mouth and nipples are to be washed both before and after each nursing with a saturated solution of boric acid made in sterile water. Gauze and albolene that are used for the nipples must be sterile, and the fingers of the nurse or attendant must be clean as well. The patient should not be allowed to touch the nipples at all, and she should be instructed that trouble as a rule takes its origin from dirt coming in contact with the nipple. In the intervals between nursing the nipples are kept covered with albolene on small squares of ster-

ile gauze. 'There is no other treatment which in my experience equals that just described, and, if carefully carried out, no fear need be felt of abscess of the breast. The plan as outlined was first tried by me some years ago, when Resident Physician of the Sloane Maternity Hospital, with such success in a large number of cases that I have used the same method in private practice ever since. If the nipples become cracked or eroded, there is no treatment comparable to that of the application of ten per cent. nitrate of silver solution. After each nursing, when the nipple has been bathed with the boric acid solution, the crack or erosion is carefully and gently exposed with the clean fingers of one hand, while with the other the silver solution is applied to the raw surface by means of the cotton-wrapped end of a match or tooth-pick. Just enough solution is used to coat the raw surface of the crack with its albuminous covering, after which the excess of silver is removed with dry cotton and the albolene applied as usual. After several applications have been made the cracks usually heal. If the lesions are large and the nipples very tender, it is advisable to use a nipple shield, at least until marked improvement has taken place. In using the silver solution great care should be used not to apply it in such amount that the entire nipple is blackened and made ugly looking. It is of no use anywhere except in the crack in the nipple, and with care its application can be confined to that portion alone. Breast cases for treatment may be divided into two classes, the first class being comprised of those women who do not nurse and the second of those who do. For various reasons many women either never nurse or nurse for a variable time, then give it up. But in any case where the breasts are not to be used for nursing, the treatment should be as follows: a tight breast binder should be applied immediately after nursing has ceased (or in case of still-birth, on the second day after labor), the nipples being protected by small pieces of sterile gauze. Cotton should be placed in the axillæ, around and between the breasts, and the binder applied as firmly as the patient can bear it with any degree of comfort. When once the binder has been evenly and carefully put in place, it should not again be removed, except for purposes of cleanliness, until the breasts are soft and painless. If the binder becomes loose it should, of course, be tightened; unless there is good reason for changing the binder, it is much better to leave it in place for the reason that the breasts are often very tender and painful, and manipulation tends to increase the discomfort. The binder should be applied to the breasts with the patient lying in the horizontal position, for the

reason that in that position the breasts are the more easily held in place, well up on the front of the chest. In many cases the tight binder alone will be sufficient to accomplish the end desired, the milk drying up quickly and with little or no discomfort. In other cases it will be necessary to limit the amount of fluids taken in order to reduce the distention in that way. In all cases where the breasts become caked and tender it is a good plan to administer large doses of salts, the Rochelle being the most pleasant, and as efficacious as any. Salts may be given in plain water, or preferably in Vichy, a half ounce every hour until the bowels have been freely evacuated. The large watery movements will relieve the distention to a great degree, and in the vast majority of cases these measures (binder, limited amounts of fluid and Rochelle salts) will prove successful. There are a few cases where it may be necessary to give small doses of morphine or codeine to relieve the pain, but the treatment as outlined will be found satisfactory in most of the cases. I have relied upon the plan to the entire exclusion of massage, the use of the breast pump, hot fomentations and belladonna ointment. When the binder has been nicely applied it is less painful to leave it in position than to remove it, and resort to the other measures just mentioned for the relief of distention.

In the second class of cases we have to deal with nursing women. In many of our patients nothing more will be necessary than to support the breasts upon the front of the chest during the intervals between nursing, by means of a binder applied in such a way that the breasts are merely held in position, no pressure being made upon them. If the breasts are over-distended, pressure may be used, but, where the milk supply is only moderate, pressure should be avoided for fear of decreasing the amount of milk. The breasts in all women should be supported in some way to prevent the caking which is often the result of a pendulous position. If there is pain and tenderness, the breasts should be carefully massaged by the nurse with clean hands about once every four hours, or less often as occasion may demand. The object of such massage, where caking exists, is not to remove a large quantity of milk from the breast, but to distribute the milk equally throughout the gland. Where the pressure is even throughout there will be little pain, and the supply will soon be regulated to a large extent by the demands made by the child. Fluids should be taken in such cases in limited amounts in order to prevent further distention. Great care should also be taken in such cases to see that the infant nurses well, for when nursing is properly established trouble will usually come to an end. Again, much good can be



accomplished in cases of over-distended breasts by the use of repeated doses of Rochelle salts, a tablespoonful in a glass of Vichy every hour until the bowels are freely evacuated. The breast pump creates to my mind an artificial demand, and with its use a longer time is required to establish a proper balance between supply and demand. Where, on the other hand, milk is desired for the purpose of feeding a premature infant, or one for any reason too weak to nurse, a breast pump carefully cleaned and properly used is of the greatest possible advantage. Where the milk supply is deficient, massage should be used three or four times each day—large quantities of rich milk, eggs, butter and cream taken and some form of malt extract administered three times a day.

A moderate rise of temperature may accompany distention and pain in the breasts, but as a rule the pulse does not become accelerated to a degree corresponding to the rise of temperature. Where the pulse and temperature suddenly rise to a marked degree, infection is, as a rule, to be strongly suspected, and to those cases, on careful palpation, a painful indurated area may be found in the breast. Where every possible precaution is taken to keep the nipples and breasts absolutely clean, abscess of the breast is exceedingly rare. In a service of several thousand cases at the Sloane Maternity Hospital, there were but few in which abscess was threatened and but three cases in which operation was performed for the relief of such a condition. Even where infection has taken place and we have a painful indurated area in the breast with increased pulse rate, rise of temperature and perhaps a chill, the inflammatory process can be checked and a cure brought about in many of the cases by prompt, energetic, careful treatment. In these cases I believe massage to be of the greatest value, for by that means the pus, which is at first located in the ducts themselves (the process not having extended into the connecting tissue surrounding them) can be slowly and carefully removed in part at least and wiped away from the nipple as it appears there with a sterile wipe. Massage should be at first made lightly, then gradually with more pressure, the aim being to bring the pus from the gland to the nipple, there to be sponged away. The pain is oftentimes very great, but the patient generally prefers to have it done rather than run the risk of having an operation performed. Massage should be used once every four hours, and during the intervals an ice bag should be constantly applied to the painful area, the breast being held up in proper position with a breast binder. Here again large doses of salts are of great value, and for great pain small doses of codein are of service. If pus is present

the child should discontinue nursing, but, if not, nursing should continue. I have repeatedly seen recovery follow this plan of treatment, in one case inflammation having occurred in both breasts. One point must be emphasized, and that is, treatment must be commenced immediately upon the appearance of suspicious symptoms and kept up continuously until all danger has passed. I know of no greater satisfaction than to save a woman from operation in case of abscess of the breast by careful systematic treatment. Where treatment fails, the area of inflammation increases and the skin becomes reddened, there is, of course, the necessity of free incision, curettage and the usual treatment for abscess in any other part of the body. The incision should be in a line radiating from the nipple so as to cut as few ducts as possible, and should be extensive enough to open up all the pockets which may exist in the inflamed area. After hemorrhage has been checked by packing the wound with iodoform gauze, a wet one per cent. carbolic acid dressing is applied. On the following day the wound should be lightly packed with a strip of wet carbolic gauze (one per cent.) and the wet dressing changed each day until the wound is ready for a dry dressing. Breasts treated in this way heal in the course of several weeks, and in subsequent puerperiums nursing may go on in a natural way unless too much of the glandular tissue has been destroyed by the inflammatory process.

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### TYPHLITIS: EXTREME CASE OF BLOOD CURED.

By T. J. BIGGS, M.D., Stamford, Conn.

Henry S., aged 39; American; admitted June 2nd, 1900. Diagnosis: Typhlitis.

The patient had been suffering for a week prior to entering the hospital. It appeared that his condition began with pain and tenderness in the right iliac fossa, and along the ascending colon. An examination at the time of his entering the hospital revealed a slight prominence in this region. At first the bowels had been constipated, but now small liquid stools occurred every two or three hours. This was due to accumulation of the hardened fæces in the sacculated periphery of the cæcum. He also suffered with much local pain and tenderness. Temperature was  $103\frac{1}{2}$ ; he was very restless and had occasional attacks of vomiting, and almost constant nausea. The vomited matter at first contained the contents of the stomach, but in 24 hours the con-

tents of the duodenum contained a great deal of bilious matter. He was suffering from great depression of the vital powers. Peritonitis had developed on the right side.

The patient was put to bed, placed on a strict bovine diet, a tablespoonful in milk being given every two hours. He was also given a thorough rectal purge, followed by small doses of morphine to control the pain.

