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## Original Communications.

### THE EPIDEMIC ZYMOTIC DISEASES OF ANIMALS AND HOW THEY ARE COMMUNICATED TO MAN.\*

BY J. A. GRANT, M.D., F.R.C.P., LONDON,

President Medico-Chirurgical Society, Ottawa; Consulting Physician General Hospital, and County Carleton Protestant Hospital.

GENTLEMEN,—With your kind permission, I will digress from the usual path in delivering an annual address on the progress of medical science, and confine the few observations I have now to offer to "The Epidemic Zymotic Diseases of Animals, and How they are Communicated to Man." For many years, while directing some little attention to Natural History, I have noted points in pathological anatomy closely allied with the diseased manifestations in the "genus homo," and being a wide field for the practical exercise of pathological research, I felt confident such would not be uninteresting to the members of our Society. The subject is one of vast importance to our common country, inasmuch as it involves millions, in our live stock, irrespective of its scientific aspect. Endemic and epidemic diseases are not alone confined to the human species, but extend alike to animals, and the manifestations are doubtless of peculiar interest. The analogy is so close, that they are designated by the same names. Several are propagated in the human organism, and many present pathological information of great importance. The late Dr. Farr, of England, specified these as diseases which distinguish one country from another, and whose occurrence form epochs in chronology. The exact cause of these diseases, although not positively known, is supposed in the

\* Annual Address read before the Medico-Chirurgical Society, Ottawa.

animal organisms to act like a ferment, hence the term "Zymotic." According to the most recent enquiries the generation of "organic germs," originate in the individual, or by fermentation in the diseased excretions of the organism, and thus transmitted through various media from body to body, at sensible and insensible distances.

It is a well recognized fact that the death rate, in almost every country, from such sources of disease, is very considerable. The result of literally packing animals together, which can doubtless be scarcely avoided, as in the trains of our various railroads, cannot escape the attention of the most ordinary observer. The atmospheric signal is perfect in its way. Thus infection rapidly spreads, where diseased germs exist, and the consequences are frequently most serious. According to Prof. Law, since 1842, England has lost over 450 millions of dollars through the contagion of cattle imported from the Continent. The stamping out process by slaughtering all the diseased cattle, and thorough disinfection afterwards, and the exclusion of all diseased animals from the country, has been productive of the best results. Diseased germs are doubtless the very foundation of the diseases of animals, and the early recognition of incipient development is of vast importance. Diseases in animals are divided into two classes: the *Exotic* or *uncommon*, and the *indigenous* or *common*. Of the first class, we have *small pox in sheep and birds*, Pleuropneumonia of cattle, Rinderpest, Malignant diseases of the generative organs of the horse kind, Malignant cholera of animals, Aphthous fever, known as foot and mouth disease. Of the second class, or indigenous diseases, belong Glanders, Rabies, Contagious foot rot, Tuberculosis, Malignant asthma, Hog cholera, or intestinal fever of swine, Influenza, Strangles, Canine distemper, and Horse pox, seen in the cow, goat, and pig. In each of these diseases there is a zymotic influence at work, precisely as in the development of disease in our own species. Hippocrates, in his time, enunciated clearly the influence of impurity in air, soil or water, as factors in the development of disease zymotic in character. The impurity of soil has much to do with the production of disease, in both milk and meat, thus influencing the human family and spreading the germs of disease of a most serious character. The death rate in man and animal, from foul stock yards, and filthy alleys in towns

and cities, is much greater than the public are aware of. Disease may remain endemic, or spread by animal transportation, hence the vast importance of street cleanliness and quarantine measures, so as, if possible, to *stamp out* individual cases. The chief epidemic which has occasionally influenced Canadian cattle trade is pleuro-pneumonia, and the rapidity with which such has been checked, through isolation and disinfection, is creditable to the agricultural departments in the Local and General Governments. Until recently there has been greater attention bestowed upon the arrest of disease in animals than man, as far as Governments were concerned. Happily now, however, matters are undergoing a change, and sanitary legislation is attracting a greater degree of attention from the powers that be.

"The Contagious Pneumonia of Cattle" has been noted several times in Canada, although not to any great extent. It has on several occasions been introduced into the United States, by the importation of foreign stock. In order to avoid any such dissemination of disease, a most careful system of quarantine is now adopted by the Canadian authorities. The period of latency of the poison of pleuropneumonia in the system, is from two to six weeks, at which time it is developed with all the well-defined symptoms of pneumonia. The death rate averages between 50 and 60 percent. In this disease the poison is exceedingly subtle, virulent and most readily communicated. I have more than once noted epidemic pneumonia in the inhabitants of this district, most rapid in character, and arrested with considerable difficulty. Treatment in either case can only be undertaken with thorough seclusion and disinfection. The early recognition of this disease is important, in order that animals thus affected should not be slaughtered for sale.

Rinderpest, or Russian Cattle Plague, is a most contagious disease amongst animals of the same species. Its chief characteristic is the manner in which the mucous membranes assume a congested state, involving also the lining membrane of the stomach and bowels, associated with a high temperature and extensive desquamation of both skin and mucous membrane. So far, little indeed is known of this disease in Canada, the protection against which is strict quarantine and destruction of the infected animals

Foot and mouth disease, or *Apthous Fever*, is a species of contagious eruptive disease, confined chiefly to cloven-footed animals, and has been known to extend to man. This disease is usually ushered in by a rise in temperature and a general feeling of discomfort, and within a day or two, is followed by large blisters on the mucous membrane of the mouth, tongue, fauces, udders, and the parts in and about the clefts of the hoofs. It has been known to follow armies, and is said to be exceedingly communicable. The contagious disease is spread much more by contact than by the atmosphere. Milk from such diseased animals is often carried to individuals, the infant most frequently coming in for its share of the diseased influence. Soreness and otherwise unaccountable lameness in cattle, is a most significant indication, when associated with an apthous state of either the tongue or fauces. Thorough disinfection is here also necessary, and ablution with carbolic acid lotion, with isolation for 10 or 15 days after the disappearance of the disease.

A case is recently recorded in a German veterinary journal, where a veterinary surgeon contracted foot and mouth disease from a pocket-handkerchief he had used while examining beasts suffering from this disease. The next day he was seized with a violent headache and pains in his limbs, high fever and a feeling of irritation in the hands and feet. On the third day the fever subsided, and there appeared an eruption of an apthous character on the tongue, lips, mouth, and edge of the nose. After eight days the various symptoms subsided without any serious consequences.

Epizoo, or epizooty, otherwise known as influenza or horse epidemic, has prevailed to a considerable extent on both sides of the Atlantic, extending at the same time to both man and beast. In 1881 quite a severe epidemic of that character was experienced in various parts of Canada, and many fine animals fell victims to the subsequent pneumonic action which frequently followed. Such epidemics are not of frequent occurrence. The exact cause, although attributed to atmospheric, electrical and other agencies, is still a matter of considerable doubt. So far the two freest portions of Canada from this disease, and chiefly owing to their sequestered character, are Prince Edward Island and Vancouver Island. Absolute quarantine, across large bodies of water,

is said to be one of the best means of preventing the spread of this disease.

*Intestinal Fever of Swine*, misnamed *Hog Cholera*, is a disease which, to a moderate extent, has visited this neighborhood during the present season, and several fine animals have fallen victims to its influence. According to Prof. Law, "this disease is attended by congestion, exudation, blood extravasations in the mucous membrane of the stomach and bowels, by general heat, and redness of the surface, and by the appearance on the skin of spots and patches of a scarlet, purple or black color. The animals had not been dead over ten or twelve hours when the whole mucous and muscular coats of the large intestines became black, and easily lacerated from incipient mortification." The chief cause of this disease, is supposed to be *swill stuff* of breweries and distilleries fed to these animals, crowded together in a confined space, and an exceedingly impure atmosphere. It is said to be infectious, and spreads rapidly from animal to animal. Much good could be accomplished by the most thorough investigation of this disease.

Pork, in its various forms, as an article of diet, is in very general use, thus the diseases of the hog play an important part in relation to public health. Parasites, although not zymotic in character, infest the flesh of this animal, are exceedingly important, inasmuch as they frequently produce very serious disturbances of the system. The parasites are the *Trichina Spiralis*, the *Cysticercus Cellulosa*, and the *Echinococcus*. Very few cases of *Trichinosis* have, so far, been noted in the Dominion, and up to the present, they only number sixteen. We are more fortunate than in Germany, where epidemics from this cause are of frequent occurrence, chiefly owing to some forms of sausages largely used by the masses in a partially cooked condition. *Trichinae*, as a rule, are killed by perfect cooking, the safest plan by far, when this form of meat is used. Measly pork contains the immature form of one of the *tapeworms of man*, which originates in the parasite known as the *Cysticercus Cellulosa*. This condition of pork is frequently seen in our markets, but it is not as serious in its consequences as *trichina*. The two most frequent forms of tapeworm in Canada, are the *Tænia Solium* and *Tænia Saginata*—the former from measly pork, and the latter from measly veal or beef. Tapeworm from beef

is generally the result of partial cooking, just as in the case of pork. Raw material in either instance favors the life of the parasite, and hence the subsequent trouble.

The appearance of *Echinococcus* disease in man is, according to present records, exceedingly rare in Canada, as up to the present time only 8 or 10 cases are known. The liver with these cysts is unfit for food; not, however, the flesh, from which they may be removed when not numerous, and the carcass be still fit for use as food.

Glanders, or *Farcy*, requires more than a passing notice from its importance, and the fact of its fatality when communicated to man from the horse, marking its *contagious febrile character*. Its chief specific peculiarities are inflammatory lesions of the *nasal* and *respiratory* mucous membranes, lymphatic vessels and glands, marked constitutional depression, and frequently accompanied with a pustular cutaneous eruption. Glanders and *Farcy* are really one and the same disease, the affection of the respiratory mucous membrane is followed by implication of the lymphatics. Glanders in man is very rare. Last July a case was recorded in the Montreal general hospital, under Dr. Geo. Ross, which was well defined, and terminated fatally. So far we have no positive case originating in man, and it is always communicated by direct inoculation of virus from the diseased animal. It is somewhat common with horses, and is known to spread rapidly, and, by some, it is maintained that it possesses "a volatile infecting principle," the period of incubation varying from three to eight days, and sometimes even to three weeks. The longer the incubation, the less acute the disease, as a rule. Its symptoms, as a whole, frequently simulate acute rheumatism. Some cases have ended fatally in one week, but, in the usual acute form, the average duration is about sixteen days, but, occasionally it will be protracted for several weeks, and even months, under which circumstances the prospect of recovery is favorable. The wound through which the poison is admitted becomes inflamed, tense, painful, and usually has an erysipelatous circumference. The ulcer enlarges, presents a chancre aspect, discharging sanious, offensive matter, and the lymphatic vessels around present a knotted, cord-like, irregularly, nodulated condition, known in man as the *farcy buds*. According to Virchow, resolution and absorption occasionally take place,

but more frequently deep seated abscesses form, and constitutional symptoms, indicating a low type. Within the first or second day of this disease (and sometimes longer) scattered collections of red spots appear on the skin, small, and resembling flea bites, subsequently they become papular, and elevated above the skin like small shot, and assume a yellow color. They are considered as due to the deposit of some neoplastic material, which gradually softens and becomes disintegrated. They subsequently become vesicular, or sero-purulent with inflamed bases. Otherwise, various modifications of character have been noted, of minor importance. The mucous membranes, particularly that of the nose, become affected, and, in fact, subject to specific inflammation and ulceration. Both in man and horse, the disease is supposed to originate by the application of the virus to the nose mucous membrane. The disease is liable to extend to the bronchial and pulmonary tissues generally. Rheumatism, typhoid fever, pyæmia, syphilis, and tuberculosis have all been mistaken for glanders. Thorough disinfection— isolation—destruction of stalls and harness, are all necessary to arrest the disease. So far, recorded cases point out that recoveries from this malady are rare, particularly in the acute form. The preeminently debilitating character of this disease indicates a stimulating, soothing, and supporting treatment. Inhalation of iodine and carbolic acid are strongly recommended, and thorough syringing of the nose with Condy's fluid, (solution) carbolic acid lotion, or iodised water, all of which have been found productive of beneficial results.

Dr. Kitt, of Berlin, has recently examined the material taken from a "farcy bud" after the hair had been carefully shaved off, and the skin thoroughly washed with mercuric chloride. The contents of the bud brought in contact with blood serum, and on the 3rd or 4th day, isolated yellow points appeared, which soon increased in size, that on examination and most careful experiment, proved to be true glanders bacilli. These bacilli are somewhat smaller than those of tuberculosis, but are a little thicker and color easily in methylviolet. Rabbits, inoculated with pure cultivations of these bacilli, produced, beyond a doubt, nasal and pulmonary glanders, demonstrated by subsequent microscopical examination.

