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THE CANADA LANCET.

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Original Communications.

NOTES OF CASES READ BEFORE THE
MEETING OF THE BATHURST AND
RIDEAU MEDICAL ASSOCIATION,
SMITH'S FALLS, JULY 25, '90.

BY SIR JAMES GRANT, M.D., F.R.C.P.L., OTTAWA.

It is a well known fact that Entero-epiplocele is a hernial sac containing both intestine and omentum, such as the following :

June 19th. Was summoned to attend an old lady in her 82nd year, who suddenly was taken ill three days previous, with nausea, vomiting, pain in the right groin and considerable swelling, attended by fever ; temperature $101\frac{1}{2}$, pulse 108, small and irregular, tongue rather dry; generally restless and unable to keep in one position for any length of time. On examination, a large swelling was observable in the right groin, rather in the direction of oblique inguinal hernia, although doubtless femoral in its character. The history, that the greater part of the swelling came down suddenly during the act of coughing and had remained there since that occurrence, fully three days previous. Owing to ankylosis of the knee joint, the leg could not be flexed, so I bent the body slightly forward and used taxis, and after considerable effort a large portion of intestine returned with a distinct gurgling sound, lessening very considerably the lowest part of the rupture. There still remained *in situ* quite a hard and immovable growth, inelastic and somewhat flattened in character, and quite unlike bowel. On careful enquiry the old lady said that for some years she had a little swelling in that part, which did not give her any trouble until the occurrence of the present attack, which came on very suddenly. Being unable to reduce the entire protrusion at the one time, I

feared that an operation might ultimately be necessary. I applied an ice bag to the part and a sedative internally to allay pain and give a degree of rest which had not been the case for fully two days.

20th, 10 a.m. Passed a tolerably comfortable night, having experienced a considerable lessening of pain and tenderness over the parts, with well marked reduction also of the pulse and temperature. I again tried the taxis, but could not budge the remaining part of the tumor, which I concluded was old and attached omentum. Still continued the ice, milk diet in small quantities and an occasional dose of chloral hydrate, which had a very soothing effect.

21st. Passed a tolerably good night and improved in her general condition. Ordered ol. ricine and the ice bag at intervals when pain in the parts was experienced.

21st, 9 p.m. The oil acted vigorously and was marked by a general improvement otherwise.

22nd. Slept well during the night and taking more nourishment than the previous day, and the present prospect is towards gradual recovery, which will be slow, doubtless, from the advanced age of the patient.

These compound cases of hernia are perplexing and demonstrate beyond a doubt, the necessity of time and watchfulness, before deciding upon an operation, such as obstinate strangulation would demand.

CASE II.—*Tumor (fatty) in the groin, simulating inguinal hernia.*

Mr. L., set 36 years, of strong and robust habit of body, and usually enjoyed the best of health. January, 1862, he consulted me concerning a rupture in his left groin of fully 14 years' duration. He had been recommended various forms of trusses, which he had tried very persistently for fully 14 years. The growth increased to such a size that he was unable to use appliances which would in any way lessen its size or reduce it to a convenient form. I was consulted with reference to the truss that was necessary at the time. I made a careful examination of the parts and ascertained the following facts : 1st. The growth was gradual and progressive in its character, and at the onset not the result of any violence whatever. 2nd. There did not appear to be the characteristic impulse on coughing, such as is usual in purely her-

nial tumors. 3rd. There was not the slightest disposition to any reduction by taxis. 4th. There was no disposition to any interference with bowel action. 5th. The tumor had quite a doughy feel, such as one would experience in the manipulation of omentum or fatty growth, and fully as large as an ordinary sized turnip. From its moderate roundity and the absence of other indications of a hernial type, I came to the conclusion that it was really a fatty growth and not a hernia. Under these circumstances I decided to operate and test the character gradually. This was soon accomplished under chloroform and the entire body of the tumore nucleated without any trouble whatever. He made a speedy recovery, became relieved of his growth and trusses at one and the same time.

CASE III.—*Eccentric action of a splinter of wood in the leg for a period of fully ten years.*

W. R., æt 21 years, vigorous habit of body and usually enjoys excellent health and spirits. Muscular and generally well developed. Last April, twelve months, I was consulted for a pouting granular growth on the left thigh, middle third and externally. At first sight it gave the impression of foreign body, which I thought might be dead bone and the result of some local injury. No particular history could be obtained, except that this growth had come on gradually and had been there for some months, the only inconvenience being an occasional discharge of bloody serum; almost painless in character, as to the state of the surrounding tissues. I probed the sinus which was fully four inches in length longitudinally, but no foreign substance could be detected at the time. A free opening was made at once and the parts dressed with lint. On the third day, not being fully satisfied as to the healing powers of the wound, I decided to make a deeper exploration of the parts. On pressing one end of the wound with the probe, I observed an apparent movement at the other end of the opening, which at once convinced me some foreign substance was lodged there in the deep parts, although no sinus could be detected. I cut down freely and with the forceps removed a pine splinter fully two inches in length and the eighth of an inch in thickness. How did this come there, was the query of my patient. He said that ten years previous, crossing a fence with a small pine paddle in his hand, he fell and a portion of the broken paddle entered the left leg

about its middle third posteriorly and to the inner side. After some weeks the wound closed, and afterwards the only inconvenience he experienced was an occasional sense of stiffness in his leg, which lessened by use of the limb. Fully six months before I was consulted a small swelling was observed on the outer part of the left thigh about its middle, externally, which resisted all outward applications.

This case is interesting as evidence of the peculiar action of muscular tissue, which by a species of almost vermicular power, can transport foreign materials from one part of the body to another, without apparent inconvenience; and again it is evident that woody fibre is not liable to undergo disintegration in being thus sacculated for years in the tissues of the body. I have known glass, lead and iron to be removed after many years, and to have given very little inconvenience, while closed in by the tissues. Around this splinter of pine quite a fibrous sac was formed, which I required to scoop out in order to facilitate the healing process. The young man is now healthy and vigorous as usual.

CASE IV.—*Acute convulsive seizure, the result of a fish-bone in the rectum.*

June, 1857. Was suddenly summoned to Murray St., Ottawa, to Mr. J. S., æt 57 years, a man of strong habit of body and usually most vigorous in the discharge of business, being a grocer. While behind his counter, he was seized with a severe convulsive fit, which had passed over in the space of half an hour. On recovering consciousness, his first expression was, "Oh, what a tearing in my bowel." It being lent period of the year, and fish the chief source of diet, it occurred to me that a bone might be lodged in the folds of the rectum. The bowel was at once explored. Without much effort I detected a considerable sized fish-bone imbedded in the rectal folds, and this being removed he experienced almost immediate relief. This case at once opens up some interesting points as to nervous distribution in and about this part of the alimentary canal. The cerebro-spinal and sympathetic systems have an important part to play in nervous rectal force. The sacral plexus as well as the mesenteric and hypogastric plexuses are the chief collateral centres of reflex and influence. It is now a settled point that contraction of the external sphincter muscle is in part at least,

due to the influence of a nerve centre located in the lumbar region of the spinal cord. This very nerve centre is subject to various influences, and the varied distribution of the spinal nerves serves to explain the reflex symptoms of such a case in the present. Through the alimentary tract, how frequently are convulsions the result of imperfectly assimilated food, thus demonstrating how such disturbing influences stir up remote nervous centres, telegraphing as it were a convulsive message to the unfortunate sufferer. The ano-vesical centre of man has recently been considerably cleared up by the careful observations and deductions eliminated out of cases of injury as well as lesions, of the terminal extremity of the spinal cord and its nerve roots. Kirchoff is of the opinion that the vesicle centre is situated in the conus medullaris, in the region of exit of the third and fourth sacral nerves. One of the most important functions of the spinal cord is its action as a reflex centre, normal or abnormal as the case may be, and in the discharge of the duties of professional life we are constantly reminded of the vast and varied manifestations which spring from spinal and ganglionic nervous centres, quite irrespective of the complex nervous mechanism of brain tissue *per se*.

TREATMENT OF PNEUMONIA.

BY J. L. ADDISON, M.D., ST. GEORGE, ONT.

Pneumonia has, since our last meeting, been more prevalent than usual, and has removed from our midst some of our most earnest workers. This association must feel their loss; the Board of Health, too, deplors the loss of one of its active members, and I feel that you will all agree with me that a disease with so high a mortality rate claims, at our meeting, a share of attention. The importance of the subject then is my excuse for bringing it before you, and while I feel the weakness of a young practitioner to do it justice, I trust my older and more experienced confreres will lend me a helping hand in the way of discussion.

Few diseases tax the skill and judgment of a physician more than pneumonia, and in very few is he required to be more cautious.

It would perhaps be more convenient to deal with the treatment under the two heads of Primary or Secondary Pneumonia, though they are in many respects similar. I shall endeavor to state, as briefly as possible, my own experience with the remedies I have tried, and touch on some of the more important ones used by others.

Acute Lobar Pneumonia or Primary Pneumonia is generally admitted to be a self-limiting disease, and will run its course in spite of any known treatment; yet judicious treatment will, at least, make our patient more comfortable, and may possibly reduce our present rate of mortality. The majority would recover without medicine, being left entirely to nature and good nursing: many complicated cases can be saved from an untimely death by judicious interference, and, some are doubtless lost through an imperfect knowledge of the condition of the patient, and of the necessary remedies. Any routine system of treatment resorted to indiscriminately will prove unsatisfactory. A great deal depends upon our preserving and supporting the vital powers, and upon controlling and averting complications.

The first essential is rest in bed, in a well ventilated room, free from draughts, with a temperature of 65° to 70°. The patient should not be allowed to get up for the calls of nature, and if heart-failure is threatened, should not be allowed to talk. The bed clothes should be tucked in closely around the neck.

The next is good nutritious food, fluid or semi-fluid, given regularly and at proper intervals. Patients who will take half a pint of milk every three hours, generally do well. Some, after the fourth or fifth day, will require the same every two hours through the day and every three hours at night, with an occasional cup of beef-tea or thick broth. A little beef-juice or scraped raw beef, or an egg beaten up and mixed with milk is good. The bowels frequently need attention, and a brisk purge with calomel and soda often has a good effect at the outset. After this, they should be kept open every day or second day with a mild laxative, or by enema. Locally apply a linseed meal poultice, covered with oil silk or flannel, and have the shoulders protected with cotton batting. If pain is severe it is often well to precede the poultice with a sinapism. Mild cases do well on the above, without medicine. Cases of average

severity do better on taking liquor ammonia acetatis, freshly prepared, one drachm in water every three hours.

Where the sputa are very viscid, I prefer ammon. carb. gr. v., vin. ipecac. m. v. to x., pot. cit. gr. v. to x, in water every three hours. The above is a basis of treatment to begin with. If the temperature is above 104°, I give at the same time one drop of Fleming's tinct. of aconite hourly for six or eight hours; if 105°, the same dose every half hour for six or eight doses. Formerly I gave for high temperature 20 grains of quinine. The results were very good, with one exception, which was followed by threatened collapse, the patient fainting several times and requiring very free stimulation to ward off heart-failure. Since then I have used quinine only in small doses repeated as often as necessary.

Watch the pulse. Soon as there are any indications of heart-failure, drop the ipecac. and add tinct. digitalis and tinct. nux. vom. āā m. v. to x. While giving this, should the pulse become weak, dichrotic or compressible, resort to the old stand by, whiskey, and get the best you can. Begin with a tablespoonful every two or three hours, and increase the amount, if necessary, as you approach the crisis. The majority of cases requiring stimulation will take from six to eight ounces a day. In one case I gave sixteen ounces a day, for a few days, with good result. Should the stomach refuse digitalis, the 5 per cent. tinct. of strophanthus, in three or four minim doses with the ammonia mixture or separately in 10 min. doses, three times a day, will sometimes do instead. If the stomach is very irritable, it may be necessary to feed and stimulate per rectum. Where resolution is delayed, a good sized fly blister or a succession of smaller ones is often very serviceable. Iodide of ammonium is said to aid in the same condition. When prune-juice sputa appear, with weak pulse, turpentine is very useful. Dr. Davis says: "When universal engorgement of the lungs follows the initial chill, with a purplish or leaden hue of the skin, short and hurried breathing, small, frequent and weak pulse, cool extremities, and high fever, venesection should be practised at once."

TREATMENT OF COMPLICATIONS.

Pleurisy—Know its extent and severity. If moderate it is generally relieved by cupping, mus-

tard or poulticing. Now and then we require to give an opiate and $\frac{1}{8}$ to $\frac{1}{4}$ gr. morphia, hypodermically, will generally give prompt relief.

Hyperpyrexia—I prefer quinine, cold sponging or the wet-pack. Antipyrin, antifibrin, and kairin are recommended.