For the first 24 hours he retained the bovine nicely, but on the afternoon of the third he vomited everything, even water. The quantity of the bovine was now reduced to twenty drops in a little iced grape juice every hour. The bowels were cleaned out, first by injecting a pint of olive oil, then later a soap suds and glycerine enema. This was followed by a large evacuation.

On the 5th the patient could not retain anything by stomach, so it was decided to treat him per rectum. Consequently, he was given three times a day a high rectal feeding, consisting of four ounces of bovine, four ounces of milk and an ounce of lime water. These were retained, and the patient began to show improvement.

On the 10th the pain and tenderness in the right iliac fossa had almost subsided, the fever had dropped down to 100 1-5, bowels were moving normally. The bovine was now resumed per stomach, half a teaspoonful every hour in lime water, and the rectal feedings employed twice in twenty-four hours.

On the 16th the temperature was normal, pain and tenderness over the right iliac fossa had entirely disappeared, patient not nervous, and the stomach retained the bovine feedings without any inconvenience. The rectal alimentation was now discontinued, and bovine ordered, a tablespoonful every two hours in a little peptonized milk and lime water.

On the 20th the patient was up and about, complained of no pain, bowels regular, all soreness and swelling had disappeared from the abdomen, and his strength was excellent. The bovine was now ordered, a wineglassful every three hours in peptonized milk.

On the 26th he was allowed a light general diet, and the bovine was given three times a day. On the 28th he was discharged cured.

This case, prior to coming into the hospital, had been under treatment by two competent surgeons, and they both advised immediate operation. Consequently, I deem this to be a remarkable case, and one of much clinical interest to the profession at large.

# Progress of Medical Science.

## MEDICINE AND NEUROLOGY

IN CHARGE OF

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### THE PREVENTION OF TUBERCULOSIS.

The Tuberculosis Commission of Munich (*Philadelphia Med. Jour.*, March 24) has formulated regulations for the prevention of tuberculosis:—

“ 1. The periodic disinfection of all localities much frequented by the public, especially rooms in which many individuals congregate, such as schools, society rooms, churches, cafés, restaurants, hotels, orphanages, barracks, libraries, convents, hospitals, dispensaries, stores, tramways, railroad cars and cabs.

“ 2. The prohibition of spitting on floors in rooms and public conveyances; the placing of cuspidors in parks and other public places and in vehicles of transportation.

“ 3. The establishment of special play-grounds for children, in order to avoid their playing in localities which phthical patients might visit.

“ 4. The disinfection and whitewashing of rooms where a case of phthisis or a death from that disease has occurred.

“ 5. The annual medical inspection of persons frequenting schools, academies, offices, factories, etc. Any cases found should be reported to the authorities.

“ 6. The establishment of people's sanatoriums.

“ 7. The hygienic instruction of the tuberculous, so that they may be able to protect themselves and those coming in contact with them.

“ 8. The isolation of the phthical cases in military and general hospitals; if possible, the erection of separate pavilions.

“ 9. The prohibition of the bathing of the tuberculous with healthy persons; the establishment of separate bath houses for the former, under medical supervision.

“ 10. The removal of all tuberculous individuals from the schools, and their transfer to colonies in the country, where they may be treated.

“ 11. The formation of committees with the object of sending the children of poor persons who are suffering with

tuberculosis, or who have died of that disease, into the country in order to remove them from the infected houses. The children of rich families should also be removed from their homes for a certain length of time.

" 12. The improvement of the hygienic and dietetic conditions of the poorer classes by the erection of public kitchens, wayfarers' lodges, bath houses, etc.

" 13. Philanthropists should make it their object to improve the nutrition and hygiene of individuals in poor families in which tuberculosis has occurred.

" 14. The linen of tuberculous persons must be disinfected before being brought into contact with the linen of others.

" 15. The marriage of very young persons whose appearance suggests that they are inclined to tuberculosis should be opposed. Persons in whose sputum bacilli are present should be prohibited from marrying.

" 16. The compulsory periodic examination of domestic animals which might become tuberculous.

" 17. The monthly inspection of stables ; supervision of the hygiene of the kitchen, of milking and milk vessels ; scrupulous care in creameries.

" 18. The supervision of markets and abattoirs.

" 19. The erection of stations at the borders of countries for the inspection of imported animals.

" 20. Strict regulations regarding the products of factories.

" 21. The giving of weekly lessons in hygiene at public schools.

" 22. Each child at school must have its own drinking cup and its own towel.

" 23. Instructions to second-hand dealers in books, clothing, etc., to have their wares disinfected. Disinfection of library books, as well as of objects that serve for school or general use, must also be performed at certain intervals."—*Modern Medicine.*

## RATIONAL TREATMENT OF NEURASTHENIA.

Dr. Frederick A. McGrew (*Journal of the American Medical Association*, June 9, 1900) classifies his cases of neurasthenia under three heads : (1) development neurasthenia ; (2) overstimulation neurasthenia ; and (3) developmental plus overstimulation neurasthenia. The developmental neurasthenic needs such exercise (*not rest*) as shall tend harmoniously to develop and strengthen every part of the physical organization, change of diet and surroundings, combined with stimulating and eliminative hydrotherapeutic measures

and massage. The overstimulation neurasthenic will be best benefited by complete rest. Dieting, general massage combined with passive movements, special abdominal massage, fomentations along the spine and over the stomach and liver, saline sponging and general faradism are measures promoting the elimination of fatigue and waste products and increasing the general muscular and arterial tone. In a neurasthenia in which the developmental and overstimulation elements are both concerned, it is a delicate matter to determine how much is due to insufficient nervous vitality and how much to the abuse of what vitality there is. For the purpose of treatment an approximate estimate must be made, and a course plotted accordingly.—*New York Medical Journal*.

### THE INFLUENZA HEART.

Saundby ("The Influenza Heart," *Birmingham Medical Review*, November, 1898) divides the cardiac troubles of influenza into functional and organic. The functional troubles are alterations in the rate and rhythm of the heart's action, more often of the nature of bradycardia, less often of tachycardia. Those of an organic nature are cardiac dilatation, with indications of insufficiency of the left ventricle. The treatment Dr. Saundby finds most valuable in functional cases is rest, careful attention to diet and the functions of the stomach and intestines, with small doses of iron, arsenic, and in some cases, when there is persistent rapid action of the pulse, digitalis. When the heart is dilated, in addition to the above measures, Dr. Saundby desires to urge very earnestly the supreme utility of the Schott or Nauheim treatment. After four years' experience of this system, he is convinced that for cases of simple dilatation of the heart no other treatment can approach it in value.

Bunch ("On some cardiac affections due to influenza," *Treatment*, February 8, 1900) for the influenza heart advises rest for a large portion of the day, and Oertel's or the Schott treatment when there is cardiac dilatation. Of drugs he finds strychnine very useful in curing arrhythmia, and for relieving precordial discomfort and the sense of anxiety and sleeplessness, there is nothing so valuable as morphia.

Abée ("Favorable results of compression of the cardiac region in patients with organic lesions of the heart," *La Semaine Médicale*, 31st January, 1900), noticing that the subjects of organic disease of the heart often are relieved by pressing with their hands over the cardiac region, has tried the effect of pressure by the aid of a thick pad on the im-

provement of certain troublesome cardiac symptoms, which resist all other methods of treatment. He tried this in 29 patients, of ages varying from 30 to 45 years, suffering from valvular lesions, aneurism of the aorta, arterial sclerosis with myocarditis, and Graves' disease, with cardiac hypertrophy. In all these cases, and especially in those with cardiophtosis, wearing the pressure pad has wonderfully improved the dyspnoëic and painful phenomena, and made it easier for the patients to sleep.—*Medical Chronicle*.

### THE CHEMICAL DIAGNOSIS OF GASTRIC DISEASES.

Vaughan Harley thinks that chemical methods in the diagnosis of gastric affections have been greatly neglected in England, although the stomach tube and an analysis of the gastric contents are frequently indispensable. The only contra-indication is recent hæmatemesis. Since the stomach reacts differently to different stimuli, standard meals must be employed. In analyzing the contents Ewald's, which consists of two cups of weak tea and two slices of dry toast taken an hour before the contents of the stomach are removed, gives the best results. For the investigation of the motor power of the stomach Leube's meal, consisting of  $\frac{1}{4}$  lb. of freshly-minced meat and a little bread taken while fasting, is the most satisfactory. Four, five to seven hours afterwards the tube is passed, and any remains of the meal are noted. Normally there should be no residue after five or six hours. When there is increased gastric irritability, and consequently increased mobility, the stomach may be empty between the third and fourth hour, but with lessened motility a residue may be found even sixteen hours after the meal without any pyloric stenosis. The motor power may also be investigated by giving salol and testing the urine every ten minutes with perchloride of iron until a red color appears. This occurs normally in about one hour, but in a case of deficient motility may be delayed for four or five hours. It is an obviously inconvenient method. After having analyzed the contents and tested the motor power, the size and position of the stomach should be determined by percussion after distending it with gas, either by blowing down a stomach tube or by giving half a drachm of tartaric acid and followed directly by the same quantity of bicarbonate of sodium. This is preferable to the other numerous methods, including gastrodiaaphany. 1. The total acidity and the free HCl are increased in gastric ulcer, digestion being usually quicker than normal. 2. Acid dyspepsia may be divided