There are various other forms of diseases which attack man and beast much in the same manner,

such as cerebro-spinal meningitis, known as blind staggers, anthrax, and tuberculosis. As time, however, will not admit of particulars on these various subjects, I shall now offer a few notes on tuberculosis, as this disease is one attracting very great interest. Dr. Bell, the able editor of the *Sanitarian* (N. Y.) 1877, August, published an article on "Tuberculosis in milch cows, and the Contagiousness of Tuberculosis by the Digestive Organs." He states, that according to various experiments performed in Germany and other parts, tuberculosis may be induced in various domestic animals by feeding them with tubercular matter, with flesh of tuberculous animals, and even with the milk of tuberculous cows, and he concludes by the very cogent question: may not the like effects result from the use of such food in the human species? Through the kindness of an offal contractor in Brooklyn, he made various post mortem examinations of cows, and in several instances demonstrated beyond a doubt, the existence of tuberculosis of the lungs in these animals. He states that the milk of cows affected with that disease is likely to induce tuberculosis in the child, and usually commencing as intestinal catarrh.

The recent observations of Mr. Heard, M. R. C. V. S., of New Port, demonstrate that the bacillus tuberculosis of man is the same as the bacillus tuberculosis of bovines. The cultivated tuberculosis of man, when introduced into cattle by inoculation, results in tuberculosis.

Milk from tuberculous animals does not contain the bacillus tuberculosis, and cannot produce the disease unless the udder itself is the seat of tuberculosis, which is frequently the case. There are many recorded cases which prove that tuberculosis is a very infectious disease, transmissible from man to man and from animals to man. Fully one-seventh of the human family death rate, is from tuberculosis, hence the vast importance of the most careful enquiry as to all circumstances connected with the development of this disease.

Typhoid fever is well known to be promoted by impure milk, as in the epidemic pointed out by Dr. Ballard, of Islington. The subject is one deserving of every consideration, and in the hands of the physician, much good may be accomplished by actively directed endeavors, and much practical benefit will doubtless spring from the wide-spread thoughtfulness now to be observed in various parts

of the Dominion, as to the necessity and value of hygienic measures. According to Dr. Bowditch, there are more than "two hundred thousand human beings slaughtered annually in the United States by preventable diseases. May we not ask what is the death rate from such in Canada? The climate of Canada is certainly conducive to health, still there is ample room for the exercise of sanitary measures in order to stamp out such epidemics as greatly increase the death rate, and bring ruin to once flourishing commercial interests.

As to diseases in animals, the members of our profession hold great power in their own hands. We have observed how disease may spread from the lower species to the human family, and engender trouble and suffering, much of which, through careful observation and moderate direction, might be obviated. The English and French schools of the past, as well as the present, have worked nobly with a benevolent and philanthropic object in view, giving such light to science and the world as the people of our age enjoy. What illustrious names have we in John Hunter, Jenner, Bichat, Corvisart, Audral, Louis, Pasteur, Koch, and Sanderson, whose labors in comparative pathology have formed the very basis of modern thought, in both physiology and morbid anatomy. Buckle says, that "between Bichat and Aristotle 'I know no middle man.'" As for Hunter, like the meteoric light, his intellectual power flashed as the product of his century, and he certainly possessed a rare genius which could not fail to impress the age in which he flourished.

From the various facts coming under our observation as to the spread of disease, does it not appear reasonable there should be some degree of inspection as to both milk and meat, by the proper sanitary authorities, in order to guard more thoroughly the public interest. In Germany such is most rigidly carried into operation, and no meat is offered for sale until first reported upon in the *abattoir* by the scientific pathologist, and thus a good work is accomplished.

In conclusion let me say, I hold it to be the duty of every member of the profession in our city to connect himself with our society, to attend its meetings as often as practicable, and to contribute each year a few facts, at least, to our transactions. Thus our profession affords ample scope for the exercise of individuality. No one man knows all

minds, and delicate shadings of disease, which may escape one individual, may be grasped by another, and thus we are enabled to reciprocate nature's power, and place on record the daily observations of lifes duty. Practitioners in rural districts, contrasting their opportunities with the larger sphere of hospital city work, may erroneously conclude that no new discovery can possibly be made in such a line of thought and practice. A single fact, however humble, is a valuable contribution to science, and such may as well be observed in country as city. What a blessing it would be if some rural practitioner could possibly define the exact cause of diphtheritic epidemics of recent origin at Chelsea, Ironsides, and Montebello. Pure air, fresh water, and nourishing diet in abundance, and yet this dire disease and its marked fatality. The death rate in the Gatineau country within the past few years from this disease, has certainly been very great.

There are difficulties to contend against in our profession, not greater, however, than in the performance of any work, worthy of our very best efforts. Our number in this city is not great, and there is an earnestness of work of a most commendable character. A few still remain in a measure outside our medical gatherings, the loss being truly theirs. The sympathetic power which unites us, assists in the development of intellectual activity and vigor. Years are rapidly passing on, and the connecting link will sever. We have the pleasing gratification of knowing that our efforts have not been altogether unsuccessful. Genius will raise one man in a million above his fellows. But, after all, "genius is an infinite capacity for taking pains."

Whatever the advantages may be, whether at the rural fireside or the city hospital, there are rare opportunities of doing good. Let the work be carefully and conscientiously performed, with painstaking application, and, rely upon it, the reward will come. Thanking you in an especial manner for my reappointment to the presidency of the society for the coming year, let me invite your hearty co-operation in the noble work placed in our hands.

A retailer of methylated spirits, in Glasgow, has been fined 20*l.* for each offence, having sold half-a-gill of methylated spirits as a beverage, to two persons on the 9th of August last.

## WARBURG'S TINCTURE IN CANADIAN PRACTICE.\*

BY J. H. DUNCAN, M.D., ETC., THAMESVILLE, ONT.

MR. PRESIDENT.—In an address lately delivered by Dr. Henry Howard, of Montreal, the following words occur: "True physical science when applied to the treatment of disease, consists in recognizing the fact, that for a physical effect there must be a physical cause, and in our treatment of disease our duty is when we see effect to look for a cause; treating disease from any other standpoint, no matter how successful such treatment may be, is empiricism, it is not science; and until this truth is recognized and acted upon by the medical profession generally, none of us can claim to belong to a purely scientific profession." These words truly present to us as a profession a grand ideal, but alas, under existing circumstances, only an ideal. No man aware of the position of medicine to-day, will for one moment dare to claim that it now does, or soon can occupy the position of a truly scientific profession. We meet with morbid physical conditions on every side; for some, for many, nay, for most of these, we do not know the physical cause in its entirety. We cannot wait to know, men are suffering and calling to us for help. In many cases if we do not know the cause, we do know the therapeutic agent that will give relief, a knowledge drawn not from science but from professional accumulations of experience. It is our duty to use these means at hand, and through the mists of empiricism to watch and carefully follow the golden threads of science that seem to blend together the web of medical truth, leading, as they do, upward and onward to perfect knowledge, and systematised fact. In coming before you to-day advocating the use of Warburg's tincture, I confess to the advocacy of apparently a most unscientific remedy, an egregious piece of poly-pharmacy, a remedy at which science must stand aghast, or turn away in disgust, for the multitude of its ingredients renders a scientific knowledge of its *modus operandi* utterly out of the question.

Warburg's tincture was introduced to the notice of the profession about thirty-five years ago, as a new and most efficacious remedy in the treatment

of the more malignant types of malarial disease. It was then highly recommended by Dr. Babington as an antimalarial and general tonic. Among the surgeons of the Indian Army it was held in highest esteem, in so much that it was soon by many held to be an indispensable in operations, either civil or military, in any of the tropical malarious regions. Excepting where special conditions rendered it almost a necessity, the tincture has not been generally received or tried by the profession, and that cannot be wondered at, seeing its composition was for long a secret. Now, since its composition has been made known through Professor Maclean, of Netley, its unscientific poly-pharmacy makes the profession stand aloof with a superior scientific smile.

Warburg's tincture contains thirteen ingredients:—To each ounce we have quinine gr. ix. ss, three purgative ingredients, viz.: aloes, ten or eleven grains, rhubarb about five grains, and one grain of agaric of larch; we have then aromatics to the amount of twenty-five grains, myrrh, cubebs, zedoary, saffron, fennel, elecampane, angelica, and all wound up with that relic of barbaric medication, Confection of Democrates, which is composed of something like fifty gums and aromatics. It would be an easy matter to fill pages with quotations extolling the virtues of the tincture, it will be sufficient to make a short quotation from Professor Maclean, of Netley Hospital:—"It will be seen that quinine is the most important ingredient in the formula, each ounce bottle containing nine grains of the alkaloid; its presence has been detected by every chemist who has attempted its analysis, and never doubted by any medical man who has used the tincture; many will say, after all this vaunted remedy is only quinine concealed in a farrago of inert substances for the purposes of mystification. To this objection my answer is: I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential highlands of the northern division of Madras Presidency, on the malarial rivers of China, and in men brought to Netley Hospital from the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of this tincture, and although I yield to no one in my high opinion of the inestimable value of qui-

\* Read before the Ontario Medical Association, in London, June, 88.

nine, I have never seen a single dose of it given alone to the amount of nine grains and a half suffice to arrest an exacerbation of remittent fever, much less prevent its recurrence; while nothing is more common than to see the same quantity of the alkaloid in Warburg's tincture bring about both results."

A few cases briefly cited will suffice to indicate the results I have obtained from its use, and the special lines of disease in which it seems to me to be a valuable addition to our therapeutic armamentarium. (1.) As regards malarial remittents, I cannot say much, for they are rare in Canada. One case I did treat with Warburg, with the most satisfactory results, but the patient said he would rather die than be cured by that medicine. (2.) Malarial intermittent fevers.

CASE I.—Mrs. R. L.—, an emaciated sallow woman, aged 26. Had been suffering from intermittent fever for over a year, never getting respite for more than a few days at a time: quinine had been used freely but with little effect, and certainly no lasting effect, as she had during this time been under the care of a regular physician. Other anti-malarials had doubtless been tried, but as to that I cannot speak positively. She was suffering from a severe paroxysm when I saw her. I ordered a sharp mercurial purge, and followed that by the administration of an ounce of Warburg; she sweat freely, but not excessively, and never had another paroxysm; her health under simple tonic treatment rapidly improved, and she has only once since had even threatenings of the chills; then, she applied for another bottle of the tincture, which effectually prevented the threatened recurrence.

CASE II.—The second case is one kindly furnished to me by the President of our Association. Early in August of 1883, I received a letter from Dr. Worthington, saying, that a case of severe intermittent fever had come to him from Cairo, Ill.; that it had resisted ordinary remedies, and asking, if practice in a malarious district had furnished me with any special means for treating these obstinate cases. I at once sent a bottle of Warburg, with directions. The Doctor's report is as follows: "I at first gave quinine in moderate doses, without effect; then in anti-pyretic doses, as high as twenty grains without the least effect, apparently. I procured some Warburg's tincture from you, and on the 18th I gave

him the tincture in accordance with your instructions, and on the 20th he was free from the paroxysms. The form of intermittent was quotidian. The tincture acted like a charm." In no case have I never used it in intermittent without temporary benefit, and in only two in which lasting results were not obtained. One of these was associated with a chronically enlarged liver; in this case Warburg only produced temporary benefit, and mountain sage was honored with success. The other was a case of phthisis, in which daily chills and fever were utterly uncontrollable by every means within my reach except Warburg, and that irritated the bowels so as to render it useless. At last I found that both chills and fever were absolutely and immediately controlled by  $\frac{1}{3}$  grain of morphia, hypodermically, during the cold stage, later than that it was useless to control fever.

In the treatment of intermittent neuralgia, I might mention many cases, but one will do as a specimen of the power of the tincture. Mrs. B. applied for treatment in April last; she said she had for a year past been suffering from an intense headache every day, lasting from sun-down to after midnight. I used quinine in half drachm doses without any effect, but to produce ringing in the ears and nausea. Arsenic was freely used without any benefit. I attempted to reduce the pain by gelsemium without effect, croton chloral used for the same purpose was of little use. I then tried Warburg, the first bottle rendered her easy, and though slight pain still recurred, she pronounced herself well; another bottle completely removed the difficulty, and it has never returned.

In cases of septicæmia I have found it the most prompt and reliable remedy I have ever used, almost immediately reducing the temperature, removing headache and producing free sweating. I have seen the most satisfactory results when quinine seemed of little use in double the doses given of Warburg.

In spasmodic asthma, the results of the administration of full doses of Warburg gives generally prompt relief.

My object in bringing this subject before the Association, is not to furnish anything new or strange for thought or discussion, but simply to bring into more prominent view a preparation that is in Ontario little known, hence slightly tested, and consequently very indifferently appreciated. I



would therefore urge upon the profession in Ontario that Warburg should get a fair trial: (1.) In obstinate cases of remittent or intermittent malarial fevers. (2.) In intermittent neuralgia. (3.) In septic fevers from whatever cause, and (4.) In spasmodic asthma, especially when it assumes malarial regularity in the return of its paroxysms.

I would not desire to see Warburg's tincture substituted generally for quinine, for it is very unpleasant to take, and expensive, but it should be in every doctor's office or on the shelves of the drug store where he gets his medicine, and used either where ordinary methods fail to relieve, or when a prompt, powerful, and certain effect is wanted. Several objections are urged against the tincture.