Delirium, whether due to weakness or physical disturbance, I have. in the cases I have met, always been able to control better with chloral and bromide of potash than with opium. A case in point will perhaps better illustrate:—Mrs. B., æt. 49, spare woman, nervous temperament, with a weak heart, had pneumonia in March last, with a typhoid form of delirium; was very prostrate the second week, with a busy, active delirium, subsultus, constantly picking at the bed clothes. She was taking stimulant. I gave her an extra dose about $1\frac{1}{2}$ to 2 ounces of whiskey, and followed it at once with chloral hyd. gr. xv., pot. brom. gr. xx., repeating half this quantity every fifteen minutes until she dropped asleep. She took about 40 grs. of chloral and slept about four hours. On waking, took an ounce of whiskey in a cupful of milk and slept again for about two hours. She made a good recovery.

Opium, in these cases, can only be given with caution. Full doses, it is said, often increases the prostration and fail to procure sleep. Where there is much prostration it is always well to guard the chloral with an extra dose of stimulant.

Coma is often uræmic, and best treated by colchicum and spirits of nitric ether.

Jaundice may be due to impeded circulation, causing congestion of the liver, to a gastro-duodenal catarrh, or to passage of gall-stones. $\frac{1}{4}$ gr. of calomel with 5 grs. of soda every three hours, is generally useful. Poulticing and Dover's powder relieved in one case due to gall-stones.

Diarrhoea is not an infrequent complication. Substitute chloride for carbonate of ammonia, and give bismuth, gr. xv., every three or four hours. If not relieved in 24 hours, add morphia $\frac{1}{8}$ to $\frac{1}{4}$ gr. or Dover's powder gr. x. and stimulants.

Malaria requires quinine. It is serviceable as a tonic in many cases where there is no malaria.

Abscess of the Lung I have never met, but would give iron, quinine, strychnine and whiskey. These failing, pneumotomy. All other complications must be treated on general principles.

Secondary Pneumonia occurs generally in con-

nection with, or as a complication of, influenza, measles, whooping cough or typhoid fever. Sometimes in bronchitis, septicaemia, gout, rheumatism or skin diseases. The treatment is very similar to that of the primary form, ever bearing in mind the disease of which it is a complication. Time will not permit me to go into details. Every case must be made a special study, and the great secret of success lies in knowing when to administer and when to withhold remedies. In these cases chloride of ammonia is a very useful substitute for the carbonate, or they may be given in combination. For adults I generally prefer 5 grs. of each every three or four hours, with from 8 to 12 grs. of quinine a day in divided doses. If cough is troublesome, broken doses of Dover's powder are useful. In infants an occasional emetic is useful. I have never used opium for them. Counter-irritation with camphorated oil, ammonia liniment or mustard is generally necessary. In many cases large sinapisms are preferable to poultices. When the fever subsides one old remedy I have found of special service. It is Basham's mixture, and I generally use it in the following strength: Liq. ammonia acetat. $\zeta i.$, acid acetic fort m. iv., tr. ferri. mur. xv., three or four times a day. Some of our text books hold that iron is contra-indicated when the tongue is furred; but I have seen it clear under the administration of this remedy when the other remedies have failed.

Of late an old form of treatment has been revived and advocated by many. I refer to the early administration of veretrum verids, and following later with digitalis. If it means the moderate use of digitalis as a heart tonic, I see no objection to adding the ammonia; but if it means pushing digitalis to the full physiological extent, as some say it does, it seems to me too heroic and if generally adopted is not likely to lessen the mortality rate.

Dr. Clemens, in one of the German medical journals, speaks very highly of the use of inhalations of chloroform diluted with alcohol in the treatment of severe cases of pneumonia, and claims the immediate alleviation of pain as well as shortening the duration of the disease. His method of administering, the drug is as follows.—A small ball of lightly wound cotton is allowed to absorb ζij to ζiij of the alcoholic solution of chloroform. This is then wrapped in loose cotton, and held

within about an inch of the face. The inhalation should be interrupted from time to time. He claims he has not lost a case in forty-two years. This might be a very useful addition to our other lines of treatment.

Dr. H. G. Beyer, in the *Med. News*, June 15th, 1889, asks the question, "Can pneumonia be cut short by antipyrin?" and reports two favorable cases, where he gave a single dose of morphia, $\frac{1}{2}$ gr. followed in half an hour by antipyrin 30 grs., and concludes by saying that while these two cases prove nothing, they are, to say the least, extremely suggestive. Such heroic doses of antipyrin would, I fear, occasionally cause heart-failure, and might have an unfavorable action on the kidneys.

Dr. Leeming, of New York, recommends a single dose of a teaspoonful of calomel at the outset, in cases of infectious pleuro-pneumonia.

To summarize very briefly, I prefer the expectant plan of treatment, sustaining the vital powers, watching complications, and treating them as they arise, making every case a special study; the very cautious use of opium, digitalis in moderate doses as a heart-tonic, with free stimulation for heart failure.

Correspondence.

MEDICAL EDUCATION IN ONTARIO.

THE UNFAIR STATE-SUBSIDIZING OF ONE TEACHING MEDICAL COLLEGE, WHILE ALL THE OTHERS, DOING EQUALLY GOOD WORK, ARE ENTIRELY SELF-SUSTAINING.

To the Editors of THE CANADA LANCET.

I send you a copy of a letter published in the "*Canadian Practitioner*" of July 16th, in reply to a very strong personal attack made upon me by the editor of that journal, simply because I exercised the right which I possess, in common with every Canadian, of criticising the recent policy of the Government of Ontario, in regard to medical education. A second editorial of much the same style as the first, appeared with my letter. As I consider that every point of importance in both editorials is fully answered in my letter, I shall at present take no further notice of such attacks, which do me no harm, and from their virulence

show the straits to which the *Practitioner* is driven, in attempting to defend what is as utterly indefensible as it is unjust and unfair to all our Independent Medical Colleges.

No Government, however strong, can afford to persist in what is, on the very face of it, a *great wrong*, and it is not, and cannot be, in the interest of either the Government or of any one institution to seek to maintain a state of things which is strikingly unfair.

As the subject is one which concerns the entire profession, I think it well to have the letter appear also in your well-conducted and very widely-circulated Medical Journal.

WALTER B. GEIKIE.

Toronto, July, 1890.

To the Editor of "*The Canadian Practitioner*."

In your issue of June 2nd, you have a long editorial, based on a letter addressed by me in March, 1890, to the Hon. the Minister of Education. The *very gross, absolutely unfounded, and most unwarrantable* personal attack which you make upon me, I shall notice no further than to remark, that it shows not only very bad taste, but also a very *weak* cause, which has to resort to personal detraction of a writer, who complains only of a gross *public* injustice done to ALL our Independent Chartered Medical Colleges. This injustice is acknowledged with regret by nine-tenths of the profession, and by as large a proportion of the public interested in such matters. The letter referred to, was a reply to an official communication received shortly before from the Minister of Education, and it *pointed out* the wrong complained of, as well as *proved it*, by reference to printed parliamentary records, and by figures, the correctness of which cannot be disputed.

The injustice done to ALL Independent Medical Colleges of Ontario has arisen from the restoration in 1887, of a Medical Department to the University of Toronto, without these Institutions having been fully and *separately* or even *at all* consulted beforehand, as they certainly should have been. If, when the restoration was effected, there had not been several long-established Chartered Medical Colleges in full and successful operation, there would have been less cause for complaint. Under such circumstances the restoration would have been required, the public and the profession would

have asked for it, (as they did not do) and it could not, by any possibility, have affected injuriously the vested rights and privileges of sister Institutions, which on that supposition, would have had no existence. But the very reverse of this was the fact.

It is well known that the Parliament of Canada in 1853 abolished the Medical Department of the University of Toronto, on the express ground "*that it was not in accordance with sound political economy for the State, directly or indirectly, to aid in educating men for lucrative professions,*" as this education was given even at that early day to a sufficient extent in Colleges and Schools conducted entirely by private enterprise. And up to 1887, the Government of Ontario continued to carry out this same policy, and for the very same reasons; and since 1853 several teaching Medical Corporations have been established and have incurred very heavy expenditure in the erection and equipment of suitable buildings and laboratories, and have attained to a high degree of efficiency and success, reached after many years of very ill-remunerated work on the part of their teachers.

I said in my letter to the Minister, and here repeat it, "that the change made in 1887 was not asked for, by the country at large. It is emphatically true, that beyond a very few *personally interested individuals*, chiefly in Toronto, and notably several members of the late Toronto School of Medicine, who were on the Senate at the time, and all of whom became members of the new "Faculty," which they gave their influence to create—the changes made, were neither asked for, nor needed by the profession or by the public. There was no dearth of well-educated young doctors to meet every possible want of the province—indeed, then as now, large numbers of our young medical men looked to the United States and to other countries in search of a wider field in which to practise." In your editorial you allude to a proposal made to Trinity Medical College in 1887 to suspend her charter, and amalgamate with the Toronto School of Medicine to form the new "University Faculty." For many good reasons this was declined. The entire Faculty discussed the scheme fully, and unanimously reached the conclusion that it was "unpractical" and "impracticable." Indeed not a few members of the Faculty, who knew all about the *proposal* and its

origin, considered it a mere trap, falling into which would have destroyed the identity of Trinity Medical College, to which Institution, in his letter to me, the Minister pays the warm tribute of having "*already contributed greatly to the improvement of the medical education of the Province.*"

You find fault with me for using the term "trap" in reference to the "amalgamation" proposed to Trinity Medical College by a Committee of the Senate of the University of Toronto, and most incorrectly speak of this expression as casting a slur upon many very honorable and well known gentlemen who were members of that Committee. Now, I am quite certain that *most* of the gentlemen you name, regarded the proposal in question as an excellent one, and that they had not the remotest idea of anything being in it which was not, in their opinion, calculated to promote the best interests of the University first, of course, but likewise of all concerned.

But the plan proposed was a "scheme" nevertheless, editorially advocated in your journal at its rise, then *persistently* pressed upon the Minister of Education by gentlemen, several of whom are now members of the restored "*Faculty*," and it was so pressed, not at all in the interest of Trinity Medical College, nor of her Professors, but simply in promotion of their own, which, by an easy and most natural process of reasoning, they soon came to regard as identical with those of the University of Toronto.

For Trinity Medical College to have become a party to the proposed "scheme" (for this was the term constantly made use of in private conversation by its promoters), would have been simply not only folly, but annihilation, suicide, or any other stronger term, if such can be found, to express self destruction.

You quote with great gusto the concluding sentences of another old letter of mine, to the effect "that it will be time enough to give full consideration to the subject of amalgamating the two Medical Colleges in Toronto when the Government and Legislature of Ontario shall have fully decided to 'create, equip and liberally endow, a new Medical teaching body,' giving a salary of not less than \$2,000 a year, and a good retiring allowance to each professor, when from age or ill-health, he is no longer fit for duty."

On first reading your article, I could not re-

member having written this; but quite accidentally I have since come across a letter I sent to one of the city papers, dated March 28th, 1887. At that time we had heard that a good deal was being said and done by the promoters of the "scheme," but this was just before Trinity Medical College had heard officially from the Senate's Committee on the subject. Now, *could* you not, *should* you not, have been ingenuous enough to say, in giving the closing sentences of that letter, that it was the end of a communication written for the sole purpose of showing, from every possible point of view, how *unwise* and how *undesirable* it would be to *restore a Medical Faculty to Toronto University*, and thus reduce that institution in Medicine, from the truly *Provincial* position she had so long occupied, as a centre round which many distinct affiliated Medical institutions might cluster, each sending up to her from time to time, its quota of candidates for examination and degrees, to that which she now holds, of a mere local Medical College, competing eagerly for students, as would inevitably be the case if the proposed "restoration" should ever become an accomplished fact? In this very letter are also the words, and why did you not quote these as well as the others? Supposing the "Medical Faculty" to have been "restored," I add: "All other Medical Schools may not subside at once as expected, and its policy (that of the supposed 'Faculty') *would*, indeed *must*, be, to belittle, and if possible to *destroy*, other schools, by virtue of the supposed overshadowing auspices under which it would be set agoing, and the *public aid* it would count upon receiving."

I ended this letter as I did, because I regarded, *and this too on very high authority*, the conditions supposed by me as to "endowing and equipping," and the giving of the salaries and retiring allowances referred to, as just as unlikely to occur, as would be the appointment of the Editor of *The Canadian Practitioner* as Accoucheur-in-chief to the Royal Family of Lilliput or of Brobdingnag.