into cases where (a) the excess of acid is due to HCl (hyperchlorhydria), and (b) where it is due to increase of the volatile acids. These latter cases are those which benefit the most by bismuth and sodium carbonate taken some time after meals. On the other hand, in hyperchlorhydria, unless the cause is removed by dieting (plain food with no pepper, mustard, or spices, and but little table salt), bismuth and prussic acid mask the symptoms while fermentation increases and at once dilatation supervenes. Hyperchlorhydria is usually accompanied by increased motor power; its chief symptom is pain, coming on three or four hours after food, and relieved at once by taking more. (c) Another form of hyperacidity is gastro-succorrhœa, where, though fasting, the stomach may contain a considerable amount. It is generally due to worry, and may be intermittent or constant. 3. In malignant disease a deficiency or absence of free HCl may help the diagnosis in a doubtful case, though there may be a complete absence of it in other conditions also, such as neurotic dyspepsia. Mucus and lactic acid are increased. 4. All cases of gastric trouble, usually described as functional, now come under the head of neurotic dyspepsia. In this HCl is absent or diminished, the volatile acids are increased, often enormously, the digestive power is delayed or totally absent, the motility is diminished, dilatation is usually and gastropnoia nearly always present. In an uncomplicated case mucus is not increased. The ordinary signs of neurasthenia, though commonly, are not always present. Analysis in these cases is of the utmost importance; for instance, in one of the author's cases a diagnosis of gastro-succorrhœa would have been made from the symptoms, but in reality HCl was entirely absent. Treatment is largely hygienic. Internal faradism is most useful, though Weir Mitchell's treatment also is essential in bad cases. NaCl should be withheld as much as possible. The diet should be dry, and liquids taken only as hot water an hour before or three hours after meals, the chief of which should be in the middle of the day. Of drugs strychnine and arsenic are the most useful, though opium is occasionally necessary. When HCl is deficient sodium bicarbonate may be given an hour before meals. Regulation of the bowels is a necessity. 5. Since the introduction of the stomach tube most cases of what used to be called gastric catarrh are now placed among the neuroses. Genuine gastric catarrh almost always depends on some irritant, such as alcohol, tobacco or spices. The gastric contents resemble those found in ordinary neurotic dyspepsia, though mucus is always present, generally in excess.—*Practitioner.*



## CONTINUOUS USE OF DIGITALIS IN HEART TROUBLES.

J. Groedel, in the *Practitioner* for April, 1900, says that cardiac insufficiency is an inevitable result of advancing heart changes. Compensation is established in most cases of valvular disease and may last for months or years, but if the patient lives there is sure to come a time in which heart failure is more or less pronounced. In those cases he recommends continual administration of digitalis, and advises that we should not wait until signs of want of compensation develop, such as dropsy, anemia and tachycardia. He recommends that the digitalis be given in doses of from eight to ten grains once each week. At such wide intervals the drug has no cumulative effect, but during its administration the quantity of urine should be carefully determined, and if it is not augmented the drug should be withdrawn. In the great majority of cases the digitalis is well borne by the patient, and the charge which is made that the drug causes a loss of strength and increases the weakness of the patient is unfounded, these changes occurring as a result of the disease for which the drug is given, and not of the drug itself. He is convinced that where fatty degeneration is markedly benefited by digitalis there is sometimes a subjective cure of these cases.—*Gaillard's Medical Journal*.

## HOT AIR IN CHRONIC RHEUMATISM.

T. L. Satterthwaite recently read a paper before the New York Academy of Medicine on this subject, an abstract of which appears in the *Medical News* of April 14, 1900. He says that the application of superheated air was originally suggested in *Medicine* by Turkish baths. A patient in a simple warm chamber rebreathes the products of his own respiration. In a Turkish bath the temperature cannot be raised above 170° F.; in the hot air, parts of the body can be subjected to a temperature of 400°. The main idea in the apparatus so far devised for giving the hot-air treatment has been to keep the skin dry while the air is heated all around the limb or part of the body that is to be subjected to the high temperature. For this purpose, when the temperature to be borne is not very high, the part is simply covered with a Turkish towel. When temperatures above 300° F. are to be employed, the part must be carefully wrapped and no spaces allowed to exist between the cloth and the skin; otherwise the perspiration at these points will become so heated as to scald the patient. Machines properly constructed should be so lined with asbestos that

the patient may not come in contact with the heated metal. Glycosuria is not a contraindication for the hot-air bath, but in anemia, fatty degeneration and arterial sclerosis it may be dangerous. The rise of pulse and temperature, and a certain tendency to increase of blood-pressure, would seem to make it unadvisable to use it in such cases.

When a limb is subjected to hot-air treatment, there is first a lessening and then an increase in the circulation of the skin, with the injection of the peripheral capillaries and a sense of warmth. The pulse gradually rises until it is from ten to twenty-five beats higher than it was when the treatment began. There is a rise of temperature of from one to five degrees. There is usually an increase of respiration up to twenty-two or twenty-four per minute. A general sense of comfort comes over the patient and continues as long as the treatment is doing good. After a time, which is variable in different patients, a nervous depression supervenes, which should not be allowed to continue. As a rule, the treatment should stop just short of this, and then it will have its maximum effect.—*Gaillard's Medical Journal*.

### THE RATIONAL TREATMENT OF PNEUMONIA.

SIR HERMANN WEBER, in a recent article in the *Practitioner*, gives some interesting summaries respecting the results of different methods of treatment pursued in Bonn and in London in the treatment of pneumonia. The mortality is higher in Bonn than in London, being from fourteen to seventeen per cent., while in London the death rate is twelve to fourteen per cent. The remedies recommended are blood abstraction and tartar emetic, opium and salicylate of sodium. One would not expect to see a very great difference in the results, whichever one of these remedies might be employed.

It is very strange indeed that the profession is so slow to lay hold of the powerful therapeutic means offered by hydrotherapy for combatting this disease. It has been shown again and again by statistics of undoubted reliability that the mortality in pneumonia may be reduced to four or five per cent. by the judicious use of hydiatic measures. The cooling compress (applied at 60°, changed every fifteen to forty minutes), the prolonged neutral bath (88°-94°), and especially wet-sheet packing prolonged to the sweating stage, have been shown to be therapeutic measures of the highest value in the treatment of this grave malady.

The writer had a good opportunity to observe the value o

the hydriatic method of treating this disease a few months ago on the occasion of a visit to Old Mexico. While spending a short time at the Guadalajara Sanitarium, Guadalajara, Old Mexico, we were asked to visit a Mexican gentleman who had been sick with pneumonia for one week. He had employed six physicians, and had finally been given up to die. We found the patient extremely low,—pulse 146, respiration 44, temperature  $100\frac{1}{2}^{\circ}$ . The patient was so feeble that he could barely whisper, his lips were blue, and the skin cyanotic. Shortly after we first saw the patient he became so wildly delirious that four men were required to hold him in bed. He had had no sleep whatever for several days.

Vigorous hydriatic treatments were at once employed. The means consisted chiefly in a short fomentation to the chest every three or four hours, followed by the heating compress at  $60^{\circ}$  and changed every twenty minutes. Cold mitten friction (for description, see *Modern Medicine* for May) and the cold towel rub administered every two to three hours. The wet-sheet pack was applied and continued until evidence of perspiration appeared. The patient fell asleep during the second application of the pack, and awoke with his mind clear. At the end of three days convalescence was established, and the patient made an excellent recovery. It is interesting to note that so eminent an authority as Sir Samuel Wilkes (*Practitioner*, February, 1900) condemns the employment of digitalis, asserting that it will not lessen the pulse except when given in injurious doses. He also condemns blisters on the chest, and speaks disparagingly of the use of cold, but evidently because it has not been properly used. Continuous cold to the chest is not to be recommended in pneumonia, but intermittent cold applications, such as the cold compress applied at  $60^{\circ}$  and allowed to remain from fifteen to forty minutes, or a sufficient length of time to become warmed by the body heat, are exceedingly valuable. By this means the tendency to stasis in the pulmonary vessels is antagonized, and leucocytosis is encouraged. With each application of cold the blood vessels are contracted, and the lung is, so to speak, squeezed, and the blood vessels are emptied of their contents. As the compress warms, the blood vessels of the lungs relax, and new blood flows in, bringing with it a fresh supply of leucocytes. By this means a continuous procession of fresh leucocytes is supplied to the lungs, passive congestion is antagonized, the vital resistance of the tissues is increased, the temperature is lowered, the heart action is sustained, and the healing powers of the body are thus aided in the restora-

tion of the patient. Insomnia, cerebral congestion, delirium and elevation of temperature are easily combatted by means of the wet-sheet pack. In cases of hyperpyrexia a cooling pack may be employed. In this the wet-sheet is renewed several times, the duration being lengthened each time. The first sheet is changed at the end of eight or ten minutes, the second at fifteen minutes, the third after twenty minutes. The patient is allowed to remain in the fourth sheet until reaction is complete and perspiration is encouraged, although the pack should not be continued longer than from one to two hours, even if perspiration does not appear. The pack is especially valuable in cases of this sort, for the reason that it congests and stimulates the skin, thus relieving both the pulmonary and cerebral congestion.