(1.) It is said to produce exhausting perspiration. I may answer that this may be the case in tropical climates, but not here. I have used it in all classes of cases, but never observed anything more than moderately free diaphoresis.

(2.) That it is no better than quinine with stimulants and aromatics. This may be true, that is all the tincture is, quinine with stimulants and aromatics; but I contend, that we at present know of no combination of stimulants and aromatics that can equal Warburg in intensifying, and at the same time modifying the action of quinine; till we can find a superior combination, let us use Warburg. No one who has used it fairly, will fail to admit that it acts with much greater power and certainty than quinine alone.

It becomes an interesting question, why is quinine in Warburg's tincture more potent than quinine alone? The answer seems to me to lie here. In the tincture quinine is readily and quickly absorbed, and being powerfully stimulant, waking the malaria-dulled nervous forces to activity; they more promptly and readily react to the quinine, which, I think, may be regarded as simply the physiological antidote of the malarial poison. Be the cause what it may I trust Warburg may get a fair trial, and hold its place till a better preparation is brought forward.

#### OVARIAN TUMOR, OPERATION, RECOVERY.

BY J. E. BROUSE, M.D., BROCKVILLE, ONT.

Although in the active practice of the profession since 1861, my only experience of ovarian tumour,

and the operation for its removal, occurred on the 19th of February, 1881, when I was present at two ovariectomies by the celebrated specialist, Dr. Thomas, of New York. In each instance the tumour was colloid, and both the women died shortly after removal from the table. The gravity of the operation, and the improbability of an inexperienced surgeon, without the help of skilled assistants, and a specially trained nurse to take charge of the patient; being able to conduct so formidable an undertaking to a successful issue, so impressed me, that I determined, in the unlikely event of being consulted in such a case, never to attempt the operation but to send her to one more skilled than myself, and who had often performed it. But as the sequel will show, I was fortunately forced into doing what I had thought never to attempt.

In Jan., 1883, Mrs. H. brought her daughter, A. H., *æt.* 24, to my office. She said her daughter was unwell every two weeks, and was "bloated." She was of a dark complexion, very much emaciated, face drawn, and anxious worn look. Tailoress by trade, worked at it for the past nine years. Has done little machine work, as it always caused pain in her side. Menses appeared at fourteen; nearly always regular; once went two weeks over time; discharge lasts three to four days, pain severe one day before ceasing, with appearance of flow, which is less than normal. Health good until a year past; during winter and spring of 1882, she had at times, pain in left iliac region, obliging her to unfasten her skirts to ease it. May, 1882, she noticed that her abdomen was enlarging, and it increased so much as to cause her corsets to project, and she was compelled to tie the bottom part down. The growth gradually increased until September, her menses meantime appearing regularly; that month, however, she was unwell twice, and became so every two weeks until December, when menses ceased entirely. When she became unwell every two weeks, the pain, formerly preceding each monthly period, left her. In December she had to enlarge her dresses. Complains of loss of appetite, constant nausea, and frequently vomits what little food she eats. During the past six months she has lost flesh fast. On examination there was enlargement of the abdomen, globular in shape; percussion note dull on left side from pubes to three inches below sternum, and two

inches to right of median line. A moveable tumour was distinctly felt occupying the whole of above region. There was dullness in right iliac region up to umbilicus, but no tumour could be felt. Above umbilicus on right side was tympanic. The following measurements were made. From umbilicus to pubes nine inches, to left superior process, seven and a half inches, to the right seven inches, circumference thirty inches, increased February 12th to thirty-one inches. Digital examination revealed hymen intact as high up as cervix, passed virginal. Did not introduce sound then, but passed it subsequently and found depth two and a half inches; could not determine size of uterus by bimanual method, the tumour interfering.

My diagnosis was left ovarian cystic tumour. Gave no opinion, but put her on acids and bark, and told her to come for examination every two weeks. On February 12th a physician examined her and pronounced her pregnant, but not agreeing with him, I told her plainly my opinion as to the disease, and that only an operation could cure her, advising her to go to Montreal for that purpose. She then placed herself under the care of another physician, who gave her something to bring on her menses, which served only to increase her weakness, and of course failed in its purpose. In May she came back to me, and on the 12th Drs. Pickup and Vaux examined her and confirmed my diagnosis. She absolutely refused to leave Brockville, as the neighbors had said unkind things of her, and going to the city to be cured would but confirm their suspicions. Her friends and herself wishing me to operate, I consented. An attack of phlebitis in the left leg, which lasted over two weeks, kept her in bed, and prevented her from having the advantage of outdoor exercise. Requiring trocar forceps, etc., I wrote to my old college friend Dr. Trenholme, of Montreal, for them, and when sending them he stated that he was going to St. Catharines to perform Tait's operation the middle of June, and if I liked, would be glad to stay over a day in Brockville and assist me, and he was kind enough to do so. I determined to operate in my own house, and had two rooms set apart, one for the operation, the other for her to occupy afterward, carefully prepared and cleansed, by washing and whitening walls and ceilings, scraping and brushing all cracks in the floors and filling them with putty, all the woodwork, includ-

ing floors, covered by two coats of paint; the iron bedstead taken apart and thoroughly washed with carbolized hot water, mattresses aired and sprinkled with a solution of carbolic acid, all sheets, blankets, pillows and pillow cases, towels, napkins, etc., carbolised. The sponges were over two weeks in preparing, by being soaked in dilute acid to remove all particles of shell or sand, then boiled in solution of carbolic acid, hung in the sunlight for four days, again boiled same as before, and finally left in a 1 to 40 solution of the acid until wanted. All sutures and ligatures were made antiseptic, as well as everything that would be used or be likely to come near her. June 14th, five days before the operation, she was brought to my house, in order that she might get accustomed to her new surroundings, and also that I could superintend her diet, regulate her bowels, etc. The diet consisted of bread, lamb chops, corn starch, and porridge made of wheat flour. The bowels were moved each day by compound fennel powders. The evening previous to the operation I gave an opiate, in order to lock the bowels and secure rest, and it was unfortunate that it was done, as she was kept awake all night by constant nausea and vomiting, thus leaving her in a state of prostration and weakness that was very undesirable. Daily tepid baths and subsequent oiling, formed part of the preparatory treatment.

On the day of the operation, and half an hour before giving the ether, (Squibbs,) she had  $\frac{1}{4}$  gr. of morphia hypodermically, and fifteen grs. quinine in brandy. I was assisted by Drs. Trenholme, Vaux, Pickup and Jackson. Mr. Robinson, medical student, nurse and servant girl were present, and all of them had their nails, hands and arms cleansed in carbolised water. Spray was not used, but atmosphere was filled with carbolised vapor, and kept at 80° F. The incision extended from left side of umbilicus to the pubes; peritoneum was cut with scissors guided by two fingers. At once, and unexpectedly, there gushed out a quantity of thick, syrupy straw colored fluid, amounting to about six quarts, which ran over the patient to the floor. Dr. Trenholme thought I had accidentally opened a cyst, but such was not the case, as the tumour with its glistening cystic covering came into view at once. Fortunately, there were no adhesions whatever, the growth was from the right ovary, though occupying the left side. The cyst

wall was so thin and fragile, that on endeavoring to draw the tumour into the opening with vulsella, the forceps tore through, easily allowing fluid contents to escape into the abdominal cavity before patient could be turned on her side. The size of the tumour was diminished so as to permit it to be drawn through the opening by inserting my hand and breaking up and evacuating the smaller cysts, of which there were several. The pedicle, which was very short, was tied into two parts by passing a strong silk ligature doubled, through it, cut an inch above and dropped back. The left ovary being diseased was also removed. From beginning the anæsthetic until both ovaries were removed not more than thirty minutes had elapsed, but it took one hour of steady sponging to thoroughly remove all fluid from the cavity. The loss of blood was slight, and no vessels needed tying, forceps having been applied to each, when cut. Twice during the operation the patient became very pale and the pulse almost imperceptible, and two hypodermics of brandy were given. The wound was closed by seven deep silver wire sutures  $\frac{3}{4}$  of an inch apart. Fine silk superficial sutures were passed between. Strips of jute were placed under ends of wires. Several thicknesses of antiseptic gauze were laid over the abdomen, outside of that a layer of marine lint, and all secured by a many tailed bandage. Patient was now put in bed, and rubber bottles filled with hot water placed around her. She recovered consciousness in half an hour, and excepting nausea from the ether, felt well. The highest temperature during after treatment, was two hours after being in bed,  $102\frac{1}{2}$ , pulse, 100. At 6 p.m. temp.  $98\frac{3}{4}$ , pulse, 98. A record of T. and P. taken every three hours was kept for five days, after which they were taken every six hours, but neither ever indicated any serious cause for anxiety. Vomiting was persistent for three days, in spite of every effort to control it, and was finally checked by morphia and atropia under the skin. Before the operation morphia always caused vomiting. Flatus passed on third day. Diet was milk and lime water; catheter had to be used every eight hours for two days, but it caused severe cystitis which gave great trouble to control, producing wakefulness from pain, and frequent desire to urinate. It did not entirely cease until she was quite recovered from the operation. The wound was dressed the eighth day, and was united its

whole length, not one drop of pus having formed. Sutures were removed on eleventh day. The sixth day an enema was given, and afterward a regular movement secured by fennel powder. For three weeks the morning tempt. was  $99\frac{1}{2}$  and the evening  $100\frac{1}{2}$ , and I attributed the rise, partly to the irritation caused by the silk ligatures in the peritoneal cavity. The want of a skilled nurse was much felt during the after treatment, as when absent visiting other patients on three occasions I found her suffering pain with rise of temperature, caused by the stupidity of her attendant. At the end of a week, her tongue, previously thickly furred, became clean, appetite returned, and she enjoyed her food for the first time in more than a year. In thirty days had her taken to her home, she rapidly gained in flesh and is now strong and well.

The presence of such thick, straw colored syrupy fluid in the peritoneal cavity was quite new in the experience of Dr. Trenholme, and I have been unable to find a similar case related in any work on ovarian tumours. The cystic fluid was quite different in character, that in the main cyst being thick and dark in color, while in the smaller cysts it was clear and white. May the presence of the fluid in the cavity of the abdomen be accounted for by exosmosis? It certainly protected the very thin walls of the tumour from the likelihood of being ruptured, which otherwise would readily have occurred from a slight blow or push. Thinking that this, my only case of the kind, might prove of interest to some of my professional brethren, who, like myself, have had little experience in ovariectomy, and hoping that the success met with will encourage others, I have ventured to report it.

#### THE IDENTITY OF YELLOW FEVER AND ACUTE MALARIA—CONSEQUENT CONTAGIOUSNESS OF MALARIA AND CURABILITY OF YELLOW FEVER.

BY VIEIRA DE MELLO, M.D.,

(Member of the Academy of Medicine of Rio de Janeiro.)

Considering that pathologists and physicians of all countries are of one accord in admitting that the "epidemics of yellow fever are always preceded by serious cases of acute malaria," yellow fever

\*Communicated to the Academy of Science of Paris in 1885.

must needs then, in my opinion, express the state of saturation of the atmosphere by the swamp microbe, thus permitting to man a greater absorption, in due time, of the morbid principle, hence the very serious character of the symptoms presented. Considering that the two morbid entities co-exist in the same zone and increase in direct ratio of the development of the malarious germ, —a fact largely observed at Rio de Janeiro where yellow fever is a contemporary and a companion to the excavations, breaking out at the same time that these are effected, and following them in their way through the city: considering, besides, that yellow fever has no distinct characteristics of its own—the symptoms that are ascribed to it being strictly the same that I have observed in serious cases of acute malaria, hæmorrhage, and black vomit included; considering, moreover, and this argument is of surprising value, that morphologically the element considered as productive of yellow fever as shown by Dr. Domingos Freire, is strictly the same that I have met with in the blood, vomit and urine of patients suffering from acute and chronic malaria; considering, likewise, that this very same element has been found by myself in the water that is used for drinking by the inhabitants of places where malaria reigns endemically—places where yellow fever is not even spoken of—an argument that at one time enlightens the etiology of malaria, and overthrows the objections of those who ascribe to pigmental alterations of the hematine, the elements described by Laveron and confirmed by myself; considering, finally, that all the cases of malaria that could have been, and those that were classified as yellow fever, and were attended by me, yielded to the specific treatment of acute malaria—unsuccess in those in which this treatment is employed, being due, in my opinion, to insufficient doses, bad quality of the medicine used, or tardy interference, when the organism is no longer in a state to absorb it, or because the disease is several days old, or lastly, because the attack has been so violent as to cause the same deep disorders that in milder cases would take time to make their appearance. I have come to the conclusion that yellow fever is a graver modality of acute malaria, its superlative gravity; that, therefore, it is not an idiopathic morbid entity, as has been asserted until now, but the expression of gravity in another morbid state, and that the name yellow fever

should be changed to that of grave malaria, this qualification serving to designate the highest intensity of malaria.