I never have, and never will, cherish other than the kindest feeling towards all Sister Institutions, including under this term not only all our Medical Colleges, but *all* our Universities as well. It is for the good of our country at large that all of them should continue to prosper in the highest degree, and I would not wrong or injure one of

them by doing or suggesting anything which I would not be quite willing to have carried out in my own College. But, as head of one of our Medical Colleges, I do very strongly object, and will continue with all the energy I have, to protest against any *one teaching Medical College or Faculty* in the Province, having, or trying to secure, any undue advantage over the others, such as that arising from its being constituted an integral part of the State-supported Provincial University. I do so because in Ontario, with her several Independent Medical Colleges in operation, it is very unjust to these Institutions that, after an interval of nearly forty years, during which all our Medical Colleges have been, as was right, on a footing of perfect equality, *one of them (it matters not which)* should be placed in a position which may be looked upon by some as having a certain prestige connected with it. This is manifestly most *unfair* to all the rest.

Further, it *can and has been* proved that *public funds have been and are being* largely used, although not *openly* or in a "*direct, straightforward*" way, to promote medical education for the benefit of this *one* medical teaching "Faculty" in the new position in which the "restoration" has placed it. For it is well known that the new lecture rooms and laboratories in the Biological Department of Toronto University are very largely used for medical teaching purposes. Every medical student who attends classes in this building (which, as part of the Provincial University, is supposed, as it should, to belong as much to one Medical College as to another) is enrolled as a *student of the Medical Department of Toronto University*. And, further, by University statute, *approved of by Government before it could come in force*, all fees paid by medical students attending the Biological Department go into the funds of the "Medical Faculty" and *not* into the "general funds" of the University. All the instruction these medical students get in this Department is given by teachers belonging to the *Arts* Department, who are paid entirely by salaries, drawn, as in the case of all the other *Arts* professors, from the latter source. Thus certain *Arts* professors can earn a large amount of medical students' fees, which amount goes *not* to the University, the needs of which are said to be great, but to be distributed in a proportion, fixed by University statute, to various mem-

bers of the Medical Faculty *who do not earn any part of it*, and *who do not teach the subjects* for which it is paid. (For the Statute, and the proportions given to each, and the list of *names* of those who share the fees, see Ontario Sessional Papers, 1887, No. 52, page 110.)

How largely this University "Medical Faculty" is subsidized in this way, it is easy to show. (For the fees, see University Medical Calendar for 1889-90, page 30.)

A class of 240, including all the *four* years, would be a moderate estimate. This will give 60 medical students in each year. Total fees paid by each first-year student, \$73. Of this sum, \$12 is paid for Physiology, \$12 for Chemistry, \$5 for Practical Chemistry, and \$5 for Biology (including Zoology and Botany). The teaching in the branches named is *all done in the Biological Department by University-salaried professors*, who receive no portion of these fees, amounting to \$34 for each first-year student. $\$34 \times 60 = \2040 is thus paid into the *University Medical Faculty Fund*, by first-year students, for work which is not done by the purely medical teachers, *although they get all the fees for it*.

In the second year, it is much the same. \$76 is the total amount of fees payable. Of this, the branches taught in the Biological Department are: Chemistry and Physiology, \$12 each; Histology, \$8, and Medical Chemistry, \$5, in all $\$37 \times 60 = \2220 , paid into "the Medical Faculty" funds for second-year's fees, all earned by University-paid (*Arts*) teachers.

\$2040 first year's fees.

2220 second "

\$4260 paid into the *Medical Faculty Funds* each year, from first and second years' men alone.

There is positive proof, therefore, that the Biological Department of the Provincial University is hard at work earning a large yearly *bonus* for this one Medical Faculty, which *bonus* the fees of every medical student, wherever he may come from, goes to swell; while for the *other* Medical Colleges it does absolutely nothing, but is persistently used as a bait, to draw away their students if possible. Even the Women's Medical College in Toronto, where the Faculty get nothing, or next to nothing, for their hard and good work,

had, last winter, numbers of her students thus drawn off, their fees going to increase the *Medical Faculty bonus*, and their names to swell the numbers in attendance.

It will be observed that all the "subsidizing" and medical teaching in buildings erected with *public funds* just referred to, is in connection with some of the *primary branches* of the curriculum. It is consoling to the Independent Medical Colleges to know, that at the recent Medical Council examinations, where the competition is perfectly fair, and between students from *all* the Colleges, the standing taken by students coming from these Colleges was such as to prove that while the *subsidizing* referred to, and the buildings erected out public funds is a *glaring injustice*, the teaching given in the Independent Colleges, who build and equip their own Laboratories, etc., etc., is fully abreast of any in the Province. For the one candidate who took honors *this* year, and the *two* who too honors *last* year, came from an Independent Medical College; and while the *average* percentage of *rejections* in the primary examinations of the *Council* this year was 50, the percentage of primary students from the only Independent College regarding which I have been able to procure accurate information—who failed in their examinations—was only *twelve and a half*; and I have no doubt the other Independent Medical Colleges can show very similar results. This fact alone speaks volumes *against* the great *wrong*, the manifest *unfairness* which is done these Independent Colleges on the one hand, and in favor of the *great excellence of their teaching*, despite this injustice, on the other.

Your assertion as to my having "attempted" years ago "to destroy the Kingston Medical School" is absolutely without foundation. In March, 1883, THE CANADIAN PRACTITIONER published a full explanation of the circumstances you allude to. At that time, also, one of the then Editors of THE PRACTITIONER, who was every inch a gentleman, called upon me and asked me regarding the matter. I showed him and told him all I knew, which was exceedingly little, and he expressed himself disgusted and surprised at any one having tried to stir up strife by attempting to make *something* out of *nothing*. I have a copy still by me, of the letter published by THE PRACTITIONER, either in the March or April number, 1883, and to this letter I

refer anyone who wishes to know anything further about an old falsehood, which long ago was shown to be such. Your object in reviving it, is evidently the amiable one of trying to kindle unfriendly feelings towards my colleagues and myself amongst the Kingston Faculty; but happily this cannot easily be done, and not at all, by a method which all will agree with me in characterising as most contemptible.

As this is a purely *public*, and in no sense a *personal* matter, I have calmly, and without any personalities, fully answered all that seems to call for notice in your editorial.

Your reference to "Hysteria," "Hyperæsthesia," etc., are entirely out of place, as is also your use of the term "Valley of Despair." I have no anxiety or fear of any kind for the future, for I think far too highly of the innate sense of justice on the part of the Public, the Legislature, and the Medical Profession of Ontario, to be in the least afraid that the wrongs now complained of by our Independent Medical Colleges will be of long duration.

I think highly enough of the University of Toronto also, to hope that at no distant day she will again be in Medicine an examining and degree-conferring body only, having every one of our Medical Colleges affiliated with her, each of these having *one*, and by law (like the law of the Medical Council) *only one* representative on her Senate. *Then*, the University would be *equally* interested in *every* Medical College, and the interest would be reciprocal, and a far better state of things would be established than the present, which by seeking to have *unfair* advantages secured to *one* teaching body has given rise to much ill will and heartburning, which, but for this, never *would*, as it never *should*, have arisen. Under such circumstances, any public Laboratories which the Government may erect would be conducted, as they should be, by teachers just as much interested in one medical college as in another, and be thus truly *Provincial* in their scope and work.

These changes could be readily effected without injury to the recently constituted "Medical Faculty" of the University. This was formed, as you say in a recent number of your journal, by taking in the old Toronto School of Medicine, and that Corporation can easily go back once more to its former and normal position. In 1854 or 1855 this same Corporation became the *Medical Department*

of *Victoria University*, and in 1856 it resumed its old name, and continued, as a teaching Medical School, working cordially with other teaching colleges up to 1887, when it became once more a "University Faculty," this time, that of the University of Toronto.

In law, the corporation of the Toronto School of Medicine is still in existence, and any day a majority of its members may if they see fit, make still another change, and set up the old school on an independent basis under its old name—and who knows but some day in the near future this may happen again, as it did before.

Faithfully yours,

WALTER B. GEIKIE.

Toronto, June 17th, 1890.

To the Editor of the CANADA LANCET.

SIR,—I have forwarded the following letter to the *Canadian Practitioner* for publication:—

Editor *Canadian Practitioner*,—I have read carefully some recent editorials in your journal, and also a letter in reply by Dean Geikie, will you kindly grant me space sufficient to make a few remarks in reference thereto. The personalities made use of in your editorials, no doubt thoughtlessly and in a moment of irritation, are surely to be regretted. The members of our profession will certainly resent such attacks upon a man who has devoted his lifetime and life's energies to the advancement of medical education in the Dominion, and who has grown grey in the services of the profession—not to speak of the fact that he is at the head of a College occupying the proud position of Trinity and which so many of our profession are proud to own as their *alma mater*. Such methods of debate will, I assure you, only induce the friends of Trinity to draw more closely together and to rally more enthusiastically for the struggle against injustice and unequal rights. In your latest editorial you say: "Surely no one will contend that our great Universities in all parts of the world are absolutely to close their doors to all young men who commence the study of law, engineering, agriculture or medicine." Now, I contend that the circumstances of every country must largely govern its political economy and that you should confine yourself in this discussion wholly to our own Dominion. Secondly, I wish to contend

that, owing to the circumstances of our country, the professions of law and medicine do not occupy the same relation to our subsidized universities as do the professions of Engineering and Agriculture. Engineering should be aided by public funds because the profession is not overcrowded. There is as yet a very poor field comparatively for engineers in Canada. So with farming. We are a farming country and scientific farming is a desideratum which is very much needed and very loudly called for, and every farmer who can be induced to study Agriculture scientifically is a clear gain to Canada. Not so with Law and Medicine. These professions are greatly overcrowded and, besides, it has been proved that the educational requirements in each case can be fully supplied by Independent Colleges without any public assistance. To the reflecting mind it is surely very erratic logic which endeavors to prove that the government of a country should be called upon to supply a demand which does not exist; that the public funds should be used to furnish an article which is not only not in demand but which is actually a glut in the market. Now, please do not misunderstand me. When I speak of this article, the supply of which is immeasurably in excess of the demand, I refer, not to the half-educated young physician, but to the graduate who has been thoroughly and scientifically trained.

Now let us admit for the moment that public subsidizing is a necessity for the advancing of medical education in our Province and in the light of that admission let us consider briefly the existing condition of affairs. You say in a recent editorial, "If she (Trinity) recognizes the great advantages of the Chemical and Biological departments of the University why does she not show a willingness to participate in the benefits to be derived therefrom? They have been offered to her—we believe they are still free to her." It is not my custom, nor is it now my intention to accuse a gentleman whose opinions may be at variance with my own, of wilful misrepresentation; yet, to my mind it is simply inexplicable that you who must understand so well the present status of affairs should so represent it in the extract just quoted from your editorial. In the annual calendar of the Medical Faculty of Toronto University which I have before me, I read the names of certain teachers, whom we were in the habit of considering

as members of the Arts and Science Departments of our Provincial University and who as such are certainly salaried by the State; and yet they are represented in the Medical Calendar as members of the Medical Faculty. This Calendar is sent to intending medical students all over Canada in order to show them the supposed advantages possessed by this Medical Faculty over all other teaching institutions of a similar kind. And yet "these advantages are free to Trinity!" Yes, forsooth, if she is willing to surrender her students to a competing rival, but certainly not otherwise. By what exclusive right are the names of these Province-paid gentlemen paraded upon the list of one particular Medical Faculty? Why has not Trinity an equal right if right it be at all? Why cannot Trinity say to her students, "The Schools of Science and Biology are open to all students of medicine and all are taught there upon equal terms and by Professors who, being paid by the Province, have no connection whatever with any Medical Faculty. Suppose a student of Trinity or of any Independent College desired to take advantage of these alleged Provincial Institutions, as at present constituted, his name would at once be added to the list of students of the Medical department of Toronto University, an Institution competing actively for patronage with the Independent College at which it was his desire and intention to pursue his purely medical studies. Moreover, I find that the fees which this supposed student would pay for instruction in this "Provincial Institution" would go, not to the gentlemen who taught him, (they are paid by the public funds), but directly into the coffers of the Medical Faculty. Now, I ask you in all candor, is this not a fair statement of fact? And yet, it is said that "these advantages are free to Trinity!" I am willing to leave that statement to the unprejudiced reflection of the members of our profession and of all fair-minded and honorable gentlemen.

H. S. BINGHAM.

Cannington, July 15th, 1890.

Selected Articles.

ON THE DIAGNOSIS AND TREATMENT OF METRORRHAGIA.

Everyone engaged in the daily routine of practice must frequently have met with cases of severe uterine hæmorrhage which puzzled him not a little, both as to their diagnosis and treatment, caused him much anxiety and worry at the time, and possibly led to much unpleasantness. With the hope of throwing some light upon the nature of these difficult cases, I offer the following remarks, trusting they may prove of service to some.

Of all the organs of the body, the uterus alone is subject to periodical hæmorrhages as a natural physiological process, during some thirty years of the individual's existence. The function is influenced by many and various conditions, both general and local, often exceedingly difficult to understand.

Menorrhagia must not be regarded as a disease or entity *per se*, for which one method of treatment is universally applicable, nor is it necessarily an invariable evidence of disease, for it may be merely an expression of constitutional or general vascular tension, the uterine mucous membrane acting, so to speak, as a safety valve, the hæmorrhage being positively beneficial, and affording us a useful hint as to treatment.