Hydrotherapy certainly affords the most rational measures for the treatment of pneumonia. With the extension of the practical knowledge of hydriatic methods, the mortality may be reduced to one third or even one fourth the present rate.—*Modern Medicine.*

## THE EHRlich DIAZO REACTION.

By Dr. J. R. ARNEILL.

*Am. Jour. Med. Sc., Post Graduate.*

The author states that if the diazo test is applied in a routine way, and alone depended upon for the diagnosis of typhoid fever, the vast majority of the cases can be correctly diagnosticated. The crucial part of the test, he says, is the production of a pink foam after the characteristic red ring.

The Ehrlich diazo-reaction is a color reaction, and depends upon the production of dyes by the chemical union of suitable organic substances with a diazo compound. In carrying out this test two solutions are required, which are termed respectively Solutions I and II.

	Reagent.	
Solution I.....	}	Sulphanilic acid..... I
		Hydrochloric acid..... 50
		Distilled water, ad..... 1000
Solution II.....	}	Sodium nitrite..... 0.5
		Distilled water, ad..... 100.0

To fifty parts of Solution I. add one part of Solution II. and shake. To a few c.c. of this mixture, and an equal quantity of urine, add a quantity of ammonia equal to about one-eighth of the combined volume of the mixed urine and solution, letting it run down the side of the test tube.

At the point of contact of the ammonia and the mixture, colored rings of various tints form, ranging from light yellow, through dark yellow, orange and brown to eosin or garnet, depending upon the urine. The formation of a red zone is an indispensable part of the true Ehrlich diazo reaction. It is also essential that, on shaking, the foam takes on a pink color. This color varies considerably in its intensity, depending upon the strength of the reaction, from the palest rose to the deepest pink, *but must not be any other color*, such as salmon, orange, etc. A third part of the reaction, which the author disregards, consists in the separation of a greenish-black or violet-black precipitate, which forms a layer on the surface of the light-colored sediment when the tube has been allowed to stand for 24 hours.

If the mixture of Solutions I. and II. is not used immediately it should be placed in a dark bottle and kept as cool as possible. The urine likewise should be as fresh as possible.

The cause of the reaction is not known. It has been attributed to diacetic acid and to acetone. In polyuria the reaction may disappear, but on concentration of the urine the test becomes positive. Various materials, such as bilirubin, urobilin and carbol, interfere with the reaction somewhat, but can be removed by sugar of lead or animal charcoal.

The author uses 40 parts of Solution I. instead of 50, and no attention is paid to the green precipitates.

The author gives a table, comprising the results obtained in 405 cases, representing eighteen different diseases in which it is seen that the diazo reaction is practically limited to one acute and one chronic disease, namely, typhoid fever and tuberculosis. Out of 81 positive reactions, 19 were in typhoid fever and 42 in tuberculosis.

The question often arises, does the intensity or duration of the reaction correspond with the severity or length of the fever? The author answers in the affirmative as to the duration of the reaction. If a patient with the clinical symptoms of typhoid fever comes under observation toward the end of the second week of the disease and diazo is absent, the chances are that the infection is on the decline and a mild course is to be prognosticated. If, on the other hand, the diazo continues and increases in intensity, the case is liable to be prolonged and more serious.

To illustrate the constancy with which this reaction is present in typhoid fever, the author gives the statistics of different investigators. In his own series it was present in 19 out of 22 cases. Hewetson found it in 136 out of 196 cases. The combined cases of Ehrlich, Spiethoff, Brecht, Brewing, Paterson, Jez and Nissen number 178, of which

174 gave the reaction. Rivier has collected 536, of which 520 gave the reaction. Gerhardt says that in his clinic during a period of five years only one *bona fide* case of typhoid fever, which was proved post mortem, failed to give the diazo reaction. Zinn found the reaction in 75 per cent. of cases. Clement found it in 135 of 156 cases. Greene obtained a positive result in 28 of 29 cases. Friedenwald found it in 20 of 21 cases, and Dawson in 44 of 85 cases.

Out of a total of 82 cases of *tuberculosis* observed by the author, the reaction was shown in 42. In cases of pulmonary tuberculosis in which the diazo reaction is found continuously for some days, the author believes, with Michaelis, that grave prognosis should be made. Furthermore, he states that all such cases of tuberculosis may be considered in the third stage of the disease. According to Clemens, on an average between 20 and 30 per cent. of consumptives give the reaction. The prognostic value of the reaction in this disease can be gathered from the fact that in 100 of Clemens' fatal cases 87 of them gave the test. Michaelis states that the great majority of consumptives who show a marked diazo reaction for several days die within half a year. In 88 cases, which he collected since 1896, 63 gave a positive, 25 a negative reaction. Of the 63 diazo cases, 50 died in the hospital, 5 left unimproved, 2 were transferred and 6 improved. Of the 25 cases without diazo, 20 improved, 1 left cured, 2 died and 2 did not improve.

In *measles*, statistics show the reaction to be very constant. Combining the statistics of Brewing, Brecht, Fischer, Nissen, Rivier and Clemens, we have 96 cases, in which the reaction was positive in 86.

In deciding upon the clinical value of Ehrlich's diazo reaction, says the author in conclusion, we can fairly discard the work of all investigators who have not performed the test in accordance with the directions laid down by Ehrlich or who have not considered the pink foam as the important factor in the test.

### FECAL IMPACTION.

The diagnosis of retained feces is really a very simple matter, and it is, on account of its simplicity, very often neglected by the practitioner, whose prevailing fault is to shoot with raised sights, and oftener overshoots the mark than otherwise. The color of the daily evacuation is a very good index. Black or very dark green stools indicate that the feces are ancient. Feces that pass promptly through on time are of a light yellow color. Offensive odor is a certain sign of

decomposing feces in the bowel. Normal excreta do not smell offensive, and are nearly odorless. A foul, fetid breath is an almost certain indication, and is often erroneously referred to other conditions. But, above all these, a physical examination is so simple and so satisfactory that we need never be mistaken. Place the patient on his back with the knees well brought up; place one hand on the abdomen below the tenth or eleventh cartilage, with the fingers of the other hand in the posterior hypochondriac region. Either the ascending or descending colon can then be pressed forward against the hand on the abdomen. Keep this hand firm and immovable and there will be no difficulty whatever in detecting any accumulation. Percussion sounds are often unreliable, owing to accumulations of gas, which give a resonance where dullness should indicate impaction; but conjoined manipulation is quickly practiced and completely satisfactory in all cases except extremely obese patients, and in these the rectal tube will soon tell the tale.—*Medical Era.*

### NEURALGIC PAIN.

I noted, somewhere, that a writer recommended for the spasmodic contractions of the uterus, during some cases of childbirth, ten or twelve drops of guaiacol rubbed gently over the uterus; it quieted the pains, rendering them more steady and lasting. I thought that, if it eased such neuralgic pain, it might also ease facial neuralgia, and tried it in a case of ciliary neuralgia—five or ten drops were gently stroked into the skin and the relief was immediate. I tried it in several cases of muscular pain with same results. In one case, a negro woman, who had suffered all night from pain in the neck resembling torticollis, went to sleep in less than five minutes. I would have reported it sooner, but thought everybody knew it. Wet the finger from mouth of vial and gently rub it into the skin; that is all, and the pain stops. It is, as Dr. Burgess says, “wonderful” how quickly it eases pain. Do not rub it in hard on delicate skin, as it sometimes causes a little smarting.—DR. BRODNAX.—*Summary.*

### CHOREA.

S. D. Hopkins, in the *Journal of the American Medical Association*, reports on the treatment of nineteen cases of chorea. He has obtained the best results with antipyrin, which is given according to the method of Dr. Eskridge. The drug is given in increasing doses, the initial dose being as many

grains as the child has years, and increased 1 grain a day. In mild cases the antipyrin is given in the evening, but if severe it is given three times a day. In the mildest cases the patient is allowed to sit up part of the day, but in severe cases absolute rest in bed is enjoined. Antipyrin is not given if there is fever, or if the heart is weak. As soon as the choreal movements cease, or become greatly diminished in severity, the antipyrin is stopped and small doses of arsenic and iron are ordered.—*Pediatrics*.

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## SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College; Assistant-Surgeon, Western Hospital;

AND

GEORGE FISK, M.D.

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### SPINAL COCAINE ANESTHESIA.