Amongst the objections that can be made to these doctrines, objections that have already been presented to me, the one that seems most weighty is the following: "Yellow fever cannot be of the same nature as malaria, since the first is contagious and the second is not." This is a great mistake. In the first place, no one, to my knowledge, has been able to demonstrate the contagiousness of yellow fever, that is the transmissibility of the disease from body to body, by contact; in the second place, because malaria is susceptible of being transmitted by any individual to persons surrounding him, as well as of being transported to great distances. For instance: An individual is poisoned by the helococcus, and retires to his rooms, where he remains for several days without appropriate medication. The helococcus, not being consequently attached, and finding in the organism of the patient a favorable field for its development, proceeds on its evolutionary march. The patient, though whose ennuatory apparatus works, discharges continually from his body a certain quantity of these microbes that are thrown into the surrounding air, where, if they meet with favorable conditions of vitality, they live, develop and procreate. Therefore, after a certain time the rooms of this individual will be transformed into a genuine focus or nursery of helococci, and consequently whoever enters there may receive the same morbid element that is found in a marsh or swamp.

Here we have the explanation of the contagiousness of yellow fever, because it is at the same time the explanation of the contagiousness of malaria, a question that has been despised, why I cannot tell, when it is a known fact, as no one dares to deny, that malaria is a microbiotic disease. Thus, an individual that has been infected in a marsh, may, in turn, constitute another marsh focus or nursery as long as his organism affords to the helococcus the necessary conditions for its development and procreation. And if such a case is liable to happen in reference to one single indi-

(1) ἔγος, swamp, marsh and κόκκος, in Latin *coccus*, *coccum*, a germ, a seed, a small round body. This denomination created by myself to designate the microbe of malaria, is based on the rules established by Egger for the construction of neologisms.

vidual, it is much more liable to happen in places where the accumulation of patients is considerable, especially if the enteric form of malaria prevails, if hygienic rules are neglected, or if the faecal matters are retained or thrown in the vicinity of these places.

### Selected Articles.

#### LOCOMOTOR ATAXIA — AMYOTROPHIC LATERAL SCLEROSIS — LATERAL SCLEROSIS.

CLINIC BY H. C. WOOD, M. D., PHILADELPHIA.

GENTLEMEN, this patient comes to us with the statement that every two or three weeks, or sometimes at longer intervals, he has frightful attacks of abdominal pain accompanied with vomiting. Under these circumstances, attention is naturally directed to the condition of the stomach. We learn that these attacks are not provoked by any error in diet, that they are apparently spontaneous, and that between the attacks there are no symptoms of dyspepsia or indigestion. The attacks are exceedingly violent. The patient came to the hospital two weeks ago. When I first saw him, he appeared to be suffering from no severe symptoms. A day or two later, I found him in bed, groaning and moaning as though in agony. There was frequent vomiting of mucus tinged with bile, or of a liquid so thin as scarcely to be called mucus. These attacks of pain with persistent vomiting lasted three or four days and kept the man from sleeping, in spite of the free use of opium. Such attacks are evidently not dependent on irritation of the mucus membrane of the stomach.

The pain would suggest the passage of gall stones. Careful examination, however, shows that the pain lacks the sudden cessation which is characteristic of biliary colic. It is a steady, unbearable pain, lasting for hours and days and unaccompanied with jaundice, disturbed digestion, or any other manifestation of the passage of biliary calculi. You will call to mind the case of the woman with attacks of pain, similar to these, occurring in the rectum, which I showed you last week. When you have brought to your notice a case of horrible, recurring, violent, unaccountable pain, remember the possibility of its being one form of crisis occurring in locomotor ataxia. Sometimes these paroxysms of intense, shooting, darting, tearing, boring pain attacks the genital organs.

When I found this man sitting at his bedside, my attention was at once directed to his pupils. I found that they were very small, in other words, he had a distinctly myotic or contracted pupil.

When I shut off the light with my hand, I found that the pupil did not dilate. It was, indeed, insensible to light. I then tried the pupillary reflex, but there was no dilatation of the pupil produced by pinching the skin of the neck. Then I asked him to look at my finger held close to his face and a moment later to look at a distant object, and found that the pupil which was immovable to light, and responded not to peripheral irritation, reacted normally to the movements of accommodation. Our patient has, therefore, that comparatively rare pupil known as the Argyle Robinson pupil, because first described by that gentleman.

Before going further with this case, I wish to say a few words in regard to conditions of the pupil as seen in nervous affections. We have as the afferent nerve, so to speak, going from the eye to the centre within the brain, the optic nerve. We have two centres, connected as motor centres with the pupil, the oculo-motor centre and the spinal dilating centre, situated high in the neck. What happens when a person's neck is pinched? An impulse is sent through the sensitive nerves which reaches the cervical centres, lying in the upper part of the spinal cord. As a result, there goes out from the cervical sympathetic ganglia, an impulse causing dilatation of the pupil.

Again, the pupil contracts with exposure to light, and dilates when the light is withdrawn. This is especially accomplished through the oculo-motor centres. The optic nerve is the afferent nerve. Its fibres run through certain centres in the neighborhood of the thalamus opticus and then pass down to the corpora quadrigemina and oculo-motor centre. As a result of exposure to light, there is oculo-motor stimulation and the pupil contracts.

Then as to the movement of accommodation. When a near object is looked at, the eyes are brought convergent as to their axes, and at the same time, the pupil contracts and the shape of the lens is altered for the purposes of distinct vision. These are so-called consentaneous or associated movements, that is, movements which habit or the original construction of the nervous system has brought about as always being performed together. They apparently take place through the oculo-motor centre. An impulse from the upper cortical region of the brain is sent down to the oculo-motor centre for the act of accommodation, and the centre sends out an impulse which contracts the pupil, and at the same time, converges the eyes.

Besides these various movements of the pupil, there are others associated with emotional conditions, but we have been unable to study these in this case.

In the Argyle Robinson pupil, there is want of response to light and to reflex irritation from the skin, but the pupil does respond to alterations of

accommodation. Wherever this pupil is found, there is almost of necessity serious organic nervous trouble, and the probabilities are always in favor of the idea that the patient is suffering from locomotor ataxia. The Argyle Robinson pupil has, however, been found in a certain number of cases of general paralysis of the insane, and perhaps, in a few other diseases, but it marks especially the presence of locomotor ataxia. Where in any given case, as here, there exists violent gastric crisis, along with the presence of the Argyle Robinson pupil, you have even without further examination, sufficient grounds for the diagnosis of locomotor ataxia.

The explanation of this peculiar condition of the pupil is not difficult. We know that the optic or afferent nerve is perfect because the patient sees. There is no evidence of paralysis of the oculo-motor nerve and the pupil is contracted. Supposing the man to be suffering with locomotor ataxia, it is plain that the reason why there is no response to light is that the fibres which connect the optic centre with the oculo-motor centre are involved in the diseased structures.

There is interruption of the pathway and there can be no passage of the impulse from the centre of the optic nerve to the oculo-motor centre. The reason that the pupil does not respond to peripheral irritation is because the sensitive nerve connected with the upper spinal region is also involved in its passage through the cord. You will remember that, in locomotor ataxia, there is a chronic inflammation and sclerosis or hardening of the posterior column of the spinal cord, and hence these sensitive fibres are cramped and squeezed and their function abolished. When the skin is irritated, no impulse reaches the centre. It is interesting to observe in connection with the gastric crises, these other signs that the disease is high up in the spinal cord, even in the medulla, for the medulla, although placed within the skull for purposes of protection is nothing more than the upper part of the spinal cord.

When the man is examined further, other evidences of locomotor ataxia are found. In the first place, he has lost the patella reflex. He has darting and shooting pains through the legs, unaccompanied by soreness, or with pain on motion. Remember that bilateral, darting shooting pains, without soreness and without pain on motion, are in nine cases out of ten, if they are persistent and not due to gout, the result of locomotor ataxia. When with this there is loss of the patella reflex, the diagnosis is almost positive. I have also found some disorder of coördination in this case. The man has somewhat ataxia gait. He walks with the feet spread wide apart so as to give a firm base of support. The movement of the legs are irregular. With some difficulty he can stand on both legs with the eyes shut, but is unable to stand on one foot with the eyes shut.

We are therefore able in this case to arrive at a positive diagnosis of locomotor ataxia.

Leaving this case for the present, let me briefly call attention to the various forms of local inflammation of the spinal cord with which we meet in practice. In the so-called system diseases of the cord, the scleroses or chronic inflammation involve certain tracts of the cord, running up and down, but do not invade widely scattered foci. In the centre of the cord is the gray matter. Then we have the lateral tracts. In the centre of the anterior portion of the cord is a small tract which corresponds to these lateral tracts physiologically. Then we have the posterior median columns or the columns of Goll. So far as system diseases are concerned, we know of two scleroses especially, which produce definite symptoms. In the first place the posterior region may be involved, especially the region where the posterior nerve roots emerge, constituting *locomotor ataxia*. In the second place, the lateral columns of the cord may be affected, constituting *lateral sclerosis*. There are one or two cases in which the symptoms have been said to have been due to sclerosis confined to the columns of Goll. This is, however, rare, and I have never met with such a case. In the anterior portion of the gray matter there are certain groups of large cells. These are the motor cells whose function it is to convey the nervous impulses which shall cause contraction of the muscle, and it is also their function to preserve the nutrition of the muscle. When a muscle is cut loose from these cells it wastes and its electrical reactions change. When this portion is diseased, we have, if the affection is acute, infantile paralysis or acute muscular atrophy; if it is chronic, we have progressive muscular atrophy. When in spinal affections, there is rapid wasting of the muscles and rapid changes in the electrical reactions, there is disease of these cells; whatever else may be present in the spinal cord these cells are involved.

There is an affection of the spinal cord, in which there is disease of the lateral columns associated with disease of these motor cells. This is known as *amyotrophic lateral sclerosis*.

In the consideration of the case before us, I have called attention to most of the symptoms of locomotor ataxia. They are disorders of locomotion and coördination, and pain without loss of motor power or wasting of the muscles.

Let me now call attention to this second case which represents another form of spinal affection, namely, lateral sclerosis. The symptoms of locomotor ataxia are sensory and afferent. The lack of the power of coördination is due to the failure of afferent impulses to reach the brain. In lateral sclerosis, the symptoms are disorders of motion, but not of nutrition of the muscle, nor of sensation. There is no wasting of the muscle and no lack of

co-ordinating power. There is simply disorder of the motor function of the muscle. These are chiefly the result of irritation, so that there is more or less permanent spastic muscular contraction. With this there is excitability of the reflexes with a certain amount of loss of power, because whilst the fibres are irritated, there is also interference with the passage of currents down from above.

This case exhibits the symptoms of lateral sclerosis. Although I lift the leg and support it at the thigh, there is no bending at the knee, and it requires considerable force to flex the leg. Tapping the tendon of the patella, I find that the patellar reflex is abnormally increased. I cannot at this time develop ankle-clonus, although it has been noted in this case. There is, then, excessive rigidity, increased reflex activity, and, in addition, a peculiar gait. When the disease is fully formed, the gait is characteristic. The patient cannot get his toes from the floor, owing to the spasm of the calf muscles. Examining the legs, no muscular wasting is found. The electrical reactions are normal. The arms are sometimes affected in lateral sclerosis, but in this patient the stiffness is very slight at the arm. There is, however, great loss of power in the arms. On exploring the arms, fibrillar contractions are noted as abundant. These are never seen in pure lateral sclerosis. Moreover, there is great wasting of the shoulder and arm muscles. These symptoms, we are told, came on gradually, they are evidently due to disease of the motor or anterior cells of the gray matter of the cord, and we have an instance of the chronic spinal disease, known as *amyotrophic lateral sclerosis*.

Turning now to the third patient, we find the following history. This girl is twenty-six years of age. She was in good health until three and a half years ago, when she developed the symptoms with which she now suffers. The affection has come on gradually. There was, she stated, at one time partial loss of power in the left arm and leg, and she was unable to work for four weeks. She then obtained an easy place and returned to work.

You observe the same stiffness of the legs, seen in the previous case. When I raise the thigh from the bed, there is no flexion at the knee. The muscles of the calf are contracted. The patellar reflex is increased. There is some rigidity of the arms, most marked on the left side.

We have then, in this case, either lateral sclerosis or something simulating it. There is an affection known as hysterical contracture, in which there is loss of power, with heightened reflex activity, rigidity, or more or less permanent contraction of the muscles, a disease which very closely simulates lateral sclerosis, and in some cases it is almost impossible to make the diagnosis. Two years ago I had a case in the Philadelphia Hospital which well

illustrates the difficulty in diagnosis. This woman suffered with Pott's disease of the vertebrae, which had produced angular curvature. It is not uncommon to have secondary sclerosis following the transverse myelitis of this affection. With a pronounced history of disease of the vertebrae, there were the typical symptoms of lateral sclerosis and an almost entire absence of hysterical indications. The diagnosis of lateral sclerosis was made. On one occasion, she was given some powders of bismuth for a slight derangement of the stomach, and she began to rapidly improve, so that in a few days, instead of being confined to a rolling chair, she was able to walk about. That was largely a case of hysterical contracture.