In attempting to deal with these cases, our first object should be to arrive at a correct diagnosis of the predisposing and exciting causes, for, until this be determined, any treatment must be empirical, and we are just as likely to be doing harm as good in attempting to repress the hæmorrhage by ordinary routine treatment.

The principle of diagnosis by exclusion is one which approves itself to many, and for general purposes is to be commended, determining, in fact, to what cause the loss is not due. This, of course, can only be done by knowing beforehand what are the most likely causes of severe uterine hæmorrhage—the possibilities, so to speak—and then eliminating one after the other, until we have left only two or more probabilities. It is more especially in attempting to deal with a symptom like this that we see the importance of the gæncologist being a good all-round general practitioner, with special experience in uterine disorders, not a mere specialist, who can see nothing amiss in a patient except through a vaginal speculum.

Before attempting to make a local investigation of the pelvic organs, we should be careful to exclude any general constitutional conditions, such as are not infrequently met with from impairment of the function of the heart, liver, or kidneys, aggravated, it may be, by the injudicious employment of alcohol, which had been prescribed with a view of relieving the more distressing symptoms.

ANTIPYRIN IN WHOOPING-COUGH.—This remedy is said to be almost a specific in whooping-cough. If so, it will replace sulphurous acid fumigation which may also be said to be a specific, but troublesome of application.

Some of the most difficult cases, as regards diagnosis, occur at or about the so-called climacteric period. Terminal floodings are by no means infrequent. A patient becomes irregular, passes over an interval of several months without seeing anything, and then has profuse uterine hæmorrhage. This may merely imply the lessening of arterial tension at the surface of least resistance—Nature's method of affording relief—or it may be evidence of hepatic congestion due to the abuse of alcohol, a miscarriage, or the first indication of commencing malignant degeneration of the cervix uteri.

We should always endeavor to get as clear and concise a history as possible, but be careful to elicit facts and not be misled by theories. Having satisfied ourselves, so far as possible, that the hæmorrhage is due to some local and not constitutional condition, we must then endeavour to determine the exact nature of this lesion.

Speaking generally, the most frequent local cause, of metrorrhagia will be found to be threatening miscarriage; retained products of conception from incomplete abortion, or retention of a small portion of placenta; subinvolution with granular erosion or laceration of the cervix uteri; villous endometritis; hæmatocele; new growths in the form of polypi, fibroids, or malignant disease of the fundus or cervix uteri; retroflexion of the uterus, with or without prolapse of one or both ovaries.

Exceptionally we must not overlook the possibility of extra-uterine gestation, cystic degeneration of the villi of the chorion, and inversion of the uterus. The mere fact of a patient going even a few weeks beyond the ordinary time at which the menstrual period should have recurred, and then coming on profusely unwell, should put us on our guard as to the possibility of a miscarriage.

If pain of a colicky nature on either side of the abdomen has preceded the loss, ectopic or extrauterine gestation should be suspected, and the symptoms carefully inquired into. The presence of some enlargement behind or to one side of the uterus would still further point to such a condition being present.

In case of hæmatocele the attack occurs, more or less suddenly, at or about a menstrual epoch, producing well marked symptoms of shock, fainting, and pelvic discomfort. There is generally a history of chill, as from sitting on damp grass or getting wet, undue or prolonged fatigue or other likely cause of that nature.

Any one of the causes mentioned being sufficient to cause excessive loss, it follows that a coincidence of two or more of these conditions will be still more likely to keep it up; and herein lies an important hint for treatment.

A patient may be the subject of intramural fibroid of the uterus for years without necessarily

suffering from excessive loss, but if as not infrequently happens, the endometrium becomes affected with villous degeneration metrorrhagia often becomes a marked symptom.

Where hysterectomy is not deemed advisable, or the patient refuses all idea of operation, cureting the uterine cavity or applying some strong styptic may effectually prevent the recurrence of profuse hæmorrhage, and thus prove of much service in removing the symptom for which we were consulted. Again, a patient may have had a fibroid tumour for years without any very urgent symptoms, but errors in diet, and undue stimulation by alcohol, may induce severe hæmorrhage. Careful attention to the former and abstention from the latter, may make all the difference as to the loss incurred.

Treatment.—A correct diagnosis being the first and most important element of treatment, it follows as a matter of course that having ascertained the presumed cause we know then what our plan of action should be. Still there are some practical hints which may be found to be of value to some. Where the hæmorrhage results from constitutional or general conditions it is not always wise to attempt to check the flow at once, unless it is producing such an effect upon the system generally as to suggest the expediency of arresting it at all hazards. In certain cases of heart disease, uterine hæmorrhage, in place of aggravating, seems to relieve the cardiac symptoms, and should not therefore be hastily repressed. Strophanthus, digitalis, and aconite here prove most useful. Where the action of the liver seems to be at fault, attention to diet, abstention from alcohol, and the administration of a few grains of calomel or pil. hydrarg. or euonymin, followed by a brisk saline aperient, will probably be indicated. If albuminuria be present, or the kidneys seem to be at fault, encourage vicarious action of skin and bowels by means of diaphoretics and purgatives, and follow out any other indications suggested. In cases of menorrhagic chlorosis, bromide of potassium in half-drachm doses has proved of service, iron being given between the periods with strychnine; attention being also given to ordinary hygienic details, avoidance of tight lacing and physical overwork. It is well to remember that hæmophilia, scurvy, malaria from residence in damp or marshy districts, lead poisoning, and other unusual conditions will occasionally explain the presence of metrorrhagia. The mere recognition of the cause will be at once a suggestion as to the proper course of treatment.

Where uterine hæmorrhage persists, notwithstanding the employment of constitutional measures, and there is no apparent local cause to account for it, we should without further delay dilate the cervix uteri and explore the interior of the uterus. Numerous instances have been recorded of patients dying from uncontrollable hæmorrhage, where a

post-mortem examination revealed the existence of some intra-uterine growth, such as a polypus or submucous fibroid, retained product of conception, or fungoid condition of the endometrium, which could readily have been removed or dealt with had appropriate measures been adopted in time, and the patient's life thus saved.

The mere fact of inserting a sponge tent into the cervix uteri arrests the hæmorrhage for the time being, and facilitates subsequent exploration of the uterine cavity. As to any risk of reflux through the Fallopian tube, as sometimes spoken of, it is a mere visionary objection, and need not deter us from employing dilatation in suitable cases. Plugging the vagina is a very unscientific procedure, as well as being unsatisfactory and inefficient. It should seldom, if ever, be resorted to.

It would clearly be impossible in these brief remarks to indicate in detail the methods of local treatment, such as cureting for villous endometritis, removing polypi, operating for cancer, the use of electricity in cases of myoma, the best method of dealing with cases of incomplete abortion, or replacing an inverted uterus. If we have once clearly made out the indications for treatment the rest is merely a matter of detail. But now and again instances occur where no assignable cause, either constitutional or local, can be made out, and where remedies fail to restrain the hæmorrhage. In such cases the hot vaginal douche may prove of service, or even washing out the uterine cavity with hot water through a double current catheter, provided the cervix be patulous enough to admit it. Should this fail it may be considered requisite to wash out the interior of the uterus with a strong solution of iodine or iron. As a *dernier ressort*, the insertion of a sponge tent into the cervix uteri may be effected.

The reliable remedies at our disposal for checking or arresting uterine hæmorrhage are really very few. Ergot is unquestionably one of our most potent; *hydrastis Canadensis* is a valuable agent, and far too little generally known. In cases of myoma it often proves of service when ergot has failed. *Hamamelis*, which forms the basis of the American nostrum hazeline, is sometimes useful. Quinine and strychnine, alone or in combination, often succeed in checking or arresting hæmorrhage in those cases where the system is much depressed from repeated or prolonged losses. Bromide of potassium in cases of ovarian irritation, and even in hæmatocele, possesses the power of checking hæmorrhage equal, if not superior, to that of any remedy we possess. Chlorate of potash in combination with ergot has lately been strongly recommended. Opium is beneficial in cases where the loss already has been severe. Sulphuric acid and opium used to be, and still is, with some practitioners, a favorite remedy; so, also, acetate of lead and opium in form of pill.

The ordinary astringents, such as gallic and sulphuric acid, have really very little influence in restraining hæmorrhage, and are far too often relied upon. Iron is often of much benefit in those cases where the loss has been very profuse, as in myomas, and the blood has become so attenuated as to pass readily through the capillaries. *Digitalis*, in combination with iron, proves most valuable in cardiac complications.

In place, however, of attempting empirically to deal with the effect, we should always endeavor to arrive at a definite opinion as to the cause of the hæmorrhage, and, if we can deal with this satisfactorily, the treatment is very simple.—A. W. Edis, M.D., F.R.C.P., Lond., in *Br. Med. Jour.*

A FEW SUGGESTIONS ON THE TREATMENT OF DISEASES OF THE EYE AND EAR.

I am prompted to make these suggestions by a knowledge of the fact that by far the larger number of patients with eye or ear disease, fall under the care of the general practitioner, who in student days, found these subjects not only dull and uninteresting, but complicated—hence he has simply attempted to get the general principles, without a thought of obtaining a thorough mastery of the subject—a thing difficult of accomplishment, when professor and text-book both dwell so much upon details. I felt this keenly myself when in general practice, and have heard frequent reference to, and seen many illustrations of it, since I devoted special study to these diseases. I shall, in a general way, and briefly, attempt to give simply the treatment of those diseases most frequently seen, by suggesting the use of a few remedies which will be useful to the greatest variety, and hurtful to but few, or none of those diseases liable to be mistaken for one another.

The most frequently observed disease of the eye, is *catarrhal conjunctivitis*, or ordinary "cold" of the eyes, which with simple cleanliness is, in many instances, a self-limited disease. A cure can be hastened however, by local applications; and in the choice of these, preference should be given to the milder forms of eye-washes, for they are in nine cases out of ten equally as efficacious as the stronger applications. They are not unpleasant to the eye, and can do no harm. If inflammation of the eye (*conjunctiva*) assumes an active type, there is apt to be hyperæmia of the iris, which readily passes into inflammation of that structure, under the influence of strong applications to the lid or globe; and the same may be said of the cornea—hence the safety of mild remedies, and the danger of strong ones. Either of the following prescriptions will meet the indications of a mild eye-wash:

1. A solution of common salt (grs. x ad $\bar{3}$ i).
2. A saturated solution of boracic acid (grs. xv ad $\bar{3}$ i).
3. R Sodii biboratis $\bar{3}$ iv, aquæ camphoræ, aquæ, aa $\bar{3}$ ii. M.
4. R Zinci sulphatis gr. i, acidi boracici $\bar{3}$ i, aquæ $\bar{3}$ iv M.

These may be freely applied to the eye, without fear of harm. As examples of what I consider the stronger eye-washes, I may cite solutions of copper, of zinc, of alum, of nitrate of silver, of acetate of lead, as strong as five or ten grains to the ounce.

The next disease of the eye in order of frequency is inflammation of the cornea, or *keratitis*, which is sometimes associated with catarrhal ophthalmia just considered, and in many instances the casual observer will place the two diseases in the same category. And yet, the strong applications, which the inflamed conjunctiva would stand, not only with impunity, but with marked benefit, might seriously endanger an eye affected with keratitis. Here treatment *must be mild*, if safety of the eye is consulted. Any one of the prescriptions which I have suggested can be used with benefit and without danger, and it is well to use in addition some soothing application, as R Atropiæ sulphatis, cocain. muriat. $\bar{a}\bar{a}$ gr. ii, aquæ $\bar{3}$ i. M. Sig. Put two drops in the eye three times a day.

Another disease of the eye—inflammation of the iris, or *iritis*—is often seen, and it too, has so many symptoms in common with the diseases already considered that it is liable to be mistaken for either. Here all the usual eye-washes are objectionable—their danger increasing with their astringency. The prescriptions which I have given, are at least open to this objection—and while they can do no good, they can hardly be considered as dangerous. The sheet-anchor here, is atropia, which can be advantageously combined with cocaine, four grains each, of cocaine and atropine to the ounce of water. This should be used sufficiently often to keep the pupil dilated, and until the eye is free from redness. Attention of course should be given to the general health in every instance. Either the syphilitic taint or the rheumatic habit will usually be found with iritis. Whenever the eye-ball is red and inflamed, with dread of light, or haziness of the cornea or a contracted or sluggish pupil, rely upon atropine and cocaine, and use no stronger application than a solution of boracic acid. When an absence of these symptoms shows that the trouble is in the lids, stronger applications are admissible.

A few points about diseases of the ear, and I shall cease.