J. B. Murphy, in the *Chicago Clinic* for September, 1900, calls attention to the fact that cocaine injection in the subarachnoid space of the spinal canal was first administered by J. L. Corning, but of late it has been exploited and its practicability demonstrated by Tuffier. The writer claims that in this new method of anesthesia we have one that is easy of application and by it all tissues are rendered analgesic below the diaphragm. The sense of touch is not impaired, the reflexes are absent, and the consciousness of the patient is retained. Tuffier has had an extensive experience with the method, and reports no untoward results. The article reproduces the communication of Tuffier, which appeared in *La Semaine Médicale* of May 16, 1900.

The operative technique as described by Tuffier is as follows: The patient is in a sitting posture, both arms carried forward. The fluid is thoroughly asepticized and the iliac crests located. An imaginary line connecting these two crests passes through the second lumbar vertebra. The medullary canal is easily penetrated at this point. As soon as this is located the patient bends forward, which causes a separation of about 1.5 centimeters between the vertebrae. The needle is inserted to the right of the spinous processes about one centimeter from the middle line.



As soon as the needle enters the subarachnoid space cerebro-spinal fluid escapes drop by drop, which is an indication that the needle is in proper position. The cocaine solution should not be injected until the spinal fluid is observed to flow out. About one cubic centimeter of a two-per-cent. solution is injected slowly, the whole quantity being introduced in about one minute. The total quantity of cocaine should not exceed fifteen milligrammes. In from four to eight minutes the patients complain of a tingling sensation and numbness of the feet. At this time operation may begin. In from four to ten minutes after the injection, analgesia is usually complete. Most frequently it extends to the thorax, and occasionally as high as the axilla. The author has employed this method of anesthesia in nine cases; one was for an operation for a pyosalpinx; two operations for varicose ulcers, one an amputation of an ulcerated and painful stump, one for tumor of the ovary, one for strangulated hernia, one for suppurative epididymitis, one for arthrectomy of the left knee-joint, and an appendectomy. In several of the cases there was nausea and vomiting, but in none were there untoward symptoms.—*Medicine.*

### INGROWING TOE-NAIL.

For that very painful affection, ingrowing toe-nail, the following treatment is very strongly recommended by Dr. Kinsman in the *Columbus Medical Journal*.

1. Remove all pressure from nail by cutting away a piece of the shoe.
2. Disinfect with hydrogen dioxide until no more "foam" appears.
3. Apply a drop of strong solution of cocaine in the base of the ulcer.
4. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day until the edge of the nail is released by the retraction of the hypertrophied tissue. The patient suffers no pain from the application, and all pain has disappeared the second day. The cure is effected in a week or two without inconvenience or interference with business.

### A NOTE OF THE SAFEST METHOD OF REMOVAL OF THE APPENDIX.

A. A. Warden advocates Doyen's method, which he describes as follows: The little mesentery of the appendix is first ligatured with a small silk ligature to free the appen-

dix laterally. Then (1) the base of the appendix is gently crushed with Doyen's small clamp. Almost any forceps suffices for this purpose if strong enough and broad enough completely to occlude the appendix for a breadth of, say, a quarter of an inch; (2) a fine silk ligature is thrown round the base of the appendix in the furrow left by the clamp; (3) the appendix is then removed by the thermo-cautery cutting close to the ligature; (4) a purse suture is then made in the serous covering of the cæcum close round the base of the appendix (as this purse-stitch is drawn tight the little stump is invaginated so that all is completely closed); (5) for safety a second fine silk purse-stitch is made and the little pucker of the first stitch is similarly invaginated and the ligature is gently tightened. The result technically is perfect, and certainly this is the most aseptic method of removing the appendix.—*Lancet, N. Y. Med. Rec.*

## Therapeutic Notes.

### CHRONIC URETHRITIS.

Sulph. hydrastiæ..... 20 grains.  
 Listerine ..... 1 ounce.  
 Solution of morphine (Magendie's).... 5 drachms.  
 Aquæ, q.s. ad..... 8 ounces.

M. Sig.: Inject three or four times daily, and retain in urethra three to five minutes.

### SALICYLATE OF METHYL IN PAINFUL ERECTIONS.

Dr. Baratier, of Jaugory, describes a method which he used with success in three patients suffering from gonorrhœa attended by extremely painful nocturnal erections. He prescribed baths and large doses of Vichy water. Inunctions of the penis were made for several minutes with:—

R Salicylate of methyl..... 15 grains.  
 Liquid vaselin.....  $2\frac{1}{2}$  drachms.

The penis was enveloped in a light layer of absorbent cotton, kept in place by a bandage of gummed taffeta.

The inunction soon diminished the pain and seemed to reduce the force of the erection. In other respects the gonorrhœa followed its usual course.—(*La Tribune Médicale.*)

## PERSPIRATION OF HANDS.

- R Sodii boratis,  
 Ac. salicyli, of each.....6 drachms.  
 Ac. boric.....80 grains.  
 Glycerini,  
 Spiritus dil., of each.....3 ounces.

M. Sig.: External use. To be applied with friction three times a day.

## IMPETIGO OF FACE AND SCALP IN NURSING INFANTS.

- R Ac. salicylici.....15 grains.  
 Bismuthi subnitrat.....5 drachms.  
 Pulv. amyli,.....2 drachms.  
 Ungt. rosæ.....1½ ounces.  
 M. Sig.: External use.

If the impetigo is of the dry, squamous variety, use the ointment by inunction, frequently repeated. If moist, apply a thick coat of the ointment on gauze. Pruritus and congestion will rapidly diminish while the new, healthy epidermis forms under the ointment-crust. (*Kistler Medical News.*)

## ENTERALGIA.

- R Spiritus ammoniæ aromatici.....1 ounce.  
 Spiritus chloroformi.....1 ounce.  
 Spiritus camphoræ.....2 drachms.  
 Tincturæ hyoscyami.....4 drachms.  
 Ext. cannabis Indicæ fluidi.....1 drachm.  
 Tincturæ cardamom comp., q.s. ad...6 ounces.

M. Sig.: Two teaspoonfuls in water every hour or two until pain is allayed.—(*Journal of the American Medical Association.*)

## FATTY HEART.

Dr. A. Robin recommends the following :—

- R Sodii arsenatis.....1.64 grain.  
 Potassii iodidi... ..¾ grain.  
 Pulv. nucis vomicæ.....⅛ grain.  
 Pulv. rhei... ..¾ grain.  
 Ext. dulcamaræ.....1½ grains.

M. et ft. pil. No. j.

Sig.: One pill daily.—(*Journal of the American Medical Association.*)

## MIGRAINE.

Hirtz states that 4 grains each of caffeine and sodium benzoate often act very well, repeating the dose, if need be, every two hours until four doses have been taken. Graeme Hammond recommends 1½ grains each of methylene-blue and powdered nutmeg in capsule four times a day.

## IRRITATING COUGH OF PHTHISIS.

When not accompanied by much expectoration, the following mixture is recommended —

R Codeinæ.....	4 grains.
Acidi hydrochlorici dil.....	½ drachm.
Spiritus chloroformi.....	1½ drachms.
Syrupi limonis.....	1 ounce.
Aquæ destil., q.s. ad.....	4 ounces.

M. et ft. emulsio.

Sig.: One teaspoonful at short intervals when cough is troublesome.—(*Murrell.*)

## BRITTLE NAILS.

An ointment of 60 grains of oleate of tin to 1 ounce of ointment of rose-water is an elegant and efficient application to the finger-nails when brittle or marked with spots and ridges.

## INTESTINAL FERMENTATION WITH CONSTIPATION.

R Ext. aloes,	
Pulveris rhei, of each.....	6 grains.
Benzosol .....	9 grains.
Ext. hyoscyami.....	6 grains.

M. et ft. caps. No. 12.

Sig.: One after meals.—(*Stuckey.*)

## INFLAMED RHEUMATIC JOINTS.

Osler recommends:—

R Sodii carbonatis.....	6 drachms.
Tinct. opii.....	1 ounce.
Glycerini.....	2 ounces.
Aq.....	9 ounces.

M. Sig.: Saturate hot cloths with the lotion and apply to the parts.—(*Pennsylvania Medical Journal.*)

## ANÆMIA WITH DYSMENORRHŒA.

Anæmia, with constipation and painful or difficult menstruation (dysmenorrhœa):—

R Ferratini .....	2 drachms
Rad. rhei pulv.....	4 drachms.
Sodii bicarb.....	2 drachms.
Ol. fœniculi.....	30 drops.

M. Sig.: Take a teaspoonful at night, in a wafer or dry in the mouth, and wash down with a draught of water.—(*Medical Fortnightly.*)

# Jottings.

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## NOSE BREATHING THE CITADEL TO PHYSICAL AND MENTAL HEALTH.