This woman before us is not distinctly hysterical. If in a decidedly hysterical patient you have symptoms like these, especially if they have developed suddenly, the probabilities are that you are dealing with a case of hysterical contracture. Although this patient is somewhat nervous, she is not distinctly hysterical. The disease has come on slowly. Hysterical contractures are more apt to come on suddenly, but not necessarily so. This woman has another symptom which I believe is characteristic of organic disease, and at present, I should always make the diagnosis when I found it distinctly present. During the past two months she has complained of having the feeling of a bandage around the waist. This she spoke of herself. Of course if you ask an hysterical patient if she has a band-like feeling around the waist, she will be very apt to say that she has, when she had never dreamt of it. Another point I wish to allude to, and that is, that chronic nervous diseases, especially in woman, are often associated with hysteria. If any one of us were shut in a room for months, and months, over-shadowed by a great cloud of approaching troubles, it is probable that we would develop hysterical symptoms. The point is always to be borne in mind, that underlying the hysterical manifestations, there may be a real organic trouble.

There is in this case, a slight inequality of the pupils. Everything, therefore, points to the existence of lateral sclerosis, and the prognosis is unfavorable. We should, however, not pronounce a too positive prognosis, but should leave a way of escape in case the condition should prove to be largely hysterical.—*Boston Med. Journal*.

#### THE MODERN TREATMENT OF UTERINE MYOMA.

The following quotations are from Lawson Tait's article, under the above heading, in the *British Medical Journal*, with notes by W. J. Sinclair: "The first point of my thesis is to show that the removal of the uterine appendages for myoma, when properly performed, is not a fatal operation, but one with hardly any mortality at all, even

when the tumors are large, and when the patients are brought almost to death's door by hemorrhage." To support these statements the author reports 58 cases operated upon since January, 1884, without a single death. In the series published up to the end of 1883, there were 50 cases, with two deaths. It is the author's belief that in experienced hands "the real mortality of the operation" is not more than one per cent.

The second point which Mr. Tait seeks to prove is that the results of the operation are satisfactory and permanent, so that it may be confidently recommended for the relief of suffering and the saving of life. With this object he gives brief notes of the more recent history of each case in his first series of 50. Looking back through a period of 4 to 13 years, he shows that the result was satisfactory, but with two exceptions. In one of these there was a mistaken diagnosis, and in the other the hemorrhage continued and the tumor did not cease to grow, yet in both cases the operation gave some measure of relief. Mr. Tait's results in both series are so brilliant that the reader hardly requires the argument which succeeds the statement of facts. He claims on the two points of his thesis (1) that the primary mortality of this operation is so low that it can be justified far more decidedly on that score than any other of the serious operations of surgery; and (2) "the secondary results of this operation are as brilliant as those of any other operation in the whole realm of surgery with which I am acquainted." After the publication of this paper, if any doubted before, it will probably be conceded that Mr. Tait has made good his position with regard to the operation. He may be pardoned, perhaps, for recalling the incidents connected with the publication of his first results, even if it reminds some of the facts which they would rather forget. The history of the rejection of Mr. Tait's paper by the Royal Medical and Chirurgical Society of London, its publication in the *American Journal of the Medical Sciences*, and the subsequent vicissitudes of the operation, constitute a lesson in liberality of judgment, if not in surgery. The conqueror, however, can now well afford to have uttered his *œ victis* for the last time.

The author discusses the question of priority of discovery, or priority in introducing the new proceedings. While he shows that he and Hegar and Battey were almost simultaneous in the performance of the operation, he claims to have been the first in the field by about six months. These historic facts are well worthy of the closer attention of British surgeons, especially of those who speak of "Battey's operation" when they do not call it "spaying."

Mr. Tait next turns his attention to the relative value of enucleation and hysterectomy, and he thoroughly condemns both operations. He seems

to be of opinion that enucleation is completely discredited and ought never to be performed, whilst hysterectomy is to be resorted to only in neglected cases, or in the very few exceptional cases in which the growth is not arrested by the removal of the appendages or by the menopause. "If the removal of the appendages were performed on patients early in the history of these cases, as it ought to be, very few indeed would arrive at the necessity for the operation of hysterectomy."—*Medical Chronicle*.

**EUCALYPTUS IN TYPHOID AND OTHER FEVERS.**—Dr. Leighton Kesteven, contributes his observations in this subject to May No. 1885, of *The (London) Practitioner*.

While treating cases of typhoid fever in the Brisbane General Hospital, the idea occurred to him that the oil of eucalyptus would be efficacious. In the next 18 months he treated 220 cases of the fever with it, with only four deaths, and these four cases would probably have died from other causes than the fever. His dose is now about ten minims every ten hours. It does not agree well with all stomachs when given simply with mucilage; but trouble in this respect can be entirely overcome by first carefully emulsifying the ten drops of oil with mucilage, and then the addition of a half drachm each of aromatic spirits of ammonia, spirits of chloroform and glycerine—the latter entirely removing the rough semiresinous taste of the oil.

This medicine acts, *first*, by steadily and permanently reducing the force and frequency of the pulse, indeed acting with marvellous rapidity in some cases; *secondly*, by lowering the temperature, which occurs less rapidly and may be secondary to, and dependent on the lowering of the pulse; *thirdly*, by the beneficial effect on the tongue—almost immediately alleviating the distressing dryness so universal in typhoid fever, and removing the thick brown coating, leaving, relatively, but little fur, frequently cleansing the tongue entirely in a very short while; and, *fourthly*, the skin becomes moist and soft, giving comfort to the patient.

The Doctor also pins great faith to the liberal use of whiskey from the beginning of attack—even as much as 30 ounces in the twenty-four hours. Ordinarily, he feeds on milk thickened with isinglass, beaten up eggs, milk and soda, cocoa, and—where diarrhœa exists—ground rice and milk. In asthenic cases ounce doses of chicken broth (concentrated to ten ounces from a whole fowl) every half hour or longer, the juice of half cooked mutton, or beef tea made in a pot without water strained through a fine muslin should be used. For the abdominal tenderness, apply ice-cold compresses, and allow ice to suck. Apply ice to the shaved head for cephalalgia, and use frequent cold "packs" from head to knees if temperature rises. Change the bed linen night and morning without



letting the patient get out of a horizontal position.

The Doctor thinks probably the eucalyptus acts as a germicide. In most cases, the fever is entirely over in ten or twelve days, although he keeps his patients in bed the traditional three weeks.

Experimentally, he has used eucalyptus oil in two or three cases of pneumonia, with the most marked benefit.

**TREATMENT OF PULMONARY CONSUMPTION, DA COSTA.**—*Hygienic Treatment.*—Out-door exercise, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhua, to lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

*Medicines.*—Ol. morrhua is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give fʒss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give ℥x-xv ether, but this sometimes causes belching. Mix it with equal amount of malt or whiskey. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. ʒo or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine: it should be more generally used; liq. iodi comp. gtt. i-iiij, ter die, with potassium iodide to alternate with it. When anæmia is present, and not much fever, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the official syrup, and push up to fʒj, ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhua and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

*Treatment of Special Symptoms.*—Entirely too much is done for the symptoms. For cough we should have no expectorant, unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr. ʒ½, in simple elixir, often has a wonderful

effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

*Night Sweats.*—Give atropia, gr. ʒo, at bedtime. Sponge off the body with hot water to constrict the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bedtime.

*Digestive System.* The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. ¼, four times per diem. Strychnia, gr. ʒo, ter die, is also of great value.

*Diarrhœa.*—Opium, bismuth ʒj; copper sulphate, gr. ʒ½; silver nitrate, gr. ¼, etc.

*The Throat in Phthisis.*—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (ʒj to the Oj).

Prof. Da Costa has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative fever*—

R.	Quinina sulph.	gr. iss
	Digitalis,	gr. ss
	Opii,	gr. ¼. M.
	Ft. pil.	
Sig.	Ter die.	

*Col. and Clin. Record.*

**TREATMENT OF CROUPOUS PNEUMONIA, DA COSTA.**

Do not bleed, as a rule, though in a strong man with strong pulse you will relieve the headache and dyspnea in the early stage. In later stages a few wet cups, in the same condition, will be of much avail. Keep down the circulation at any rate, by one of two remedies, to wit: Tinct. aconite, ℥j-ij, in diaphoretic mixture, every two hours, or tinct. veratrum viride, ℥ij-v, in syrup of ginger, until an impression is produced on the pulse. In conjunction, quinine, gr. viij-xij per diem, will be found beneficial.

As the case goes on, and the circulation is to be further controlled, the use of digitalis is indicated. Act on the secretions and keep them up; keep patient quiet. Give him Dover's powder at night.

Quinine is to be given throughout the course of the disease. In the second stage expectorants are valueless, but may be used later, when tissue breaks down, etc. Then use ammonium chloride or ammonium carbonate. The latter is also a stimulant to the circulation, and also breaks up exudation. Give it in doses of gr. v-vij, every two or three hours. The aromatic spirits of ammonia

may be substituted for it, in doses  $\text{f ss}$ , given in simple elixir.

Plain food should be given: oysters or fluid food. We may give him almost what he wants. Stimulus is required for the symptoms, but not for the disease: *i. e.*, a flagging pulse, a weak heart, call for whiskey. In this state of affairs give  $\text{f}\overline{\text{ss}}$  every two or three hours. If the case passes into the stage of general exhaustion give whiskey freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis and stimulus from the very onset.

*Local Treatment.*—If some pleurisy exists poultice, but cease when pain stops: glycerine for circumscribed pleurisy and lingering consolidation.—*Col. and Clin. Record.*

CLASS-ROOM NOTES, PHILADELPHIA. — In all cases of *tapeworm*, at the clinic, Prof. DaCosta uses pelletierine.

Prof. Parvin, following the recommendation of Playfair, says that "chloral is peculiarly useful in cases of *rigidity of the os uteri primiparæ*." He gives gr. xv to  $\mathfrak{ij}$  every hour or so until three or four doses are taken.

A case of *chorea*, in an anæmic girl, *æt.* 8, which followed diphtheria, was presented by Prof. Da Costa. The choreic movements were continuous. Rapid improvement followed the treatment, which consisted in—

R	Arsen. chlorid.,	gr. $\text{1}^{\text{00}}$	
	Tinct. ferri chlorid.,	gtt. v	
	Syrupi simplicis,	q. s.	
	Aquæ. ad	$\text{f}\overline{\text{ss}}$ .	M.

Sig.—Ter die, after meals.

Prof. Gross gave the following directions for making *koumiss*, which he states is an excellent article of diet when the stomach cannot tolerate food:—

Grape sugar,	$\overline{\text{ss}}$	
Water,	$\text{f}\overline{\text{ss}}$ iv.	M.
Milk,	$\text{f}\overline{\text{ss}}$ ij	
Fleischmann's yeast,	$\mathfrak{ij}$	M.

Mix the two Rs in a quart bottle, and then fill the bottle with milk: cork securely; shake ter die, and on third day use. A quart may be used in twenty-four hours. In catarrhal conditions of the stomach it is most agreeable.—*Col. and Clin. Record.*

SUBCUTANEOUS INJECTION OF THE SALTS OF QUININE.—The occasional necessity for the injection of quinine subcutaneously, not only in severe malarial affections, but also for antipyretic purposes, must have compelled many physicians to reflect on the best methods of avoiding the disagreeable consequences which too often follow such a use of most of the salts of that drug.