Ordinary *ear-ache*, is an inflammation of the middle ear, and when the process goes on to pus-formation, an abscess on the inner side of the drum membrane is the result. The pressure from the

pent-up pus causes a rupture of the drum, through which the matter escapes. This is often an end to the trouble, but frequently the inflammation continues—the opening in the drum remains—disease of the bones of the ear develops, and a more or less continuous discharge, an otorrhœa, is the result. If hot water be liberally and frequently injected into the ear through a douche, the inflammation will usually be stopped and a cure effected. Two or three drops of hot laudanum dropped into the ear will often accomplish the same purpose. After the discharge appears it can ordinarily be checked by syringing the ear often enough to keep it clean, with warm water containing boracic acid in the proportion of fifteen grains to the ounce; and, if, in addition to the syringing, a little pulverized boracic is blown into the ear through a quill or tube, after the ear is cleansed, this treatment will usually suffice to cure an otorrhœa.

In removing plugs of wax, or foreign bodies which have gained access to the ear, it is better to rely upon warm water and a syringe, than to resort to instruments. It is not only easier but more efficacious and safer. With the most delicate touch, it is as difficult to handle an instrument with precision in the deep and small cavity of the ear, as it is to avoid inflicting injury to these delicate parts which may be more serious than the trouble for which it was undertaken.—Dr. James L. Minor, in *Memphis Jour. of Med. Sciences*.

INSOMNIA AMONG CHILDREN.

Sleepless children have a champion in Dr. Jules Simon, who takes up their cause in the pages of the *Revue mensuelle des maladies de l'enfance* for March, 1890. The problem of too-wakeful childhood, he says, taxes the ingenuity of the physician to the utmost, arising as it does from many causes, and constituting a prominent symptom of diverse pathological conditions. The new baby's sleep is intermittent. Every two or three hours it awakens, because of hunger or thirst: Even night sleep is not continuous, though more profound and of longer duration. If the infant sleeps too much or too little, something is wrong. Insomnia is a marked symptom of early syphilis in children, as characteristic as the coryza and rash, and normal sleep returns only when sufficient mercury has been absorbed and assimilated. Indigestion is a potent cause of wakefulness among the innocent. These are often fed too frequently and with improper food. Medicine is useless. Hygienic nourishment is the only hypnotic that meets the indications. There is, however, the hyperæsthetic baby, always alert, with eyes forever open, and who can only be quieted by a good dose of something. This alarming infant is essentially a nineteenth-century outcome.

The little sufferers from beginning hip-joint disease sleep no more till the leg is immobilized, codiene and chloral affording only temporary relief. The insomnia of broncho-pneumonia in children is best relieved by the application of a fly-blister, a remedy that makes the ignorant laugh. At once respiration becomes less frequent, oppression diminishes, and the little one sleeps. The most varied measures bring about this consummation devoutly to be wished, under different circumstances. And any agent will fail when it is not indicated, as it does everywhere in the practice of medicine.

Ætiology must ever be kept in view. The causes of childish insomnia are legion. Among the new-born, Dr. Simon places dyspepsia first on the list, and acute cerebral congestion—due to some kind of exposure—next. A beginning meningitis, cerebral tumors, and hydrocephalus have wakefulness for a symptom. In later childhood, headache produces the same result—the headache of growth and overwork. Many of these headaches are really manifestations of latent rheumatism. The neuroses of childhood, such as hysteria, chorea, and epilepsy, produce wakefulness. This is sometimes the only evidence of epilepsy, and expresses itself in a peculiar way. The child goes to bed well, wakens with cry from profound slumber, sits up suddenly in bed, and the falls back again, either to sleep, after a short interval, or to lie awake weak and prostrated. Sleepless or wakeful chorea is a serious affair. Rheumatic conjunctivitis, catarrh extending into the frontal sinuses, urticaria, itch, etc., are frequent and obvious reasons for sleeplessness. Not so hernia or displaced testicle. The rarity of these conditions make them overlooked, though existing oftener than is supposed, the symptoms they give rise to being referred to the digestive tract or the nervous system. Naturally, the whole range of nerves and digestive tonics fails to do what a simple bandage can accomplish—bring about normal sleep. The exanthematous fevers have sleeplessness during some part of their course as an accompaniment. So also malarial fevers, especially of the irregular type, when the child wakes suddenly in the night with pain in the head and vomiting, without fever or chills. Quinine cures this kind of sleeplessness. Unrecognized albuminuria is another reason why repose is disturbed; and this disturbance may precede uræmia. The diphtheritic patient in whom the disease has murdered sleep is in the gravest danger. Among children of six or seven, wakefulness is one of the protean expressions of lithæmia. It is often accompanied by intense headache and profuse perspiration. And last, but not least, the indiscretions of the mother or wet-nurse are potent causes of the wakefulness of early infancy. Alcohol, tea, coffee, salted foods, condiments, and spiced meats may act as poisons

to the baby when they pass into the milk that is its food. Strong odors, good and bad, may also keep little ones awake, for their are powerful excitants in the young.

The most careful regulation of a child's life, the most patient enquiry into the details of its every-day career, and matters worthy of the best physician's learning and skill. Grown persons are badly spoiled as a rule, and not much can be done but patch them up and let them go; but with children the case is more hopeful.—*N. Y. Med. Jour.*

ABSTRACT OF THE ADDRESS ON MEDICINE.

Dr. Davis referred to the recent changes and progress in medicine, and proceeded to ask the attention of the audience to a limited number of topics that are at present exerting an important influence on the progress of medical science. He spoke of the microscopic search for bacteria, which has recently become so popular. He said a large proportion of the bed-side practice had become little more than a clerical process, recording the temperature as indicated by the clinical thermometer, and adjusting the stimulants and food in accordance therewith, little attention being given to the condition of important secretory and excretory organs. He claimed that a general fever, instead of being simply high temperature, is a complex, morbid condition, involving all the functions of the body, the elevation of temperature being only incidental. The real value of any remedy in the treatment of acute general diseases cannot be determined by its specific effect in temporarily controlling one or two common symptoms, but the mode of its action on the general system. Physiological investigation has proved that all nerve sensibilities and molecular changes are dependent on the presence of arterial blood containing oxygen. All acute general diseases accompanied by abnormal temperature include disturbance of these processes. Abundant observations and experiments on animals show that many of the favorite antipyretics produce their effects by more or less direct interference with the function of the blood. They impair the assimilative processes as shown by the diminished conversion of food into sugar in the liver and muscles and the diminution of nitrogenous elimination. He entered into an extended discussion of typhoid fever. He thought it safe to relieve the excess of heat by the natural processes of radiation, exhalation and general evacuations. This can be done by frequent sponge bathing, aided by wrapping the patient in a cold, wet sheet, which can be done with a positively refreshing influence. He referred to the effect of alcohol as used for a remedy in the treat-

ment of disease. He treated of the effect on the functions of the more important organs and the constituents of the blood and tissues.

When taken into the stomach in a diluted form alcohol undergoes no digestion, but is carried directly into the blood and some part of it is speedily eliminated unchanged through the lungs, kidneys and skin. Experiments show conclusively that about 10 per cent of the alcohol taken loses its identity immediately on mingling with the blood. A careful review shows no evidence of a marked increase in heat production of carbon dioxide by the presence of alcohol in the blood. On the other hand, the average heat dissipation has been proved to diminish. While present and circulating with the blood it diminishes nerve sensibilities of course, lessens the average temperature, retards molecular changes in the tissues and lessens the aggregate of effete elimination.

The well-known fact that alcohol possesses a strong affinity for water contained in the living tissues was discussed at length, the experiments of Drs. Richardson, Harley, Payne, Kales, Wood, Martin, Loomis, Davis, Edgerly, Townsend and many others being carefully reported. Alcohol causes less oxygen to be carried from the pulmonary to the systemic capillaries. It caused a diminished production of carbon dioxide, urea, phosphates, heat, etc. It is a true anæsthetic upon the nerve center. Instead of generating any kind or form or force of energy it actually diminished every known form of force belonging to the living body and promotes molecular and tissue degeneration. If administered in acute general diseases it quiets the patient's restlessness and lessens his consciousness of suffering, but favors the retention in the system of both the specific causes of disease and the natural excretory materials that should have been eliminated. It adds to the number of fatal results. The very generally accepted doctrine that alcohol is a cardiac tonic does not rest on the true basis of clinical experience. The nearest approach to such a basis is furnished in the reports of hospital and private practice for a given period where the diseases in question were treated without alcohol and anti-pyretics, and where both were freely used. In 1864 the Commissioners of Public Charity in New York City, on account of the great mortality of fever patients in the hospital, removed them to Blackwell's Island, where they were placed in tents. Their treatment was exclusively hygienic, consisting of ample ventilation, good air, cleanliness and simple nourishment. The result was a death rate of only 6 per cent.

In the Mercy Hospital, of Chicago, over which Dr. Davis has had supervision for twenty years, the average death rate was only 5 per cent. On the other hand, nearly all the reports from hospitals in which alcoholic liquors are used in the treatment of typhoid and typhus fever the rate is

from 16 to 25 per cent. The rate in Bellevue Hospital, New York, before the Blackwell's Island experiment, was one death in four and one-half. Numerous statistics were given bearing on this point. Dr. Davis said the continual use of alcoholics and anti-pyretics was not in sympathy with the progress of the age. The fundamental error consists in using special remedies for the control of particular symptoms, or the removal of specific causes without an adequate knowledge of their influence on the blood and the various processes of the human body. The highest degree of success in the treatment of acute general diseases will be attained by removing from the patient the action of the specific and predisposing causes of his disease and surrounding him with air and perfect sanitary conditions, avoiding the use of such remedies as either directly or indirectly retard normal processes. The restoration of these processes must be aided by promoting natural elimination. Morbid conditions of the glands, spleen and stomach must be palliated so as to prevent such structural changes as might otherwise end in fatal exhaustion. The steps of healing must be carefully graded, remembering that the same remedial agent that might be of great value in one stage might be even destructive in another. Dr. Davis said that the foregoing conclusions were the result of a life work, and his faith in the efficacy of the remedial agencies had in no wise been diminished. He would feel repaid if they should lead any number of the profession to a closer understanding of the real *modus operandi* of the remedial agents used in the treatment of acute general diseases.—N. S. Davis, M. D., in *Chicago Weekly Med. Rev.*

THE THERAPEUTIC USES AND TOXIC EFFECTS OF CANNABIS INDICA.

A valuable contribution to the literature of Indian hemp is a paper with this title published in the *LANCET* for March 22, 1890, by Dr. J. Russell Reynolds. In explaining the occasional toxic effects of this drug, two things must be remembered: First, that, by its nature and the forms of its administration, *Cannabis indica* is subject to great variations in strength. Extracts and tinctures can not be made uniform, because the hemp grown at different seasons and in different places varies in the amount of the active therapeutic principle. It should always be obtained from the same source, and the minimum dose should be given at first and gradually and cautiously increased. The second important fact to keep in view is that individuals differ widely in their relations to various medicines and articles of diet—perhaps to none more than to substances of vegetable origin, such as tea, coffee, ipecacuanha, digitalis, nux vomica, and the like. In addition to the purity of the drug, the

possibility of idiosyncrasy must be borne in mind as calling for caution in giving Indian hemp. By gradually increasing the dose and habituating the organism to its use, the use of *Cannabis indica* may be pushed to three or four grains at a dose with positive advantage. But in Dr. Reynold's experience a grain would bring about toxic effects in the majority of healthy adults; and a quarter of a grain has done the same, but never a fifth, which is the proper amount with which to begin the use of the drug among grown persons, a tenth of a grain being the proper initial dose for children. The best preparation for administration is the tincture—one grain to twenty or ten minims—dropped on sugar or bread. The minimum dose should be given, as before stated, repeated every four or six hours, and gradually increased every third or fourth day, until either relief is obtained or the drug is proved useless. With such precautions, Dr. Reynolds states he has never met with toxic effects and rarely failed to ascertain in a short space of time the value or uselessness of the drug.

Its most important results are to be found in the mental sphere; as, for instance, in senile insomnia, with wandering. An elderly person (perhaps with brain-softening) is fidgety at night, goes to bed, gets up, thinks he has some appointment to keep, that he must dress and go out. Day, with its stimuli and real occupations, finds him quite rational again. Nothing can compare in utility to a moderate dose of Indian hemp at bedtime—a quarter to a third of a grain of the extract. In alcoholic subjects it is uncertain and rarely useful. In melancholia it is sometimes serviceable in converting depression into exaltation; but, unless the case has merged into senile degeneration, Dr. Reynolds does not now employ *Cannabis indica*. It is worse than useless in any form of mania. In the occasional night restlessness of general paretics and of sufferers from the "temper disease" of Marshall Hall, whether children or adults, it has proved eminently useful.