When an organ of the human body is not used as nature intended that it should be, it becomes useless and too often diseased. I believe that atrophied and hypertrophied conditions of the nasal passages are intensified because we use our mouths to breathe through instead of the nose. The long moist nasal passage intercepts dust, germs and various impurities. The air is fairly alive with floating dust and bacteria, as often seen in streaks of sunshine, and at the same time, the air is warmed and tempered for the lungs. But when the breathing is through the mouth, the dust is carried right into the delicate cells, and trouble ultimately follows. The unfortunates who inhale and exhale the breath through the mouth have but little lung power, and easily become victims of disease because they are not using the physical machinery given them for that purpose. By not breathing properly, the lower cells in the lungs are unaired and unswept year after year. Is it any wonder human beings so neglectful become anemic and consumptive. The lungs can be termed the engine of the body, and must be kept in good order; and this good order is only to be maintained by full, deep and regular inhalations through the nose. Few persons who use the nose appreciate the fact that they are less liable to various diseases than those who have allowed the nose to become closed. Few persons, too, understand how beneficial a simple breathing exercise is. Ten minutes of steady and deep breathing right down to the abdomen will, in many cases, cure nervousness and irritability. It sends newly vitalized blood to every part of the body. Consumptives can increase their chest measurements by daily exercises of this kind, and add years to their lives. Semi-invalids can paint roses in their cheeks by taking regular and systematic inhalations of fresh, pure air, but the breathing should be through the nose, and, if the nasal passages are closed because of disease, the growths therein must be removed and nature given a chance. Another thing that proper breathing will do, and that is to allay a cough. Nothing more irritates a cough than coughing, and much of it can be obviated by right breathing. When there is a tickling in the throat draw in a full breath through the

nose, and hold it in until it reaches and warms and soothes every air cell. It is said that the nitrogen liberated and confined in the cells acts as a sedative to the irritated membranes, and in some manner controls the desire to cough. Whatever the philosophy is, there is no doubt that a person can help cure a cough by regular and full breathing to the extent of expanding the lungs, "expansion" without political significance, and holding the breath in until every cell gets its full share of new air. And in closing let me impress upon all the importance of full breathing and of keeping the nose open and using it as nature intended. The unused nose is as prone to abnormal and sometimes dangerous growths as the spark is to fly upward; therefore let us keep our noses open and clean.—O. W. ARCHIBALD, M.D., in *Northwestern Lancet*.

### LINSEED MEAL POULTICE.

Warm a basin, pour in *boiling* water; sprinkle in the meal, stirring vigorously, till it becomes of the consistency of thick porridge; spread on tow or old linen, turning in the edges all around; before applying put it against one's cheek to feel that it is not too hot. Retain in position with a broad flannel roller, secured with safety-pins. Renew every four hours or oftener. The poultice should not exceed half an inch in thickness. Caution is necessary in poulticing the chest of *infants* in order not to overload the chest and tire out the respiratory muscles.—Ashby & Wright, *Pediatrics*.

### CURING A BOIL.

A writer in the *Peoria Medical Journal* describes his method of treating boils. To render the procedure painless a few drops of cocaine are introduced into the tissue and cavity of the boil, using a very fine needle, which is at first allowed to rest with its point upon the inflamed surface with merely the weight of the syringe to gradually force it beneath the skin. If there is a drop of cocaine on the point of the needle it will soon prepare the way for the further and more forcible introduction without pain, and then the cavity is made the recipient of enough to completely anesthetize its surrounding tissue. When that is accomplished a little larger needle is readily introduced and several drops of ninety-five per cent. carbolic acid pressed tightly into the cavity. Absolute sterilization is invariably secured, and with absolutely no suffering to the patient whatever. A felon may be treated in the same way.

## RESIDUAL URINE IN ENLARGED PROSTATE.

Residual urine in cases of enlarged prostate is due at first, according to A. G. Miller (*Scottish Med. and Surg. Jour.*) to neglect to empty the bladder. Accumulation is due to this becoming a habit.

The writer's advice is: After passing water in the usual way the patient should wait a minute or two and then try again. Practice this as frequently as possible, till only a very small quantity can be squeezed out (one drachm); when that point has been reached, twice or thrice daily. This acts in two ways: First, the small residuum of urine that may result from a careless act of micturition is got rid of. In the second place, the bladder tone is improved, and its function restored. It might be added that the habit of completely emptying the bladder is acquired. A still more important result is that the residual urine being diminished cannot possibly increase. *Obsta principiis* is a good working principle.

"I do not," says the writer, "bring this forward as a cure, or as a means of preventing residual urine from forming in every case of enlarged prostate. I merely suggest a safe and simple procedure which has apparently checked the increase of residual urine in several cases, and which may in some others at least postpone the almost inevitable catheter."

## IMPORTANT TIPS.

1. The value of small doses of tincture of aconite frequently repeated in the treatment of amygdalitis and in the initial stage of febrile diseases.

2. The value of painting the chest and back with liquor iodi fortis—diluted if necessary with an equal quantity of the tincture—in all cases attended with cough.

3. The value of a pill of exsiccated ferrous sulphate in conjunction with the administration of purgatives in the treatment of anemia.

4. The value of grain doses of gray powder with an equal quantity of Dover's powder from three to six times a day in the treatment of syphilis.

5. The value of large doses of the iodides in the treatment of tertiary syphilis.

6. The value of large doses of bromide of potassium in the treatment of the "heats and flushes" and other symptoms from which women suffer about the time of the menopause.

7. The value of large doses of quinine in the treatment

of supraorbital neuralgia, and in the periodical febrile disturbances from which old malarial patients suffer.

8. The value of small doses of a saturated solution of camphor in alcohol in the treatment of autumnal or choleraic diarrhoea.

9. The value of small doses of perchloride of mercury in the treatment of infantile diarrhoea when the stools are green, slimy and offensive.

10. The value of sulphide of calcium in doses of a tenth of a grain in the treatment of boils, carbuncles and abscesses.

11. The value of nitro-glycerine and nitrite of amyl in the treatment of angina pectoric and allied conditions.

12. The value of alcohol in the treatment of fevers.

13. The value of flying blisters in typhoidal conditions.  
—William Murrell in *Medical Record*.—*St. Louis Med. and Surg. Jour.*

#### TIRED FEET.

The *Doctor's Magazine* recommends a hot foot-bath with an ounce of salt as very restful. Rapid relief from fatigue is also obtained by plunging the feet in ice-cold water, keeping them immersed until a sensation of warmth is experienced. Alcohol, in the form of spirit-baths, is a good tonic for the feet.

#### PERSISTENT VOMITING.

Mitchell has used cold water in the treatment of persistent vomiting with much success. He applies to the epigastrium towels wrung out of ice-water, which are changed every minute until the vomiting ceases. The treatment will be successful usually in fifteen or twenty minutes, and may then be discontinued, to be resumed if necessary. By these simple measures he has succeeded in stopping dangerous vomiting in a large number of instances—after childbirth, for example, when medicines and other external applications have failed to give relief. (*Virginia Medical Journal*, April 14, 1899.)

#### GUAIACOL OINTMENT.

Guaiacol applied locally seems to be a safe and efficient remedy in relieving the pain of arthritis, deformans, acute articular or muscular rheumatism, sciatica, orchitis and epididymitis. One part of guaiacol to 10 or 15 parts of vaselin or lanolin should be applied to the painful parts. (*New England Medical Monthly*.)



## ACUTE BRONCHITIS.

According to the *Indian Medical Record*, the most painful period in acute or subacute bronchitis is at the onset, when the expectoration is absent and the cough very severe. According to Dr. F. Edgeworth, of Bristol, caffeine, especially when associated with an alkali, facilitates the expulsion of the sputum and shortens the stage. He employs every three or four hours a dose of from 15 to 25 grains of citrate or acetate of potassium, and in addition at bed-time 5 grains of caffeine. Administered in this way he finds that caffeine quickly overcomes the spasm of the bronchial muscles, which checks the expulsion of the sputum and thus relieves the patient.

## ICHTHYOL IN THE TREATMENT OF FISSURE OF THE ANUS.

Conitzer obtained most satisfactory results in the treatment of anal fissures with ichthyol. The fissure is first anæsthetized with cocaine, and pure ichthyol is applied with a bit of cotton on a glass rod. For subsequent applications, which are made every other day, anæsthesia is generally unnecessary. Cicatrization is usually very rapid, and stretching of the sphincter is not necessary. The bowels must be kept free. (*New York Medical Journal*.)

## SCARLATINAL DESQUAMATION.

Williams says that the process can be shortened by three or more days by means of regular inunctions all over the body (except the scalp) with a mixture of 1 part glycerin and 9 parts of 15-volume hydrogen peroxide acidulated with 1 per cent. of hydrochloric acid. (*Medical News*.)

## INCONTINENCE OF URINE.

According to the *Buffalo Medical Journal*, lycopodium has been used with success for this affection in children. Twenty drops of the tincture should be given three times a day, and this dose may be increased to 40 or 50 drops. It is, in some cases, more efficient than belladonna. (*New York Medical Journal*.)