It is generally in violent and pernicious malarial

complaints, in which both the stomach and rectum are so irritable that medicines are not retained long enough to permit of its satisfactory absorption into the system; or where, without such irritability there is some mechanical obstacle to the administration of food and medicine by the mouth, and we wish to reserve the rectum for the purpose of nourishing the patient; and occasionally, too, in a few cases of hyperpyrexia, in which the danger from excess of heat is imminent, while other methods of reducing the temperature are contra-indicated, and every minute is of value, that resort must be had to the hypodermic injection of such powerful antipyretics as quinine, in quantities likely to produce a rapid fall of temperature. There are probably great differences of opinion as to the doses required under such circumstances, but I have thought it necessary, more than once, to put as many as thirty grains of quinine under the skin in a few hours' time. As it is scarcely possible to inject more than five grains at any one point—smaller doses indeed, such as two or three grains, being distinctly preferable—the number of injections and the pain produced are matters of no small importance. The method I have latterly adopted has given decidedly better results than any previously tried, and can be stated in a few words. The two best salts of quinine to use are the bisulphate and the hydrochlorate. Both are fairly soluble without acids, but the bisulphate has the advantage of being considerably cheaper. One grain of that salt will dissolve readily in six minims of equal parts of the purest glycerine and of distilled water at the temperature of the body, and when thrown at that temperature into the looser subcutaneous cellular tissue—the only part into which quinine should be injected—will be rapidly absorbed without deposition of any crystals of the drug. To this solution two per cent. of pure carbolic acid must be added. Thirty minims of such a solution, containing five grains of the bisulphate, may then be used for one injection from a syringe of double the average capacity—now, as a rule, just about fifteen minims; and although it is probably better, as previously mentioned, to inject less at one point, no local or general injurious effects have followed the numerous applications of the maximum quantity stated, which have been made since I have been in the habit of adding the carbolic acid to the diluted glycerine solution of the quinine. The local anæsthetic action of the carbolic acid, too, is unquestionably of great value in diminishing the pain attending the hypodermic use of such an irritating medicine as quinine.—*British Medical Journal.*

THE TREATMENT OF ERYSIPELAS.—The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many

cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs, require prompt and constant attention. Dr. Daniel Lewis, (*Journ. Cutaneous and Venereal Diseases*, September, 1885) condemns the use of old lead and opium wash as a vile smelling and appearing preparation, and one which he believes to be very little more efficacious than plain cold water. He further believes that the solution of carbolic acid and oleic acid, in the proportion of 1 to 8, as proposed by Dr. Jacobi, has also the disadvantage of causing considerable irritation of the healthy skin, besides being extremely disagreeable to the patients. Dr. Lewis believes that the object to be aimed at is the use of some dressing which will combine compression of the part together with exclusion of air, and while collodion fills this indication, ordinary white-lead paint is in his opinion much more satisfactory. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride. The pure white lead of the shops is likely to dry too slowly, and it is, therefore, advisable to add some "dryer" as in ordinary painting, which in no way changes the effect of the application.\*

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. Dr. Lewis states that he has frequently employed this mode of treatment, and that it serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases. *Therapeutic Gazette*.

**PHOSPHIDE OF ZINC IN DYSMENORRHOEA AND STERILITY.**—In Matthew Duncan's lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendance on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly, there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried.

\*The composition of this "dryer" is not generally known, as it is a patent preparation. It appears to be some kind of resin dissolved in linseed oil.

Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux in a recent number of the *Gazette des Hôpitaux*. Having found this medicine useful in many cases of dysmenorrhœa, and of amenorrhœa. Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia and neuralgia. He gives two granules of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective. *Med. News*, September 5, 1885.

**THE BEST DISINFECTANT FOR THE HANDS.**—A thoroughly efficient disinfection of the physician's hands, remarks the *Therapeutic Gazette*, is more than a matter of personal cleanliness: it is an absolutely required, though often neglected, protection of his own person and the safety of his family, friends, and patients. There being no dissenting voice as to the necessity of this by no means irksome precaution, the only question that can arise in this respect is, What method of disinfection insures the greatest success? The present state of bacteriology must convince even the most sceptic and conservative physician that soap and water exercise not the slightest influence over the microbial organisms, and that the true antiseptic agents have to be resorted to.

Forster, of Amsterdam, made some special researches in this field (*Pharm. Centralblatte*, May 28, 1885) with the view of ascertaining the relative worth of carbolic acid, boric acid, chloride of zinc, and iron. He gained the conviction that the ordinarily used two and one-half per cent solution of carbolic acid, and even Billroth's plan to wash the hands in muriatic acid and ten per cent phenol in glycerine, were insufficient to sterilize the hands, that is, prevent microbic growth on them. The only procedure which Forster found absolutely reliable was the one recently recommended by Koch, of Berlin, which consists in a solution of corrosive sublimate having a strength of seven to fifteen grains to two pints of distilled water. The simplicity of the manœuvre and its unquestionable prophylactic power will go far to recommend Koch's wash to the American practitioner.

**TIMELY WORDS.**—The exigencies of practical teaching in our medical schools tend to hinder any marked attention to the individuality and common humanity of the patient. As a result, there is a rather wide-spread propensity on the part of students and junior practitioners, especially in hospitals, to

look upon the patient in hand, not as a sentient and suffering fellow-creature, but as a more or less interesting incarnation of disease.

In the course of a recent address, Prof. Osler made the following admirable plea for the recognition of the human element in all patients—a plea most opportunely addressed to an entering medical class: “In your dealings with patients, public or private, there is but one law to regulate your conduct: ‘Whatsoever ye would that men should do unto you, even so do unto them.’ Kindness of disposition and gentleness of manner are qualities essential in a practitioner. There is a tendency among young men about hospitals to study the cases, not the patients, and, in the interest which they take in the disease, to lose sight of the individual. Strive against this. Realize, so far as you can, that the mental state of the patient enters into his feelings, bear with his complainings, and scan gently his faults. The kindly word, the cheerful greeting, the sympathetic look, trivial as they may seem, help to brighten the paths of the poor sufferers, and are often as ‘oil and wine’ to the bruised spirits entrusted to our care.”—*Medical News*.

**MEDICAL NOTES.**—In *chronic gastric catarrh*, a pill, as follows, was given by Prof. Da Costa:—

R. Argenti nitrat., . . . . . gr.  $\frac{1}{4}$   
Ext. belladonnae, . . . . . gr. 1-16

Sig.—Ter die. . . . . —M

After passing a catheter, to relieve a man of *retention of urine*, Prof. Brinton gives, usually:—

R. Tinct. opii camph., . . . . . fʒ ij  
Quinine sulph., . . . . . gr. x. M.

Sig.—Take once, after operation.

Several times Prof. Da Costa ordered the following combination for *constipation*:—

R. Ipecacuanhae, . . . . . gr.  $\frac{1}{4}$   
Rhei, . . . . . gr. ij  
Ext. colocynth. co., . . . . . gr. j.

Ft. pil.

Sig.—At bedtime.

For a case of *hysteria*, Prof. Bartholow gave—

R. Mass. ferri carb., . . . . . gr. v  
Liq. potassii arsenitis, . . . . . gtt. ij  
Mucilaginis, . . . . . q. s. —M.

Sig.—After meals. Also tinct. nucis vomicae, gtt. x, before meals.

For a case of *flatulent dyspepsia*, Prof. Da Costa advised the following course of treatment:—Milk and under-done meats—nothing starchy—sacch. pepsin, gr. v, with meals, also a pill of—

R. Argent. oxid., . . . . . gr.  $\frac{1}{4}$   
Ext. nucis vomic., . . . . . gr.  $\frac{1}{6}$   
Pulv. capsici, . . . . . gr.  $\frac{1}{3}$

Sig.—Ter die

A pill of aloin, gr. 1-10, every night, for accompanying constipation.

Prof. Da Costa, when advising the chloride of gold and sodium, for *interstitial nephritis*, at the hospital, at one of the recent clinics, told of a physician suffering from this disease to whom he recommended this remedy and who now declares that he is entirely cured.

Prof. Bartholow recommends the following *solution for hypodermatic use*:—

R. Ergotinae (aq. ex.), . . . . . ʒj  
Glycerini, . . . . . fʒj  
Aque dest., . . . . . ad . . . . . fʒj—M.

Sig.—8 minims = gr. j of ergotine.

—*Col. and Clin. Record*.

**ATONIC DYSPEPSIA.**—G. J. Preston, M.D., Professor of Practice of Medicine, Baltimore, finds that atonic dyspepsia is by far the most common form of indigestion met with at the Polyclinic. The alkaline treatment, even in cases where acidity was marked, was soon discarded as being only temporary. Sometimes the combination of a simple bitter, as tincture of columbo with soda bicarbonate, acts well for a time. Pepsin has proved of little value in adults, unless given in quantities larger than most dispensaries can afford, or than a patient will take.

The most generally useful drug is strychnia in the form of tincture nux vomica. This can be given in much larger doses than it is prescribed. For many of the cases the initial dose was gtt. x to xx. t. i. d. with as much acid hydrochlor. dil. This given before meals in cases where the normal acid is in excess, and after meals where it is deficient in quantity, is of inestimable service. It is by no means a new treatment, but after a careful and extensive experience with it, it has proved the most satisfactory. In some of these cases where, in addition to the ordinary symptoms, there is pain, a very good plan is to add to the above, m. i. to iii. of acid hydrocyanic dil. This drug seems to have peculiar sedative action upon the terminal nerves of the stomach, and will be found useful in various painful affections of this organ. Many of these cases improve rapidly on iron, and the best way to overcome the unpleasant effects which often prevent its use, is by combining gr. x. of pot. brom. with gtt. x. to xx. of the tincture of the chloride.—*Md. Med. Jour.*, Aug. 15th.

**COCAINE IN SURGERY.**—Speaking of the various uses of this late valuable addition to our materia medica, Dr. Samuel Logan, writing in the *New Orleans Med. and Surg. Jour.* for September, says, that in relieving the suffering due to painful defecation from any cause, much distress may be averted by means of the oleate, simply applied on a pledget of absorbent cotton as far into the anal orifice as the special case may demand. He has thus used it with marked satisfaction in cases of painful piles and fissures—that is, so far as the relief of pain is concerned.

In many of the important operations in rectal and anal surgery, he has strong hopes that its proper use will enable us to dispense, in a very great measure, with the use of general anaesthetics.

A short time since he operated by internal urethrotomy on three urethral strictures, very old, and recently causing much urethral and vesical trouble. He first thoroughly cocainized the canal, by injecting into it three drachms of a four per cent. solution of cocaine, and after waiting fifteen minutes, throwing in an additional amount of water, and had the pleasure of seeing that his friend stood the cutting process with perfect indifference. He informed him that there was not the least pain, though the canal had been very sensitive to the passage of instruments.

It has been used in the operations of phimosis. It will answer better for the adult than for children, in this, as in many other operations.

In division of the contracted frenum a thorough application of the solution or the oleate on absorbent cotton, well pressed against each side, will be all that is necessary, while similar plans will answer for shipping off condylomata.

Preparatory to the cauterization for chancroids and chancres, the local application of a four per cent. solution, or of the oleate, may be made by means of a dossil of absorbent cotton arranged to extend a little beyond the margin of the sore and well pressed into its surface, the latter having been gently dried. The cotton may then be covered with a fragment of surgeons' rubber tissue, and the whole bandaged snugly and kept thus dressed for about five minutes.

Turning our attention next to urethral troubles, we find the agent useful in facilitating our diagnosis, as well as aiding us in reducing the terrors of the surgical treatment. In exploring, with any kind of instrument, the urethral meatus and canal, and in entering the bladder for diagnostic purposes, by way of this canal, we often find ourselves giving great pain, and we also find that these are just the subjects most liable to urethral fever as a result of such explorations. This suffering can certainly be avoided or greatly mitigated by the use of cocaine. *M. d. and Surg. Reporter.*

**CONSUMPTION AND LIFE INSURANCE.** Dr. Davis, of Cincinnati, in the *Lancet* and *Clinic* of that city, tells us that notwithstanding the care exercised by examiners, that  $\frac{1}{3}$  of all deaths in the insured are from consumption, and that they live out less than one-fifth of their expectancy. As it is becoming better established that consumption is contagious, insurance companies will hereafter take measures to guard against applicants thus endangered. Sixty per cent. of all consumptives show heredity, direct or indirect. Mothers transmit the disease more frequently than fathers, at the rate of 135 to 100. Hence, if the applicant's mother were a con-

sumptive, he is a worse risk than *vice versa*. There exists a universal unwillingness to acknowledgment of consumption in the family. So when the applicant says his father died of "cold" or his mother of "debility," the examiner should suspect these terms to mean phthisis. Since consumption may exist that the most skilful investigator may not discover, consideration of the risk must be postponed should the applicant be suffering from the slightest cough, increased pulse rate or fever. Repeated disorders of digestion should engender suspicion, especially with any loss of weight. A rule among leading insurance companies is to reject an applicant who has had two near relations affected with consumption. The occupation must be carefully considered. The careful selection of lives by insurance companies have reduced their mortality to just one-half of that among the general population.—*St. Louis Med. & Surg. Journal.*

**THE USE OF IODOL IN SURGICAL OPERATIONS.**—Dr. Getano Mazzoni calls attention to a new chemical preparation, called Iodol. The substance is a powder of a yellow or grayish brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform. The observations made upon its effects already exceed two hundred, and the results have been extremely favorable. The remedy may be used in powder, suspended in glycerine as an ointment, or in dilute solution of alcohol and glycerine, the substance being entirely insoluble in water. In venereal disease its effects have been excellent, as also in periadenitis. In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations. In indolent ulcers a similar beneficial influence was noted. On the other hand, the remedy is found useless and indeed, harmful in gangrene. Further, it is found to possess the power in a high degree of prompting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits. —*Berliner klin. Wochenschrift*, Oct. 26, 1885. *Med. News.*

**CEREBRAL SURGERY.**—In the *Lancet*, May, 1885, p. 881, Dr. W. Macewen records the notes of a man aged 36, who, in August, 1883, fell down stairs, and was rendered unconscious for twelve hours. In November, 1883, the patient was admitted into the Glasgow Royal Infirmary, with impairment of power in the left arm, accompanied by muscular twitchings and pricking sensations in some parts. A lesion was diagnosed in the motor convex of the right ascending frontal convolution, probably due

to irritation set up around an extravasation of blood due to the previous injury.