In painful affections, such as neuralgia, neuritis, and migraine, Dr. Reynolds considers hemp by far the most useful of drugs, even when the disease is of years' duration. In neuritis the remedy is useful only in conjunction with other treatment, and is a most valuable adjunct to mercury, iodine, or other drugs, as it is in neuralgia when given with arsenic, quinine, or iron, if either is required. Many victims of diabolical migraine have for years kept their sufferings in abeyance by taking hemp at the threatening or outset of the attack. In sciatica, myodynia, gastrodynia, enteralgia, tinnitus aurium, muscæ volitantes, and every kind of so-called hysterical pain, *Cannabis indica* is without value. On the other hand, it relieves the lightning pains of ataxia, and also the multiform miseries of the gouty, such as tingling, formication numbness, and other paræsthesiæ.

In clonic spasm, whether epileptoid or choreic, hemp is of great service. In the eclampsia of children or adults, from worms, teething (the first, second or third dentition), it gives relief by itself in many cases. Many cases of so-called epilepsy in adults—epileptoid convulsions, due often to gross organic nerve-centre lesions—are greatly helped by *Cannabis indica*, when they are not affected by the bromides or other drugs. Take, for instance, violent convulsions in an overfed man, who is attacked during sleep a few hours after a hearty supper, the attacks recurring two or three times an hour for a day or two, in spite of "clearing the primæ viæ," or using bromine or some other classic drug. These attacks may be stopped at once with a full dose of hemp. In brain tumors or other maladies in the course of which epileptoid seizures occur, followed by coma, the coma being followed by delirium—first quiet, then violent—the delirium time after time passing into convulsions and the whole gamut being repeated, Indian hemp will at once cut short such abnormal activities, even when all other treatment has failed. In genuine epilepsy it is of no avail. In cases where it has seemed to do good, the author doubts the correctness of the diagnosis and suspects organic lesion or eccentric irritation. In tonic spasms, such as torticollis and writers' cramp, in general chorea, in paralysis agitans, in trismus, tetanus, and the jerky movements of spinal sclerosis, *Cannabis indica* has proved absolutely useless. At the same time, it is most valuable in the nocturnal cramps of gouty or old persons, in some cases of spasmodic asthma, and in simple spasmodic dysmenorrhœa. Thus it will be perceived that for the relief of suffering, quite apart from a curative effect, hemp must ever be held in high esteem and ranked with the poppy and with mandragora.—*Ed. M. N. Y. Med. Jour.*

MORNING SICKNESS.

Among the many disorders consequent to the pregnant state, we find a very common and annoying one, called morning sickness. There will be times when you have exhausted every remedy that is available, that you will be put to your wits' ends to know what to do, for very frequently this trouble becomes so obstinate that nothing short of abortion will give relief. It is rare to have a fatal case of morning sickness, unless the patient is unable to receive nourishment in the various ways that I shall describe to you in this lecture. The symptoms and the probable etiology of this affection have already been considered, and it is to the treatment that I wish more particularly to call your attention this morning. Your first duty will be to make a careful inquiry as to the diet and general state of the bowels. You will

frequently find here the cause of much trouble and that having the meals at proper intervals, and the bowels regulated, nothing else may be required. If the patient cannot retain food in the stomach, begin with liquid food in small quantities. Soups, from which the grease has been skimmed, should be employed; and in addition, well-cooked farinaceous foods. There is one kind of soup that is better than all others, and acts as a medicine in some cases, that is, clam-juice soup. This will also answer in typhoid fever. After all things have failed you will find that there is an unsatisfied desire for certain things you would naturally forbid. Experiment until you find the most suitable diet. I have heard of obstinate cases that were cured simply by the patient eating popped corn, or an apple. This, of course, was merely a mental action, and not medicinal, in the sense in which we use the term. It has been found that by awakening the patient in the night and giving her a cup of hot coffee and a soft boiled egg, then keeping her quiet, the nourishment may be retained. Raw beef, scraped and made into a sandwich, is often palatable and may be retained. After all has failed by the mouth do not let your patient die for want of nourishment, but commence alimentation by the rectum. Use injections of beef peptonoids, milk and concentrated foods at regular intervals. I know of a doctor C., of Atlanta, whose patient vomited all food taken into the stomach, but she lived the whole nine months by rectal alimentation, and made a perfect recovery. I had a case of cancer of the bowels, in which the patient was sustained many months by alimentation per rectum, until the disease overcame her. The only danger to be apprehended in this mode of alimentation is that diarrhoea may set in; then she is beyond nourishment by the bowel.

What, then, are the remedies you should use? They are numerous. Among the reflex sedatives and anodynes, nothing is better than the bromides. Sodium bromide is the best, and, being alkaline, generally acceptable. Chloral is sometimes used to quiet and relieve, but I do not think it should be used unless absolutely necessary, and then late in pregnancy. Opium and morphine should be avoided on account of locking up the secretions. Great benefit is derived from soda bicarbonate and bismuth before meals, and following the meal, give aromatic sulphuric acid with syrup of ginger or lemon. Aromatic bitter tonics, or diluted hydrocyanic acid, will often give relief. You may use potassium carb., gr. v. with tr. gentian comp. and syrup of ginger, to make it palatable. One of the most satisfactory and efficient prescriptions in my hands is:

R — Bismuth subnitratis, † gr. x.
 Acidi carbolici, gr. ss.
 Pepsini, gr. v.

Syrupi,
 Aquæ menthæ piperitæ.

Misce. fiat mistura et signe: Take before meals. Shake well before using.

Oxalate of cerium, gr. ij-v, in pill form, before meals, is one of the most reliable remedies. Salicinum in gr. v-x doses is said to be very good, but I have had no experience with it. Potassium iodide answers in specific cases. Wine of ipecac, given in gtt. j doses every hour has a peculiar action on the secretions, and allays the irritability in many cases. Creosote in gtt. ij doses has been replaced by carbolic acid given in lime water. Phosphate of lime, gr. xv-xx, tinct. iodii. comp.; Fowler's solution; nux vomica, and last of all, cocaine hydrochloras, gtt. x of a 3% solution, have been used. After you have used the various remedies, and have gained nothing, look after the position of the uterus, and, if displaced, replace it if possible, and thus afford relief. Sometimes a peculiar position of the fetus in the uterus will give rise to the trouble. Certain conditions of the cervix, such as fissures, granulations, erosions and inflammations of the os uteri and cervix must be treated locally in order to give relief. As an example of a reflex trouble, there is a case of a woman who was seized with convulsions after childbirth, on account of a few shreds of fibres protruding from the cervix, the removal of which gave relief. Use local applications of nitrate of silver, carbolic acid, tincture of iodine or nitric acid, according to the demands of the case; but do not make the applications strong enough to produce pain. Another cause of the nausea may be contraction of the cervix. This can be overcome by slight expansion of the external os or cervix by the finger or dilator, exercising the greatest care. This is a point worthy of your notice. When every remedy at your command has been exhausted, request a consultation with a physician whose judgment will be a credit to you, whose experience, judgment and wisdom are known to you and the profession, and if the induction of abortion be necessary to save the life of your patient, you have him to share with you the responsibility of the case.—Dr. Stewart, in *Times and Register*.

TREATMENT OF GASTRIC NEURASTHENIA.

In the treatment of dilatation of the stomach, according to Dujardin-Beaumez, there are two principal indications: the one is addressed to the gastro-intestinal disturbances, the other to the condition of the nervous system. To fulfil the first of these indications there are two plans of treatment: the first comprises intestinal antiseptics; the second includes various mechanical meth-

ods of treatment which act directly upon the stomach.

Intestinal antiseptics has for its object the prevention of the development of toxic substances in the digestive tube, and is accomplished by pharmaceutical means, by laxatives, by washing out the stomach and intestines, and by properly chosen regimen. The following measures should be observed :

1. The patient should take one of the following cachets at each mealtime :

Salicylate of bismuth	} āā 10 grm.
Magnesia	
Bicarbonate of soda	

For 30 cachets.

If the trouble is very far advanced :

Salicylate of bismuth	} āā 10 grm.
Naphthol (a)	
Magnesia	
Bicarbonate of soda	

For 30 cachets.

2. At bedtime the patient should take a dessert-spoonful of the following in half a glassful of water :

Senna pods (treated with alcohol) in powder	} āā 6 grm.
Sublimed sulphur	
Powdered fennel	} āā 3 grm.
Powdered anisum stellatum	
Pulverized cream of tartar	
Powdered licorice	8 grm.
Powdered sugar	25 grm.

When the powder does not produce the desired effect, or is not well borne, the patient should take a liqueur glassful of Rubinat or Villacabras water every morning, or else a dose of podophyllin or cascara. If there is considerable dilatation the stomach should be washed out ; and if it contains putrid matter, disinfecting solutions should be employed, such as boric acid, 10-1000 or naphthol (a), 1-1000.

3. The cold douche should be applied to the spinal column every day for not longer than 15 seconds (if the patient is a lady, the feet should be douched with hot water, and after the douche dry friction should be vigorously employed).

4. Open-air walks and muscular exercises are favorable.

The following dietetic points should be carefully observed : At least seven hours should intervene between the two principal meals, which should be eaten the first at 10 or 11 a.m., the second at 7 p.m. ; neither food nor drink should be taken between meals ; diet should consist chiefly of eggs (underdone), purées of potatoes, haricots, lentils, revalésière, racahout, lactated farina, panada, rice, maccaroni, green vegetables, well cooked (purées of carrots, turnips or peas,

Julienne soup, cooked salads, spinach), finally, stewed fruits, except grapes or strawberries ; game, fish, shell fish, cheese, and all foods that are too liquid, particularly thin soups, should be excluded ; bread should be toasted ; as for drinks, nothing should be taken except 300 grm. of a mixture of white wine and water, but no effervescing drinks, undiluted wine, and no liquors should be taken. It may be remarked that wine of cinchona, such as is frequently given as a tonic to patients with dilatation of the stomach, is more injurious than useful.

The mechanical methods of treatment referred to include Glénard's pelvic bandage—a broad elastic bandage which is strapped over the abdomen—massage, and electricity.—*Jour. Am. Med. Assoc.*

THE TREATMENT OF EPILEPSY BY BIBORATE OF SODA.

I can fully endorse the statements of Drs. Risien Russell and James Taylor in their interesting paper which appeared in *The Lancet* of the 17th inst., with regard to the value of borax in the treatment of epilepsy, and I agree with them as to the necessity for emphasizing this fact ; for although here and there in medical literature it is recorded that fits have been cured by borax, the virtues of this remedy have for the most part been either ignored or under-estimated. Yet I think there can be no doubt that when the bromides, administered either alone or in conjunction with belladonna, fail to relieve convulsive seizures, biborate of soda is the most likely drug to be of service. And I would also point out that boracic acid, so far as I have tried it, appears to be quite as efficacious as its alkaline salt. Its value is strikingly illustrated by the following case which was under my care at the Clinical Hospital about two years ago. It was that of a girl aged six years, who had been subject to fits for a few weeks which the mother attributed to a fall on the head. The child attended as an out-patient for some time ; but, as the fits appeared to be uninfluenced by the administration of bromide of potassium, she was taken into the hospital in order that the effects of treatment might be more accurately observed. During the first five days she took, every four hours, a mixture containing five grains of bromide of potassium and five minims of tincture of belladonna ; but on each day she had from twelve to twenty attacks of general convulsions with loss of consciousness. The doses of bromide and belladonna were then increased to ten grains and seven minims respectively ; but as the frequency of the fits remained unaltered, she was ordered to take five grains of boric acid in water every four hours. During the next four days the number of fits fell

to nine and ten daily, and when the dose of boric acid was increased to ten grains the improvement was still more marked; the fits ceased on the fifth day, and the child subsequently left the hospital completely cured. Since that time I have repeatedly prescribed boracic acid and borax, both for ordinary epilepsy and for the convulsions associated with the spastic hemiplegia of infancy, and, as a rule, with good results.

As regards the mode of administration, it may be observed: (1) that both borax and boric acid are very soluble in glycerine; (2) that if we wish to prescribe borax alone, much glycerine should be excluded, for a mixture of pure neutral glycerine and pure borax is acid, owing to the presence of free boric acid; (3) that borax increases the solubility of boric acid to a considerable extent, so that it is often advantageous to give them in combination.

In conclusion, perhaps you will permit me to draw attention to the occasional value of borax or of boric acid in the treatment of coughs. A few grains of either drug will sometimes remove an obstinate cough in a young child, and especially if this be associated with an irritable condition of the fauces or pharynx. Boric acid is also highly spoken of by Atkinson* as a remedy for puerperal fever; Bukhaloff† considers it a very effective substitute for quinine in the treatment of malarial fevers; and Peyrusson‡ recommends large doses in cholera.—Judson S. Bury, in *Lancet*.

PREGNANCY CYSTITIS.

An eighteen-year-old primipara was delivered ten months ago. In the third month of pregnancy she suffered from frequent dysuria. She had to empty the bladder at least ten times daily, and several times at night. The dysuria has continued ever since. The urine is cloudy and alkaline; sp. gr. 1.016. It contains bladder epithelium and pus.