## AN ITCHING EAR.

Alexander D. Stirling writes to the *Laryngoscope* that itching of the auditory meatus is often due to irritation arising near the pharyngeal mouth of the Eustachian tube, and transferred to the ear. It follows that treatment, to have a permanently good effect, must be directed to the pharynx as well as the ear.

# THE CANADA MEDICAL RECORD

PUBLISHED MONTHLY.

*Subscription Price, \$1.00 per annum in advance. Single Copies, 10 cents.*

Make all Cheques or P.O. Money Orders for subscription, or advertising, payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

All communications for the Journal, books for review, and exchanges, should be addressed to the Editor, Box 2174, Post Office, Montreal.

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## Editorial.

### UNNECESSARY DEATH.

It is a common saying that it is the unexpected which is constantly occurring. How often do we hear of the death of some one well known in the community whose death is a surprise—a surprise because of its suddenness, and the individual unknown to have and did not have that form of cardiac disease where sudden death was to be expected. We have for several years felt that some of these sudden or comparatively sudden deaths might be called unnecessary deaths. We call them unnecessary, because on the onset of the symptoms the proper treatment was not carried out. This was because medical men could not be had before the condition was practically beyond their power. To the public we must look for that early treatment which might possibly avert the fatal issue. Two cases in point occur to us at the moment. A few years ago a very prominent gentleman in Montreal was ill with pneumonia. In this disease, as is well known, the cardiac muscle is very apt to undergo fatty degeneration, and perhaps in it, more than any other, death from the much-abused term of heart failure is apt to occur. We all know how carefully and gradually we allow convalescents from pneumonia assume the erect position with a view of avoiding this

occurrence. The gentleman referred to was doing exceedingly well, and a speedy convalescence was looked for. On the sixth or seventh night of his illness, finding the nurse asleep, he arose from his bed and walked a few paces to a table where his medicine was, and took it. The noise of his movements awoke the nurse, who at once assisted him towards his bed. Before reaching it he fainted, and in a few moments was dead. The second case which occurs to us was that of a fairly well-known gentleman, but who was generally known among his friends as being far from robust. He was taking his mid-day meal at a café when he was seen to sway backwards and forwards. Several rushed to his assistance, and he complained of being dizzy and weak. A dose of brandy was given and a carriage obtained, in which he was driven to his residence, nearly a mile distant. He reached it alive, but was in a semi-conscious condition, and never rallied, dying in a very short time. These are only a sample of not a few cases which have occurred in Montreal within the last twenty years. In these two cases there can be no question but that anemia of the brain was the condition present, and that the logical treatment was to have as speedily as possible placed the patients in the recumbent posture—nay—lowered the head and elevated the feet. Medical men know well how essential such early—in fact immediate—treatment is necessary in threatened death. Fortunately, in a somewhat extended practice in the administration of anesthetics, we have been spared the occurrence of a fatal issue. In one case, however, where apparently there was sudden paralysis of the heart, indicated by cessation of the pulse, and death was indeed imminent, complete inversion of the patient relieved that condition of the brain—anemia—which, it is admitted, is apt to occur in profound anesthesia. In such cases as we have referred to, if the positions we have named did not promptly give favourable results, we would not hesitate, and those promptly on the scene should not hesitate to invert the patient. Interest in cases of sudden death, due to the causes we have referred to, has, within a short time, been revived by a paper from Dr. Paulesco, of the Physiological Laboratory of Sarbonne, which appears in a late number of the *Journal de*

*Medicine Interne.* By experimental research he proves that sudden death is very apt to occur where a condition of anemia of the brain is intensified by the brusque assumption of the erect posture. Dr. Paulesco points out as an interesting fact that the respiratory activity which in these cases is the first to come to a standstill is, under certain conditions, temporarily intensified by the cerebral anemia consequent on assuming the upright posture. The logical deduction from these remarks is that the public should know that, under any condition where faintness is a prominent symptom, death is imminent if the patient is kept in the erect or semi-erect position, and that, till medical assistance arrives, it is the best practice to place the person on the back. Were this generally known, we believe we would have fewer cases of what we think we not misaptly have called "Unnecessary Death."

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## PERSONAL.

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Dr. S. E. Tabb, of Sherbrooke, died on the 6th of November after an illness of about six months. He was a graduate of McGill University, and for a short time practiced in Montreal, subsequently removing to Sherbrooke. On the formation of the Medical Faculty of Bishop's College he accepted the chair of Botany, which he filled till he left the city.

Dr. Frederick A. Hopkins, of Montreal, was killed at St. Henri, near Montreal, on the 1st of December by being struck by an express train. So far as can be gathered from a medical friend who was with him, he boarded a local train for Montreal, when his friend lost sight of him. He had originally intended returning to the city by an electric car, and, it is believed, seeing one approaching, he jumped from the car on which he was, landing just in front of a passing train, the engine of which struck him, killing him instantly. He graduated from McGill University in 1892, and began practice at Cookshire, where his family resided. About four years ago he removed to Montreal and began practice, and we believe was rapidly surrounding himself with a large circle of patients. He was an Assistant Surgeon to the Samaritan Free Hospital for Women. He was of a somewhat retiring disposition, but among those who knew him well he was highly thought of, and, if his life had been spared, we have no doubt he would have made his mark among his professional brethren. He was married about two years ago, and leaves a wife and one child.

Surgeon-Major C. W. Wilson, of Montreal, who went to South Africa as one of the medical officers of the 2nd (service) Bat-

talion of the Royal Canadian Regiment, returned with that portion which sailed direct from Capetown to Halifax. He is looking peculiarly "fit," as indeed has every one who has returned from South Africa.

Dr. Wolfred Nelson (C.M., M.D., of Bishop's and McGill, 1873) was in Montreal on the 8th of November to attend the Annual Dinner of the students and graduates of Bishop's College Medical Faculty. He returned to New York next day.

Dr. Marshall, of Huntingdon (M.D., of Bishop's, 1879), and Dr. de Mouilpied, of Hemmingford (M.D., Bishop's, 1881), came to Montreal to attend the Annual Dinner of students and graduates of Bishop's Faculty of Medicine on the 8th of November, held at the Place Viger hotel.

Dr. R. E. Leprohon (M.D., Bishop's, 1879), is practicing at St. Henri, one of the suburbs of Montreal.

Dr. Edmond Robillard, one of the best-known physicians of Montreal some seventeen years ago, and who since that time has resided in France and at Monte Carlo, has returned to this city with the intention of permanently residing here. He finds many of his friends have passed to the great majority, but those who remain extend to him a hearty welcome.

The issue of the present number has been delayed by the serious illness of the Editor, who was confined to bed from the 6th December to the 17th December. We are glad to say that he is now perfectly convalescent, and the first day of the new century, it is believed, will find him quite fit for work.

Dr. Lacombe, one of the Demonstrators of Anatomy in the Medical Faculty of Bishop's College, has been re-elected by a large majority to represent one of the divisions of Montreal city in the Quebec Legislature.

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## Book Reviews.

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**A Manual of Syphilis and the Venereal Diseases**, by James Nevins Hyde, A.M., M.D., and Frank Hugh Montgomery, M.D. Second Edition, revised and enlarged. Publishers, W. B. Saunders & Co., Philadelphia. Canadian Agents: J. A. Carveth & Co., Toronto, Ont. Price, \$4.00 net.

This work is beautifully prepared, the paper, printing and colored plates being rather better than the average. The text is very well written, the style clear and elegant. A great deal of thought is apparent in a careful consideration of the many-sided social questions in connection with these diseases, and forms part of the introductory chapter. Syphilis is carefully considered, and it is interesting to note the axiom appearing in the first paragraph on the treatment of Syphilis, viz.: "The worst errors committed in the

management of Syphilis are due to trusting exclusively to the efficacy of drugs for the relief of the disease." This points to hygienic care and proper diet as the great keys to successful treatment in syphilis as in other diseases. A discussion of the use and abuse of mercury contains valuable information; the authors wisely advocate a rational treatment, and not allowing conventional rules to restrict the adaptation of remedy to each patient. The consideration of gonorrhœa and its sequelæ is excellent. The entire work is a credit to those who have assisted in its production.

G. F.

**Modern Surgery, General and Operative**, by John Chalmers DaCosta, M.D. Third Edition, revised and enlarged. Publishers, W. B. Saunders & Co. Canadian agents: J. A. Carveth & Co., Toronto. Price, cloth, \$5.00; half morocco, \$6.00.

It is only two years ago that the second edition of this popular work was placed before us. In this third edition much material has been added, increasing the volume by more than two hundred pages, and containing over one hundred new illustrations. It would appear, however, that the original plan of the work remains unchanged, as the branches of Ophthalmology, Gynecology, Rhinology, Otology and Laryngology have not been considered. Throughout the text can be seen the insertion of valuable matter, which amplifies the former terse consideration. In considering the tertiary treatment of Syphilis it is interesting to note the explanation of the action of Iodides as given by Cyon that "small doses combine with some products of the thyroid gland and form toxic iodothyryn. Large doses are diuretic from soluble salts, and are rapidly eliminated." Many practical therapists pin their faith to large doses of the Iodides, and with good reason too, and yet have not accounted for their action in such a simple manner. As a whole, this work is probably the most satisfactory published short of the elaborate works of two or more volumes. We recommend it with great pleasure, not only to the student, but to the busy practitioner.