In December the author trephined, and found a membrane-like patch over the surface of the brain, involving the arachnoid and pia mater along with the external surface of the gray matter, there was also blood effused into the substance of the brain in the ascending frontal convolution. All this was removed, the bone was replaced, after having been broken up into several small pieces, and the wound was dressed with eucalyptus gauze. The patient made a perfect recovery without a bad symptom, and two months afterward was able to do his ordinary work.—*London Med. Record.*

**PARALDEHYDE IN PLACE OF CHLORAL.**—A correspondent of the *Lancet* states he has used paraldehyde as a hypnotic in place of chloral, and prefers it to chloral for the following reasons:

1. There is no excitement preceding its hypnotic action.

2. It has no paralyzing effect on the heart.

3. It acts more quickly.

4. The sleep produced is more natural; it is dreamless and refreshing; the patient is easily aroused, and when left alone readily goes to sleep again.

5. There are no unpleasant symptoms; no confusion of ideas when the patient awakens; no head ache; no loss of appetite, even when the drug is long continued in large doses. The writer had used the drug about 150 times. The dose is from thirty to ninety minims, but the maximum dose is seldom needed to produce sleep. Smaller doses, repeated every hour, are preferable to large doses not so frequently repeated.—*Chicago Med. Times.*

**PERIOSTITIS OF THE SPINE.**—Dr. Budd, *Brit. Med. Jour.*, reports the following case. R. M., a gentleman of active habits, had been affected for the last nine months with symptoms of periostitis. The spine and the bones of the pelvis were the parts chiefly affected. When he consulted me, there was much tenderness on the spinous processes of the third and fourth dorsal vertebrae, and also on the sternum. He had also suffered from severe pains in his limbs and trunk generally, which the least motion aggravated; coughing, sneezing, or laughing produced agonies of pain in the back and ribs. The pains were greater at night. A few days before applying to me, a new symptom came on. He became affected with sudden attacks of tetanic spasms, which fixed his limbs and extended his trunk, throwing his head back. It was a sudden shock, which relaxed again instantly. He found that the best way to avoid their recurrence was to lie on his back, and remain perfectly still. On enquiring into his past history, he told me he had had a sore on his penis seven years previously, accompanied by bubo, which was followed by nodes

on the shin-bone. He experienced salivation from the treatment pursued at that time. Feeling sure that his symptoms were a manifestation of the syphilitic virus, I ordered him a mixture containing five grains of iodide of potassium and five grains of Plummer's pill every night at bedtime. After taking these for a fortnight, he was greatly relieved in all his symptoms. The tetanic spasms had not returned since taking the medicine. A fortnight later, he was entirely relieved from his symptoms, and had gained strength and flesh. The next time I saw him, he expressed himself as perfectly cured.

**ENTERO-COLITIS.**—While the stools are yellow, homogeneous, and have a fecal odor, Dr Louis Starr says alkalies and astringents are demanded, as.

R Sodii bicarb. . . . . gr. xxxvj.  
Syr. rhei. aromat. . . . . ʒ ss.  
Aq. menth. pip. q. s. ad. . . . . ʒ iij.

M. Sig.—One teaspoonful every three hours.

When the stools are green, acid, and numerous, alkalies with opium do best.

R Tinct. opii deod. . . . . ℥ vi.  
Bismuthi subcarb. . . . . gr. lxxij.  
Syrupi . . . . . ʒ ss.  
Mist. cretæ. q. s. ad. . . . . ʒ iij.

M. Sig.—One teaspoonful every two or three hours.

In tedious cases, good results are at times obtained from minute doses of calomel, combined with opium and chalk.

Very frequent and serious stools require more powerful astringents.

R Acidi sulphurici aromat. . . . . ℥ xxiv.  
Liquor Morphie sulphatis. ʒ j.  
Elix. curacoe . . . . . ʒ ij.  
Aquam q. s. ad. . . . . ʒ iij.

M. Sig.—One teaspoonful every three hours.

—*Med. Bulletin*, Aug

**PNEUMONIA. HYPODERMIC INJECTIONS OF ETHER.**—In adynamic pneumonia when there is considerable depression of strength and the ordinary means have been exhausted, while the patient is menaced by asphyxia, Dr. Barth injects hypodermically a Pravaz syringeful of sulphuric ether, repeating it a second, third, or even a fourth time in the day in bad cases. These injections render the cough easy and allow the bronchi to clear themselves. They may be inserted at the external side of the thighs, the back, or sides; and they give rise to a sharp burning sensation, which, however, soon subsides. Dr. Féreol employs these injections whenever he has to do with excessive debility consequent on hemorrhage, typhoid fever, etc. He regards them as a valuable means of restoring life to patients who are exhausted and threatened with speedy death. Dr. Moutard-Martin has used

them with success in the algidity and cramps of cholera.—(*Union Médicale*) *London Med. Times*, Aug. 8th.

**OPERATION FOR EXTENSIVE LOSS OF SKIN IN THE ARM, JOSEPH BELL.**—In 1883, N. L., during a very severe attack of phlegmonous erysipelas, lost the greater part of the skin of the inside of his right arm, from the posterior fold of the axilla down to within three inches of the wrist-joint. He came under my care with the view of having an amputation performed at or near the shoulder-joint. After months of treatment, however, by skin grafting, rest, etc., cicatrization had progressed, till only a wound about  $3\frac{1}{2}$  inches long by 1 broad remained inside of elbow-joint. This refused to heal any further, a dense cicatrix ringed in the arm for about three inches of its length, and the tissues around were constantly reopening. He again was admitted in June, 1885, requesting amputation. I thought it a pity to sacrifice a good hand, so determined to shorten the limb. This I did by cutting down upon the humerus three inches above the elbow-joint behind, and removing subperiosteally the whole lower three inches, including the condyles and cartilage, and also the olecranon. He has now a useful arm with full flexion, extension, pronation, and supination, shortened barely two inches, and healed.—*Edinburgh Medical Journal*, Sept.

**A STRONG ARGUMENT IN FAVOR OF VACCINATION.**—Among the many queries which the present extensive revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had small-pox or varioloid. We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having come under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us without hesitation that after small-pox vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times. This information is therefore of great importance, for most people who have had small-pox, feel that they are sealed with an immunity greater than a life-time of continued vaccination could purchase for them.—*Med. Record*.

**THE TREATMENT OF NIGHT SWEATS.**—I send herewith a prescription for night sweats, which I have used for many years and found to be very efficient. It is very rare that more than three pills in the twenty-four hours are necessary to promptly stop the trouble; and, notwithstanding the fact

that these pills are directed only for the relief of a disagreeable symptom, many patients suffering from phthisis declare that they are of real benefit in aiding a case of the disease, and continue to persist in their use long after night sweats have ceased.

This prescription I have found very efficient, also, in relieving the nervous prostration that is so often seen in those who drink alcoholic liquors to excess:

R.—Oxide of zinc, . . . . . gr. 12  
Pyrogallic acid, . . . . . gr. 24  
Sulphate of atropia, . . . . . gr. 1-24  
Extract of lupulin, . . . . . gr. 48

Mix.—Make 24 pills and silver coat.—Dose, one pill three times a day, soon after meals.

—Dr. Smith, in *Guillard's Medical Journal*.

**STYPTIC OR HEMOSTATIC ETHER.**—Dr. B. Ward Richardson gives us an ether which, while checking hæmorrhage by cold, overcomes the subsequent relaxation of the vessels by its constringing action. He has had prepared a solution of absolute ether, having a boiling point of 95° Fah., charged to saturation at a low temperature with tannin, and afterwards treated with collodion, a little short of saturation. The compound ran easily through the spray tube without blocking; it produced good local anæsthesia, and it possessed an agreeable odor. He tested it in a few drachms of blood which had been deprived of its fibrin by whipping, and then left for two days exposed to the air until it underwent partial decomposition. The blood was placed in a saucer at the temperature of the body, the spray made to play upon it, and in five seconds the whole mass of blood was so thoroughly solidified that the saucer could be turned upside down without any escape of fluid. The blood was also deodorized, and remained inodorless for ten days.

When styptic spray is directed on an open bleeding, living surface, the primary effects are those produced by the cold—namely, the condensation and whitening of the tissues. If blood be flowing, it solidifies, and when the parts relax, new blood that may ooze up enters the solid blood as though it were a sponge, the coagulation soon stopping further flow.

The elements of this process are three in number:

1. The immediate constringent effects of cold on the blood-vessels.
2. The styptic action of the solution on the fibrin and albumen of the blood.
3. The extreme mechanical fineness of distribution of the fluid on the bleeding surface.

Styptic ether can also be applied to the hæmorrhagic surface after the extraction of a tooth, for hæmorrhage from cancerous disease of the uterus or other cause; and in cases of hæmorrhage from piles.—*The Asclepiad*, July, 1885.

## GALVANO-PUNCTURE IN PELVIC HEMATOCELE.

M. Apostoli strongly recommends the use of the galvano-puncture in peri-uterine hematocele (*Lancet*). The instrument he uses is a trocar of medium size connected with the negative pole of a battery, the other electrode being of considerable size and applied to the back or thigh. Care must, of course, be taken to avoid wounding the uterus, intestine, or any important blood vessel. A large dose, even as much as 100 milliampères, should be given, the resulting slough and fistula being proportioned to the current employed. As to the duration of the galvano-puncture, five or six minutes is usually sufficient, but should be regulated by the loss of substance and chemical action which it seems desirable to produce. M. Apostoli thinks that all peri-uterine hematoceles should be treated in this way, and that the earlier the operation is performed the better. Antiseptics should be carried out as far as possible, first by heating the trocar prior to puncturing, and afterwards by carbolic acid injections into the sac twice a day. —*Medical Review*.

**BELLADONNA AND IODIDE OF POTASSIUM.** The fact that belladonna produces dryness of the throat, nose and mouth has induced Dr. Aubut to try it rather empirically to combat certain disagreeable effects of iodide of potash, and he has published his results in the *Lyon Medical*. In three cases of naso-pharyngeal intolerance of the iodide, a mixture of belladonna with iodide of potassium has given good results. He had also the same success in a young man suffering from acute iodism, in whom he made this symptom disappear by preceding the administration of iodide of potassium by the extract of belladonna. The dose was two pills of five centigrams each, of the extract per day, one in the morning and the other at night. In one of the cases he was able to suspend the use of belladonna after some days, continuing the administration of iodide of potassium alone, without producing any intolerance. —*Cin. Lancet and Clinic*.

**HYPODERMIC USE OF OILS.**—In cases of obstinate constipation, Dr. J. V. Shoemaker frequently uses castor oil hypodermically. A drachm or two of castor-oil, mixed with an equal quantity of oil of sweet almonds, in order to obtain the required fluidity, is injected, and produces a satisfactory evacuation in about an hour. But the most useful application of oil hypodermically is in diseases of the digestive organs, when nourishment cannot be taken in the natural way, and in tuberculosis, scrofula, and all forms of defective nutrition cod-liver or olive oil should be used in doses of about two drachms, two or three times a day. The nutrition and general tone of the system will improve wonderfully. When the oil is given every two hours it will sustain the system without other

food. The treatment of many obstinate skin affections is greatly aided by the hypodermic use of cod-liver oil. No abscesses follow the injections. A large hypodermic syringe, with a capacity of from two to eight drachms should be used, and portions of the body well supplied with cellular tissue, as the superior and inferior scapular and sacral regions, should be selected. Injections can also be made in the arms, thighs, back, or abdomen. Doses of one-half ounce have been administered without causing inflammation of the skin or producing any unfavorable effects. —*Med. World, Sept.*

**SUSPENSION OF THE CARBOLIC SPRAY IN GENERAL SURGERY.**—Professor Chiene, the pillar of the carbolic "spray" system among Edinburgh surgeons, has formally announced his intention of tentatively relinquishing the use of that instrument in his wards in the Royal Infirmary, for a term of six months. Irrigation with corrosive sublimate solution is to replace the older method. Many reasons have doubtless led to the abandonment of Mr. Chiene's long-prized vantage ground, but that which appears most present to the mind of this distinguished teacher of surgery is the curious fact that, though in season and out of season he has been the bold apostle of the spray, comparatively few of his students have seen their way to adopt it in the practice of their profession outside the hospital walls. This admission suggests interesting and curious comment, both on the quality of the seed and the character of the ground on which it has been sown, but from this we forbear. Edinburgh graduates are not likely to allow that the sower is to blame. —*Cin. Lancet and Gazette*.

**ACUTE CORYZA.**—Dr. S. S. Cohen recommends, as a specific against acute coryza, the 1-120th of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipency of the disease. Afterwards to relieve the unpleasant symptoms of dryness he has given 1-16th of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains repeated every two hours until *tinnitus aurium* is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act. —*Phila. Med. Times, Aug. 8th.*

**CHRONIC DIARRHŒA.**—In the *Brit. Med. Journal* August 22, Dr. J. Vose Solomen says that he is sometimes consulted by females of nervous temperament, on account of chronic diarrhœa, of



several years' standing, and which has hitherto resisted medical treatment. As many as six or eight stools have been reported as passed daily. When failing to discover organic abdominal disease, the following formula has produced considerable mitigation, and sometimes a perfect relief to the symptoms. He is inclined to think the disorder is a neurosis:

R. Acidi nitrici diluti, ss.  
Liquoris opii sedativi (Battley), ℥j.  
Tincturæ gentianæ, ℥ss.  
Infusi gentianæ, ℥ivss.  
Aquam menthæ piperitæ fort. ad., ℥viiij.