Cystitis in pregnancy, while not frequent, is not rare. Pregnancy nephritis has been described and so there is a pregnancy cystitis, but the latter is more frequent than the former. Monod found that 26 out of 124 pregnant women suffer from cystitis; 16 of the 26 were primigravidæ. In his opinion pregnancy cystitis is chiefly due to vesical hyperæmia, caused by the close vascular connection between the bladder and the uterus; the blood supply of the latter being naturally much increased. The frequent excessive intercourse of the newly married contributes in no small degree to vesical inflammation. Under the title pregnancy cystitis are not included those cystites due to retroversion or retroflexion of the gravid uterus, after it has become incarcerated; spontaneous evacuation of

the bladder being impossible, it becomes enormously distended and sloughing with fatal consequences may result, or at least permanent vesical disease.

In the treatment of cystitis, medicine given by the mouth which must be eliminated by the kidneys, to affect the vesical mucous membrane, can be dispensed with. Washing out the bladder by means of suitable solutions or mixtures gives the best results. The irrigation should be done with Hager's funnel, to which a rubber tube and the catcher have been attached. The funnel tube and catcher are filled with the preparation to be used. The funnel is held so low down that the fluid cannot escape through the catcher previous to the introduction of the latter. The catcher is introduced, then the funnel is raised, and the fluid passes gently into the bladder. After the quantity judged necessary has entered, the funnel is lowered and the bladder is at once emptied. The fluids used vary. Braxton Hicks advises the use of slightly acidulated warm water; one or two drops of hydrochloric acid to the ounce of water. I have used a mixture of creolin and water with good results. I used at first a two per cent. solution, but found that this caused discomfort to many patients. It is better to begin with a solution one-half as strong, or even weaker. The fluid used should be warm.—Parvin, in *Med. Standard*.

LACERATION OF THE CERVIX, IMMEDIATE REPAIR OF.—Recent experience with this operation has been so favorable that I deem it worth while to lay the method briefly before you.

The operation may be done in Sim's position. I prefer the dorsal decubitus, with the patient's hips at the edge of the bed and the legs held well flexed by the sheet-sling, which is a simple substitute for the various clutches (*N. Y. Med. Jour.*, April) (a drawing was shown). The lower corners of the tear are seized in the grip of a single pair of double tenaculum forceps. The extent of the tear is thus seen and the rent steadied for stitching. This is the one point on which I wish to lay stress. A needle-holder and straight needles, or this modified Peaslee needle bent at right angles and curved like a Hagedon, serve well. Trustworthy gut is best, but I have been using ordinary No. 8 cotton thread, soaked in biniodide solution, 1-4000. No assistant is required beside the nurse.

Objections.—Several theoretical reasons will occur to you at once why this little operation may be difficult in ordinary cases.

1. The flabby vaginal wall may fall in and hamper all manipulations.
2. The bell shape of the cervix after labor might fog any working ideas of the normal relations.
3. The "reach" is too long.

* Practitioner, 1880. † Vrach, 1888. ‡ Lyon Med., 1884.

4. Blood may pocket in the vagina and hide the sutures, in a way even more annoying than is the case in the perineal operation.

Whereas, The local conditions are as follows, in reality :

1. The vaginal walls have been over-distended so recently that they are held back without much trouble.

2. The cervix is so long and flabby that it is easy drawn into view. After long labors the anterior lip is often visible at the vulva. It is after long labors that rents are most commonly found, and it is only for lacerations extending to the vaginal wall that the operation is proposed.

3. The seizure on both sides of the laceration checks hæmorrhage. This cessation is so distinct as to be somewhat surprising, and it seems to point to the cervical vessels as the source of the bleeding in those cases where a firmly contracted uterus bleeds. In two of my cases the flow was very free until the cervix was caught, when it ceased at once.

One other consideration deserves mention. The involution of the uterus has been remarkably rapid and complete in all these cases, the cervix particularly regaining a nulliparous size in less than three weeks.—Dr. Dickinson, in *Brooklyn Med. Jour.*

PULMONARY RESPIRATION.—M. Cohr, of Copenhagen, sums up the results of his researches on this subject thus :

1. The tension of the gases in the arterial blood and in the expired air, is such, that the difference in pressure on opposite sides of the walls of the air vesicles, can not be the cause which determines the passage of the gases through the lung tissues.

2. This fact manifests itself especially during the inspiration of air containing carbonic acid.

3. The tension of carbonic acid and of oxygen in the arterial blood, varies very much in different individuals placed under identical external influences ; it may even vary with the same individual without any appreciable change as to external conditions having occurred. We can therefore consider the absorption and elimination of gases in the lungs as analogous to the phenomena comprised under the name of glandular secretions. Like other organs, the lungs cannot exercise their special function, except within certain limits marked by external physical conditions. This is shown by exposing the organism to air poor in oxygen but rich in carbonic acid. Outside of these extremes, the special action of the pulmonary tissue is the principal course determining the tension of gases in the blood.—*La France Med.*

FOR SWEATING FEET.—It is said that a solution of permanganate of potash, gr. 20 to the ounce, is an efficient application in hyperidrosis of the feet.

EVERY physician has some peculiarity or "fad," call it what you like, in treating the cases which come before him. Some are always on the *qui vive* for brain cases, others for heart lesions, others lung mischief, others liver troubles, while some are very sweet on the supra-renal capsules. It is the same with drugs, one cures everything with pot. iodide ; another is equally successful with hydrarg. perchlor. ; and a third gets splendid results with mag. sulph. and peppermint water. "The *primæ vie*, gentlemen must be kept clear." A second year's student at one of the Metropolitan hospitals has in the following lines noted a few of the stock "wheezes" of the physicians he is studying under :—

"If in your mind suspicion lurks,
Get a hammer, try their jerks."

"If palpitation wildly start,
Percuss and auscultate the heart ;
All arterial tension try ;
'You'll be better by-and-bye.'"

"If in the stomach there be pain,
Give gentian, and say, 'Call again.'
If still the patient wildly cuss
His coccygeal gland percuss,
Its area marked in pencil blue
Should satisfy the veriest Jew.

"Ere this case be carried off
Be sure and auscultate the cough ;
Fluid lurks, if doubt there be
Stick a needle in and see."

"Digestion wrong, and brain all clogged,
The man is simply water-logged.
His bowel in its duty halts,
Just give a dose of Epsom salts ;
His brain can stimulated be
By sunshine and some *eau de vie*.

"Your case could better treated be ;
Leave all G.P.'s and follow me."
(*Aside*) When in my hand the fee is press'd,
Nature will do all the rest."

"You're hurried in the mortal race,
By business cares you are oppress'd.
A diet sheet I would suggest.
It seems of all my glorious race
I'm privileged to treat this case ;
And if in treating of the same
I gain a grand and glorious name,
My fame for aye it shall endure—
For constipation I can cure."

The author does not append his name or state the particular hospital to which he is attached, from which we assume that he is not inclined to give any assistance in the identification of the gentlemen referred to.—*Hosp. Gaz.*

AS IT WAS THEN.—A statute of Henry VII, says an exchange, runs as follows :—The practice of the healing art should be limited to those persons that be profound, sad and discreet, groundly-learned and deeply studied in physics.

THE SEPTIC GERMS IN PERITONITIS.—We have recently had occasion to refer to the distinctions between septic and simple peritonitis, and to note how Dr. Bumm, of Würzburg, has shown that the streptococcus is most deadly when taken from peritoneal fluid in the early stage of puerperal peritonitis. Dr. Orth has shown that the septic influence of undoubtedly septic germs is more strongly modified by certain pathological conditions than even Dr. Bumm's researches would lead us to suppose. Although strong infusions of "pure cultures" of staphylococcus pyogenes aureus or streptococcus pyogenes injected into the peritoneal cavity of rats, etc., failed to cause any lesion of the peritoneum, the same amount of germs caused deadly results when mixed with material which could not be absorbed, or which could only be absorbed slowly. Disease of the peritoneum, already existing favored the action of the germs; in ascitic animals a very small quantity of staphylococcus caused septic peritonitis. The same result followed when any intra-abdominal structure was wounded, even when a piece of mesentery was excised, or a spot cauterized. When a piece of gut was ligatured, with precautions, for six hours, no bad results followed, but when ligatured for a shorter period with consecutive injection of staphylococcus fatal peritonitis followed. These experiments show the grave consequences which may follow the introduction of germs into the peritoneum after abdominal operations, especially if that serous cavity is not kept clear of effused fluids and solid particles. Rapidly fatal peritonitis followed the injection of staphylococci into the blood, or into a compound-fracture wound in cases where the intestine was ligatured.—*Brit. Med. Jour.*

PRESCRIPTION FOR PSORIASIS.—The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

R.—Acid. chrysophanic	- - -	gr. x.
Liq. carbonis deterg.	- - -	ʒ x.
Hydr. amn. chlorid.	- - -	gr. x.
Adip. benzoat.	- - -	ʒj.

Misce, fiat unguent.

At night the patient should wash the diseased surfaces free from all scales; then, standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases, even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery.*

CREASOTE IN DIABETES.—Dr. P. Valentine (*Med. Rec.*) says he has had good results in diabetes mellitus, from the administration of creasote. The amount from four to ten drops a day.

THE COCCIDIUM IN THE EGGS OF FOWLS.—A note in the *Bulletin of the United States Marine-Hospital Service* of May 23rd, translated from *La Rivista Internazionale d' Igiene*, Naples, April, 1890, says that Professor Podwisotzky, of the University of Kiel, Russia, has verified the presence of coccidii in eggs, a fact of great zoological and still greater etiological importance.

These parasites, long overlooked by pathologists, now claim their full attention. The coccidii are now known to occur more frequently than was supposed and to be connected with many pathologic processes, the causes of which were formerly obscure (molluscum contagiosum, etc.). Their presence in eggs is of the highest importance, as showing the avenue by which infection reaches man.

The white of boiled eggs often contains grayish or yellow-brown granules. Treated with alcohol these granules revealed under the microscope swarming colonies of coccidii in all stages of development, the living coccidium being found side by side with the free spore and the residuum of dead coccidii.

Professor Podwisotzky has not determined the species to which these coccidii belong, but he notes their marked resemblance to the coccidium oviform, a parasite ordinarily localized in the liver of rabbits, and to the parasite named by him *karyophagus hominis*, localized in the acini of the human liver. He does not affirm these coccidii to be of frequent occurrence, but declares that epidemics of psorospermia occur among chickens, and that at such times eggs are infected with coccidii.—*Bost. Med. and Surg. Jour.*

HONOR TO SIR JOSEPH LISTER.—As already stated, the new Polyclinic in Rome will have its two façades adorned with bas-reliefs in illustration of the modern genius of medicine: John Baptist Morgagni, representing pathological research, and Sir Joseph Lister surgical treatment. Designs for the bas-reliefs in question have been sent in by twenty-one competing sculptors, and are this week on view in the Scuola Vittorino da Feltre, in the Via della Polveriera. The number of designs is thirty-six, several artists having submitted more than one to the "Comitato Aggudicatrice." The committee, which is composed of an equal representation of fine art and medicine, under the presidency of Dr. Guido Baccelli, has no easy task before it, as the competitors include the acknowledged masters of sculpture in Italy.—*Lancet.*

GONORRHEA.—Robert S. Anderson, M.D., Spennymoor, England, says: I have found your S. H. Kennedy's Extract of Pinus Canadensis of great use as an injection, in cases of gonorrhœa.

SOLUTIONS of creolin, of the strength of $\frac{1}{2}$ %, are now used for vesical, vaginal and rectal injections.

THE CANADA LANCET.

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

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

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

TORONTO, AUGUST, 1890.

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

THE CURABILITY OF PHTHISIS.

In our July issue we made some remarks showing the improbability of there being any scientific grounds for believing in the efficacy of the so-called hot air treatment of phthisis. As the weeks go by, evidence seems to be accumulating, which goes to prove that clinically, no better results are obtained from this mode of treatment than might be expected to follow when the plan of treatment depends upon conditions which contravene known physical laws.

A modification of the hot air method has been brought forward, also in Germany, by Krull, viz.: the warm moist inhalation treatment. The air should be from 96.6° to 98.6° F., and saturated with moisture. The inhalations are continued for as much as fifteen minutes daily.

The literature on this method is not nearly so extensive as it is on the other new methods, but a number of cases have been favorably reported on. Thus, Leubuscher brings forward 16 carefully observed cases treated by Krull's method. He states that in four patients in whom the disease was advanced, no improvement was apparent; in three there was almost "recovery"; and in nine more or less improvement. The patients expressed themselves as feeling better both during and after the inhalations, and in some cases, traces of blood disappeared from the sputum. No unfavorable symptoms manifested themselves. Krull's cases were benefited in about the same degree.