G. F.

**A Text-Book of the Diseases of Women.** By Henry I. Garriguer, A.M., M.D., Gynecologist to St. Mark's Hospital, in New York City, Gynecologist to the German Dispensary in the City of New York, Consulting Obstetric Surgeon to the New York Maternity Hospital, Consulting Physician to the New York Mother's Home and Maternity Hospital, ex-President of the German Medical Society of the City of New York, Fellow of the American Gynecological Society, Fellow of New York Academy of Medicine, Member of Society for Medical Progress, of Eastern Medical Society, of New York County Medical Society, etc., with 367 illustrations. 3rd edition, thoroughly revised. Philadelphia, W. B. Saunders & Co., 1900. Canadian agents: J. A. Carveth & Co., Toronto, Ontario. Price, cloth, \$4.50 net. Sheep or half morocco, \$5.50.

For the third edition the author has carefully and thoroughly revised the whole work. What seemed antiquated or of minor im-

portance has been left out, while considerable and new material has been admitted bringing the work up to date. Many new illustrations have been added. The index has been improved and increased, thus facilitating research in a work containing information upon so many different subjects. The first and second editions of this work received most favorable comment by the reviewers connected with the leading medical journals on both sides of the Atlantic. The *Medical Record*, of New York, said: "It has by the sheer force of its intrinsic merit shouldered its way through a crowd of more ambitious works up to the front rank," while the *American Journal of the Medical Sciences* said: "It is one of the most complete treatises on Gynecology which we have."

After a careful perusal of this third edition, and judging from a reference to several chapters on subjects in which we are especially interested, we can safely say it is one of the best text-books for students and practitioners which has been published in the English language; it is condensed, clear and comprehensive. The profound learning and great clinical experience of the distinguished author find expression in this book in a most attractive and instructive form. Any practitioners to whom experienced consultants may not be available will find in this book invaluable counsel and help, and, although in the cities difficult and dangerous gynecological cases should have the benefit of the specialist's advice, yet in the country, where the latter cannot be had, the family physician, by the aid of such a book as this, will be able to safely guide his patient back to health.

Two chapters in particular will be welcomed, although they are innovations, namely, on Hemorrhage and Leucorrhœa. As the author says they are not diseases but symptoms, but they play so great a part in the diseases of women, and so often require symptomatic treatment, that he considers it to be in the interest of the general practitioner to treat them separately.

We were pleased to notice in this connection that he lays more stress on the constitutional than on the local treatment, especially in young girls, on whom he says it is seldom necessary to apply anything locally. Among the drugs he speaks highly of the value of hydrastis, aletris and cimicifuga internally.

A. L. S.

**A Book of Detachable Diet Lists** for Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout or Uric Acid Diathesis, Obesity, Tuberculosis and a Sick-room Dietary, compiled by Jerome B. Thomas, jun., A.B., M.D.; Instructor in Materia Medica, Long Island College; Assistant Bacteriologist to Hoagland Laboratory. Second edition, revised. Published by W. B. Saunders, 925 Walnut Street, Philadelphia, 1900. Canadian Agents: J. A. Carveth & Co., Toronto. Price, \$1.25 nett.

This is a very valuable collection of diet lists and sick-room dietary, and is offered to the profession as a practical aid to the better practice of therapeutics. The busy practitioner has seldom the time to write out systems of diet for his patients, and yet to do so is of the greatest importance.

It is an acknowledged fact that a great deal of the success which the late Sir Andrew Clark met with was due to the care and preciseness with which he wrote out a diet for his patients. If that well-known physician were alive to-day, he would find this book of inestimable value to him, and indeed it ought to be to every practicing physician. In a portable form there is offered him a set of ten lists (compiled from standard works on dietetics), including the pathological conditions, in the treatment of which diet plays so important a part. Physicians who, after enumerating milk, beef tea, milk toast and gruel, find their mental list of bland foods rapidly growing hazy, will find the sick room dietary of practical benefit, when we have to humor the appetite, as, for example, a typhoid patient who rejects milk. An Appendix gives a brief description of the technique of rectal alimentation, and of the special preparation of foods for such use. The lists are numbered and the key to the numbers is reserved for the physician. The work is one of those practical treatises which must be seen and examined to appreciate its value.

F.W.C.

**Saunders' Pocket Formula**, with an Appendix containing Posological table; Formula and doses for Hypodermic Medication; Poisons and their Antidotes; Diameters of the Female Pelvis and Foetal Head; Obstetrical Table; Diet List for various Diseases; Material and Drugs used in Antiseptic Surgery; Treatment of Asphyxia from Drowning; Table of Incompatibles; Eruptive Fevers; Weights and Measures. By William Powell, M.D., author of "Essentials of Diseases of Children." Sixth edition thoroughly revised. Philadelphia, W. B. Saunders & Co., 1900. Canadian Agents: J. A. Carveth & Co., Toronto. Price, \$2.00.

The title of this book, as given above, is its contents boiled down, and shows that it contains a mass of very valuable information. Among practitioners in the country there is a continual outcry for formula. The result is that most of the leading medical periodicals, in each issue, now publish prescriptions recommended by well-known medical men, and some also who are not generally known. This is a valuable contribution, so far as it goes, but to be of ever-ready value they must be cut out and arranged alphabetically as to diseases, or they cannot be readily referred to. In fact, this is what is done in this book, and prescriptions recommended in all the principal diseases can be found instantly. In this lies its value, and upon the whole the formula are good. Blank leaves are inserted, on which can be entered formula, which the medical man has himself found useful.

F. W. C.

**The Physician's Visiting List** (Lindsay & Blakiston) for 1901. Philadelphia, P. Blakiston's, Son & Co., 1012 Walnut Street.

We cannot pay a higher compliment to this Visiting List than by saying that we have used the visiting list continuously for almost



forty years, and hope to use it so long as we actively follow our profession. It is published in yearly form or perpetual form or monthly edition. The price is far below its value.

F. W. C.

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## PUBLISHERS DEPARTMENT.

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### "THE LIVING AGE" FOR 1901.

During the fifty-seven years of its existence this sterling weekly magazine has steadily maintained its high standard. It is a thoroughly satisfactory compilation of the most valuable literature of the day, and as such is unrivalled. As periodicals of all sorts continue to multiply, this magazine continues to increase in value, and it has become a necessity to the American reader. By its aid alone he can, with an economy of time, labor and money otherwise impracticable, keep well abreast with the literary and scientific progress of the age, and with the work of the ablest living writers. It is the most comprehensive of magazines, and its prospectus for 1901, which appears in another column, is well worth the attention of all who are selecting their reading matter for the new year. The Living Age Company, Boston, are the publishers. The offer to new subscribers is particularly inviting.

### "THE SIEGE OF THE LEGATIONS."

*The Living Age* will begin in its issue for November 17, and will continue for several successive numbers, a thrilling account of "The Siege of the Legations," written by Dr. Morrison, the well known correspondent of the *London Times* at Peking. This narrative is of absorbing interest in its descriptions of the daily life of the besieged legations, and it is noteworthy also as containing some disclosures relating to the inside history of what went on at Peking in those stirring days, which are altogether new and of the utmost importance. The unusual length of Dr. Morrison's narrative has precluded and probably will preclude any other publication of it on this side of the Atlantic. In England it has attracted wide notice.

The *London Spectator* remarks concerning Dr. Morrison's narrative of the siege:

"The *Times* has at last received and published a full narrative from its correspondent, Dr. Morrison, of all that preceded and accompanied the siege of the Legations. Gibbon could not have told the story better. It is obviously impartial, full of detail, yet clear and consistent, and it has been accepted throughout the Continent of the history of that strange episode in the relations of Europe with Asia.

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### THE PREDATORY MOSQUITO.

Every physician who "keeps tab" on the advances and discoveries of medical science is now aware that there are two kinds of mosquitoes—the good and the bad. We presume, however, that some one will dispute this statement, and say of this insect, as the average army officer says of the Indian, "There's no good mosquito but a dead mosquito." It's true that they all sting, but some of them add insult to injury by injecting the malarial virus into her unsuspecting victim. We say *her*, because we believe the male mosquito is a better behaved insect than his spouse and does not "present his little bill" at inconvenient times.

These few remarks are but prefatory to the announcement that the Palisade Manufacturing Company has prepared and is now mailing to physicians an illustrated folder, showing in sepia the distinctive differences between *Culex* (the non malarial) and *Anopheles* (the malarial) mosquito, with instructions as to how to detect the good insect from the bad. A copy will be mailed to any physician who has not as yet received one.