The object of the treatment is not in any way to act upon the bacillus, but simply to increase the power of resistance of the tissues. The theory is that, by the inhalations, the vessels which supply the lung tissue are dilated, and pulmonary nutrition is thereby increased. The portions of lung not yet invaded may be rendered more capable of resisting the encroachment of the bacillus, "while on the other hand, absorption may be promoted in the diseased area and cicatrization induced." The theory is very plausible as a theory, but more experience as to the utility of the plan will be necessary before the profession need build any hopes upon it.

The remedy upon which most reliance is now placed is creasote. It has stood the test of experience better than any other remedy or plan of treatment yet brought forward, and we believe that its positive value in the incipient disease is incontestable. Our own experience with the drug, while somewhat limited, has always been, that it produces beneficial effects, when the disease is not far advanced. Dr. Sommerbrodt and Prof Penzoldt are warm in their praise of the drug, and their experience with about 5000 patients during eleven years, has been that it "diminishes the cough, eases the expectoration, diminishes the secretion, and is most beneficial in the catarrhal stage."

In order that the best results may be obtained from the use of the drug, only the purest form of beechwood creasote should be used, the ordinary commercial article possessing, says Dr. Beverly Robinson, "neither the color, the odor, nor the chemical properties of the pure drug."

It is remarkable how the stomach in phthisis will bear the administration of three or four or five minims of properly diluted creasote, given three times a day, without any unpleasant effects. It is well given in muc. acaciæ and aq. cinnamomi. The emulsion formed is not unpleasant, and if properly prepared the separation is almost *nil*.

Lately there has been placed in the market a proprietary preparation called "Morrhual Creasote," in capsules containing morrhual grains iij, creasote grain j.

Morrhual, the alleged active principle of cod liver oil, is held to be the type of those remedies which are used in consumption, for the purpose of inducing hyperalimentation. There can be no

doubt that many patients taking cod liver oil increase in weight, much more than by the actual amount of oil consumed. So that Prof. Germain Sée's statement that "cod liver oil is not only a nutritive, but owes its virtues to the active principle, which renders profitable and assimilable the carbo-hydrates and fats ingested," is unquestionably correct. If, now, "Morrhual," be the principle upon which this assimilation of carbo-hydrates and fats depends, it should be very beneficial taken in connection with creasote, and we believe that it is worthy of a trial, at any rate in those cases where the stomach will not bear cod liver oil in any of its forms as now upon the market.

The surgical treatment of the disease will always be confined to one-sided cases. We cannot here enter upon the subject, but shall append the following by Prof. Tillmans, of Leipzig, *Br. Med. Jour.*, as showing what has been done and what may be done by the surgeon for the cure of the disease :

"I recommend that in similar severe cases of one-sided tuberculosis of the pleura and lung the same procedure should be adopted as I carried out in the case related, that is to say, the seat of disease should be exposed sufficiently for local surgical treatment by free resection of the chest wall in front or behind. In suitable cases the performance of a temporary resection of the chest wall may be recommended. A pedunculated flap of skin and bone is formed, and turned back, and afterwards when the disease of the pleura and lung is cured, the thoracic coverings are replaced in their original position. One can also proceed in such a manner that, after extensive resection of the ribs, the soft parts in the chest are divided in the direction of the lung, the flaps of soft tissues drawn apart with wound hooks, the pleura and lung subjected to adequate local treatment, and then the soft tissue flaps united to the pleura by compression. In my above related case I was obliged to remove the anterior part of the left chest wall *in toto*, as it also was extensively diseased."

In the case related there was a perfect cure, the man being after two years quite well and able to attend to his business as a merchant as before.

Dr. O. C. EDWARDS, of Ottawa, has been appointed Associate Coroner for the County of Carleton.

ONTARIO MEDICAL LIBRARY ASSOCIATION.

At the annual meeting of the Association the following officers were elected :—

President—Dr. J. E. Graham; *Vice-Presidents*—Drs. A. A. Macdonald, Temple, and Moore, of Brockville; *Treasurer*—Dr. McPhedran; *Secretary*—Dr. James McCallum; *Curator*—Dr. N. A. Powell; *Assistant Curator*—Dr. Wishart; *Trustees*—Drs. R. A. Pyne, Britton, and Pepler.

During the year, the number of volumes in the Library has been doubled. The Association enters on its new year free from debt, and with assets of \$5,545. Fifty-six Medical Journals are regularly on file. Arrangements have been made by which city physicians, or those residing at a distance, may take books from the library for a week at a time. Duplicate copies of various journals have come into the possession of the Association. These will be gladly exchanged with physicians who may wish to complete their sets.

SULPHONAL.—Dr. H. M. Field, Professor of Therapeutics in Dartmouth College, read a paper before the American Medical Association, at Nashville, on Sulphonal, which he defines to be a mild calmative, a slowly but progressively acting hypnotic, having no other action, and its operation being attended by no complications, near or remote. It is thus the only pure hypnotic that we possess. We do not know how it acts, nor through what modification, wrought by the digestive process, it is made soluble, and so admitted into the blood; nor do we know in what chemical state, and through what avenue it leaves the body. It has no anodyne effect. A high state of pyrexia will often minimize or wholly defeat the hypnotic power of the drug; and failure sometimes arises from idiosyncrasy. It is not contra-indicated by any disease, and may be used for all ages. The period of therapeutic incubation is about two hours, and therefore the patient should not expect sleep before that time, but may attend to other duties in the meantime.

Commercially speaking, so many grains of sulphonal will buy so many hours of sleep. Dose for adult is 15 grs., repeated in two or three hours if necessary, and this may be decreased to 12, 10, or 8 grs., after a few days.

ACETANILIDE.—In the conclusion of an interesting paper by Dr. I. N. Love, in the *Jour. A. M. A.* he made the following statement regarding the safety and action of the above drug :—

1. Acetanilide, carefully guarded and properly used, is a safe and reliable remedy in diseases of infancy and childhood.

2. Whether used for the antipyretic, analgesic or sedative effect, it is preferable to antipyrin in that the result secured is of longer continuance and the depression is not so great.

3. The cyanosis which sometimes results from its liberal use is not uniform, and, while it is not an agreeable feature, my experience corroborates that of other observers to the effect that it soon passes off and is not accompanied by danger.

4. It is not desirable, in reducing temperature, no matter what means be employed, to use them in excess to the extent of securing sudden and great reduction. Especially is it preferable in using acetanilide for antipyretic purposes, to give it in medium doses to the extent of keeping the temperature down to a reasonable point—in the neighborhood of 100° F. It is better to give small doses and repeat them more frequently, rather than large ones at long intervals.

5. It is of great value as a controller of temperature in the various fevers, whether they be caused by typhoid germ, malaria, or the exanthemata.

6. It serves almost as a specific in whooping-cough, not in aborting the disease, as it has a definite course to run, but in mitigating the discomforts and controlling the paroxysms of the same.

7. Acetanilide, while of great value and surely safer than antipyrin, is no exception to the rule that obtains with all drugs. It should be handled carefully, administered judiciously, and under no circumstances should the public be educated in its use.

SUGAR IN URINE.—Dr. Caslu says that when urine contains sugar it may be detected by boiling a portion of the urine with an equal quantity of liq. potassæ to which is added a pinch of bismuth subnitrate, if sugar be present the powder changes to a brown or black.

PHENACETINE.—Geo. H. Pierce, M.D., *New England Medical Monthly*, in discussing the gene-

ral actions of phenacetine, says it has a very wide range of action, being both an antipyretic and an analgesic in the highest degree; on the one hand it will control the burning fever of a typhoid patient with its accompanying nervous conditions, and, on the other, relieve the pains pure and simple as they come to us in the form of neuralgias and the various rheumatisms. It is suitable to administer to children as well as adults, and is the safest, most agreeable and efficient antipyretic known to the medical science.

Given in about eight grain doses, it reduces fever, the reduction beginning in half to three-quarters of an hour, and by giving two grains every two or three hours the fever can be kept down. It is good when head symptoms are severe, also to reduce general pain of any kind.

Being insoluble, it should be given with a little sugar in powder form.

PRIVATE HOSPITAL.—We are pleased to record the marked success of Dr. Temple's private hospital for the diseases of women. So great has been the success of this institution during the past year, that new premises have become necessary, and to provide the increased accommodation demanded, Dr. Temple has secured the desirable situation on the corner of Bellevue Ave. and Oxford Sts., where he intends remodelling the spacious buildings at present occupying this site and of making additions at considerable expense, which will afford an increased accommodation for ten additional wards, which, with the previous accommodation supplied, will constitute it one of the largest private hospitals in Canada. Every attention is being paid to sanitary details, and under the efficient management of Dr. Temple and his staff, very excellent results may be looked for. We congratulate Dr. Temple upon the enterprise he has displayed and wish him every success.

TONSILLITIS.—The following is highly recommended :

R—Tr. guaiac ammoniæ.

Tr. Cinchonæ co. aa. fl. ʒiv.

Potassæ chlorat. ʒij.

Mel. desp. ʒiv.

Pulv. acaciæ. q.s.

Aquæ q.s. ad. fl. ʒiv—M.

Sig.—ʒj every two hours, used as a gargle.

TREATMENT OF BRIGHT'S DISEASE.—Senator advises the patient to live in a dry and equable climate, and almost exclusively upon milk as a diet. No red meats are allowed, and white ones only in strict moderation. Fruits, herbs and cereals may be taken, but spices are interdicted. Dilute wines are allowed in small quantities.

Bumberger's treatment is an exclusive milk diet, with the following iron pills (*L'Abeille Méd.—Med. News*):

R.—Chloride of iron, gr. iij.

Ext. taraxacum, q.s.—M.

Sig.—One pill three times a day.

Or,

R.—Sulphate of iron, }
Bicarb. sodium, } of each 75 grains.—M.
Ext. taraxacum, }

Make into sixty pills, of which three should be taken in the morning and three at night.

Semmola also insists on a diet of milk, and gives the following mixture:

R.—Iodide of potassium, . . . gr. xv.

Phosphate of sodium, . . gr. xxx.

Chloride of sodium, . . . ʒ j.

Aqua, ʒ iij.—M.

Sig.—To be taken in twenty-four hours.

D. Connor, M. D., Simsonville, Ky., says: I have used Celerina in my practice with very satisfactory results in nervous debility, and with good results in nervous headache, nervous prostration and sleeplessness, giving tone as well as quiet to the nervous system. I regard it as a splendid nerve tonic, I have used it in spermatorrhea with good results, and in a case of insanity it quieted the mental excitement and promoted sleep, and, as it is free from toxic effect, it can be used in doses to have the desired effect without any danger, which is more than can be said of some other medicines that are used as nerve tonics and sleep producing agents. I can conscientiously recommend it as a valuable nerve tonic in all cases of nervous prostration.

Why do some business managers of Medical Journals roll their copies when preparing them for the post. There is perhaps nothing more aggravating than the struggle to get at the contents of a small-sized, thick journal that has been rolled when more or less damp, from the press and bindery and then dried during its journey, so that it is set, as

though it had been cut by a bandsaw. If the aggregate of profanity caused by such *low rolling* could be made objective, and the number of times the man responsible is anathematized, could be known to him, we apprehend an improvement would speedily take place in this matter.

PROPOSED MEDICAL SOCIETY.—We notice with pleasure, that the medical men of Northern Ontario purpose forming a Society. To this end an inaugural meeting will be held at Huntsville, August 6th, when papers will be read by Drs. Ryerson of Toronto, Bridgland of Bracebridge, Byers, Godolphin, and others. Drs. Howland and Hart are taking an active part in the movement, which should meet with a success which we hope may be commensurate with the most sanguine hopes of the promoters of the Society.

Books and Pamphlets.

AN INTERESTING WORK.—Dr. Canniff sends us the prospectus of his work on "The Medical Profession in Upper Canada, 1783-1850." The volume will contain about 600 pages, divided into three parts, as follows:—

First Part—The Pioneer Medical Men, and the several steps taken to establish the profession on a legal basis. Second Part—The proceedings of the Upper Canada Medical Board from its organization, 1819 to 1850; and of the College of Physicians and Surgeons of Upper Canada, 1839-41, with references to historical events showing the growth and development of the profession. Third Part—Biographical sketches of early physicians of the Province, with many references to early events in the history of Upper Canada. An appendix—containing many historical documents. Biographical sketches of, and reference to the lives of about 600 other doctors engaged in practice previous to 1850.

Dr. Canniff has had a good deal of experience in collecting historical matter, as is evidenced by his work published some years ago on "The Settlement of Upper Canada," which was so well received, and there is no doubt he has provided for this work valuable facts, which each member of the profession should be in possession of. The publishers are Williamson & Co., Toronto, and the work will not be issued until a sufficient number of subscribers are had to cover the cost of publication. We are sure there should be no lack of names for that purpose, and wish the Dr. every success in this work which is, so far as he is concerned, purely a labor of love, and not for financial gain.