One ounce to be taken three times a day.  
*Med. and Surg. Reporter.*

**PERFORATING ULCER OF THE HAND.**—At a recent meeting of the Surgical Society of Paris, M. Terrillon (*Revue Médicale*, June 13, 1885), presented a patient, aged twenty-six, who had on both hands ulcerations surrounded with thickened epidermis resembling exactly perforating ulcer of the foot. The lesions were surrounded with an anæsthetic zone. There could be no doubt of their origin from a central nervous lesion, and the patient also had other symptoms pointing unmistakably to locomotor ataxia. M. Terrillon had also presented a similar case at a previous meeting. M. Trélat recalled an observation previously made by him, of the relation between perforating ulcer and central nervous lesion, and stated that he had seen the ulcers upon both hands and feet in the same subject who was ataxic.—*N. Y. Med. Record*, Aug. 15th.

**CUTANEOUS ANODYNE.**—Dr. R. G. Couch, of Richmond, Va., recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the people as well as the doctors of this city:

R. Sodæ biborat. . . . . ℥j  
Acid. carbol. . . . . gtt. xv  
Glycerin . . . . . ℥j.—M.

Sig.—Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.—*Virginia Med. Monthly*.

**LEMONS IN BRIGHT'S DISEASE.** Before the Medical Society of Otsego County, this subject was discussed. It was shown that patients who have the symptoms of the disease strongly marked, not only in many instances live for a long time, but make an apparent recovery. Dr. H. W. Brown cited the case of a man who had, as he thought, all symptoms of the disease last autumn, his urine under heat showing that it consisted almost wholly

of albumen. This patient having a desire to eat lemons, began eating them to an extravagant extent, eating as many as six or eight a day. At the present time he is about his business as a small peddler, and his urine examined this day shows no albumen whatever.—*Medical and Surgical Reporter*.

**TREATMENT OF ERYSIPELAS.**—Prof. Da Costa gave the following modes of treatment in *erysipelas*, and said: To modify a case there are several plans of treatment, to wit: 1. The old, but still useful method of purging by diaphoretics and diuretics. 2. Quinine, grs. xii-xvi. in twenty-four hours, is of much value. 3. Tr. ferri chloridi, in large doses, ℥xx, every three or four hours. This is an admirable plan. 4. Pilocarpine—inject gr.  $\frac{1}{4}$  under skin—great success followed the use of this remedy in several cases in which it was tried during the session. The fluid extract of jaborandi may be used when pilocarpine cannot be obtained. In the cases with delirium, stimulate freely.—*Col. and Clin. Record*.

**A NEW HÆMOSTATIC AGENT.**—Dr. Spaak (*Journal Med. de Bruxelles*), claims for the following simple solution, excellent, not to say fabulous results. Chloroform, 2 parts, water, 100 parts. He says that he has used this hæmostatic liquid for several months and attributes to it the following great advantages: 1. It acts with truly wonderful rapidity. 2. It possesses no escharotic action. 3. It is to be had everywhere, and may be prepared instantaneously. 4. It costs very little. 5. It possesses no disagreeable effects, and does not hinder a surgeon in his operations.

**PROF. LASKOWSKI**, of the University of Geneva, who is probably the most successful embalmer in Europe, is reported in the *Lancet* to use an injecting liquid consisting of a mixture of carbolic acid, chloride of zinc, and corrosive sublimate, with the addition of an odoriferous essence. This solution is as clear as crystal, and pleasant to smell. A body skillfully treated by Dr. Laskowski's method assumes "the natural and agreeable expression" it bore immediately after death, and the skin becomes firm and as white as Carrara marble.—*Boston Med. and Surg. Journal*.

**HOW TO BLISTER QUICKLY.**—Put a few drops of the concentrated water of ammonia (aqua ammonia fort.) in a watch-glass, butter-dish, shallow cup, or other article of like nature, and cover with a pledget of cotton. This inverted and pressed closely to the spot to be blistered, will accomplish this object in from 30 to 60 seconds. It should afterwards be treated as if produced by cantharides.—*Southern Clinic*.

# THE CANADA LANCET.

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Criticism and News.

and Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the Editor Canada Lancel, Toronto."

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## ALCOHOL AS MEDICINE.

Alcohol, although the first and oldest of all medicinal agents, and, in some respects, best known, is still an enigma in the science of therapeutics. While other powerful narcotics, stimulant and sedative, have been assigned their places with some degree of definiteness, alcohol may be compared to a weathercock, ever changing its position according to the "wind of doctrine," which, for the time, blows hardest. This is chiefly to be accounted for by the many-sidedness of this agent. In its case it is difficult to dissociate therapeutics and morals. Contemplating the horrible evils consequent upon the excessive use of alcoholic stimulants as a beverage, the moralist, though a physician, may easily come to regard alcohol as only an evil, and that "continually." On the other hand, the physician who, viewing the subject from a totally different standpoint, may, as easily, come to regard it as of universal benefit, both in health and disease. And, thus it comes to pass that, as relates to this agent, the medical profession is divided into three distinct parties. At one of the poles we find the doctor of "many drams but few scruples"; at the other end the doctor of many scruples but no drams; and, between the two, the doctor of the golden mean, who, while deploring the evils of intemperance, still proclaims his belief in alcohol as a remedial agent.

The history of alcohol shows it to have been at all times intimately interwoven with the life of

mankind, as drink and medicine. At all times, but more especially in modern times, it has entered largely into the social life of civilized nations. It should never be forgotten that alcohol is not an un-mixed good, but alas! a great evil. Hence, at the very threshold of our enquiries regarding it as a therapeutic agent, we are beset with many difficulties. Some use it habitually in moderation, some to excess, and some do not use it at all. Uniformity of dose and action under these varied conditions is manifestly out of the question. The moral aspect of the question, also, at once suggests itself. The life lying before is no less important than the present. In seeking to overcome a present evil we must endeavor not to burden the future with a greater evil. Alcohol is like a two-edged sword; it can cut both ways. A weapon so sharp and powerful needs cautious and skilful handling. Another difficulty encountered, is the number of combinations in which alcohol is presented to us for medicinal use. We have wines, malt liquors, and ardent spirits in endless variety, all differing in strength, not merely as relates to separate classes, but the varieties composing each class as well. This fact suggests two questions. First, the place of each in disease; and, secondly, the dose. Manifestly, the answer can be but little better than a guess. This remark receives additional force from the fact that we cannot know the strength of the article prescribed. Originally varying and uncertain, modern devices have made it still more an uncertain quantity.

No question in therapeutics is so hampered by the influences of habit and prejudice. In considering the place of alcohol it is hard for the average physician to divest himself of all preconceived notions and opinions, and to conduct his investigations with strict impartiality. The abstract scientist may, but the average doctor shares largely the frailties, habits, and prejudices common to other men. The "brandy" doctor was more a character of the past than the present. Still, he is with us. He is not open to conviction. He is impatient of argument, and dogmatic in belief. He formed his opinions long since, and is not to be driven about by newfangled ideas, started by diving chemists and over-zealous moralists. He is thoroughly convinced of the universal healing properties of brandy, and by it he will stand or fall. All thinking men will admit that the presence of such a person is a

potent factor in the promotion of drunkenness. In like manner may be traced the history and mental bias of the physician who denies altogether the benefits usually ascribed to alcohol. His opinions will generally be found based on sentiment rather than accurate scientific investigation. He is more inclined to bend science to his opinions than his opinions to science. The opponents of alcohol as a therapeutic agent are not, however, without benefit to society. They present the question in striking contrast, and so aid in impressing society with the evils of excessive drinking.

It is scarcely necessary to argue with either of the extremists in this controversy. Still, an occasional review of this question is essential to watchfulness and the avoidance of extremes. We cannot escape the frequent consideration of an agent so powerful for good and evil, filling so large a space, not only as a medicine, but also as a beverage. According to the present state of knowledge, supported by the daily experience of thousands of acute observers, there can be no doubt of the value of alcohol in certain diseased conditions. True, the range of application is not nearly so wide as formerly believed, and yet believed by many who refuse to read the evidence. Yet, within certain limitations, alcohol has undoubted benefits.

We have long felt the necessity for a radical change in the mode of administering alcohol. It is, therefore, with pleasure that we recently noticed expressions in different influential quarters, in support of such a view. The first objection to any, and all the standard combinations is, that they are most likely known to the patient, and it may be to the use of which he is, or has been addicted. To give such a patient his old favorite drink, would be, almost infallibly, to fire up the old appetite. But there is also a scientific reason for such a change. We do not generally prescribe wine, beer, whiskey or brandy, as such. It is the alcohol we are after, and hence select the menstruum much as we wish a slight, for more powerful stimulant, determined also, not unfrequently, by the taste of the patient, to which, as already stated, it may not be prudent to cater. As a matter of fact we cannot, even approximately, regulate the degree of stimulation desired by any of the common liquors, owing to the want of uniformity in the quantity of alcohol contained. These and other facts which might be named, are cogent arguments in favor of the use of

simple alcohol, diluted and disguised according to taste and fancy. In this way we can prescribe this agent with the same definiteness of dose as opium or any other medicine. Dr. Norman Kerr, of London, Eng., tells us that he has followed this method for over twenty-five years. His favorite combination is, compound tincture of cardamom, aromatic spirit of ammonia, with a little of the spirit of chloroform. This combination may be varied both by addition and subtraction, as circumstances require. This mode of prescribing alcohol has the additional recommendation of cheapness, a no small consideration in many cases. The annual liquor bill of hospitals and other charitable institutions would be greatly reduced by the adoption of this method, against which there can be no scientific or other valid objection.

#### TRAINED NURSES.

In an article in a recent number of the *Louisville Medical News*, the writer alludes to the importance and value of thoroughly trained nurses in the sick room. The writer also refers to the workings of the training schools for nurses attached to the New York Hospitals, and the rapid progress made by them since their foundation eight years ago. He also shows that since their establishment the death rate in the hospitals has fallen very considerably. At Charity Hospital on Blackwell's Island, the first year after their inauguration, the death-rate fell thirty per cent. "The proper place for the education of nurses is undoubtedly in the wards of our hospitals. Here they are brought in contact with all kinds of disease, and here they can obtain such knowledge as is necessary to the proper performance of their functions in the sick-room. They should receive rudimentary instruction in anatomy, physiology, hygiene and preventive medicine, and it would perhaps be wise to teach them the doses of drugs, their physiological and toxicological effects, and the antidotes for poisons. The application of the bandage and the uses of the thermometer and catheter are necessary accomplishments. By some one trained in the art of cooking, they should be taught to prepare the articles of diet required by the sick. To acquire this knowledge is needed only close observation, quick perception, and a sufficient amount of practical every-day experience."

The physician in charge of a serious case of ill-

ness should always have some one in constant attendance who can become responsible for the care of the patient during his absence, and to whom he can give the proper directions, feeling sure that they will be carried out to the letter. It is evident that a member of the family is not the proper person for such a trust; since anxiety, timidity, and the entreaties of the patient may warp the judgment. The value of a well-trained nurse can not be overestimated, being second only to that of the physician. A circumstance is related as having occurred in one of the New York hospitals, which goes far to prove this assertion. A patient operated upon soon after began to bleed from one of the larger vessels in the neck. In a few seconds, even before the house surgeon could have reached him, he would have been dead. With rare presence of mind, the nurse thrust her fingers into the wound, compressed the bleeding vessel, and saved the patient's life. Of course, none but a person trained for such emergencies would have thought of this.

Besides providing for the public poor, efficient nurses, and for the community the opportunity of obtaining competent help in the sick-room, the scheme opens an honorable and most useful avocation for woman, and one that in time will become remunerative to those who pursue it. That it is considered respectable is shown by the fact that there has been no lack of applicants for the position from among all classes of the community. The calling should, and will rank as a profession second only to that of the physician.

Much good work in this relation has already been done in our own hospital in this city. Well trained nurses are being provided as rapidly as the opportunities will permit, so that physicians can be supplied almost at a moment's notice with a trained nurse competent to undertake any case either medical or surgical. This is a most gratifying circumstance to the profession, and one for which they have to thank the worthy Medical Superintendent and Trustees of the Toronto General Hospital, and those who have aided in the instruction and qualification of the nurses.

#### ANNUAL MEDICAL BANQUETS.

The annual banquets of the students of the medical schools of this city were held on the evenings of the 24th and 26th ult., respectively. The din-

ner of the students of the Toronto School of Medicine was the first to take place and was largely attended. The chair was occupied by Mr. Peaker. In his opening address he alluded to the success of the school and the high standing the students had taken both at home and abroad, and stated that there were 225 students enrolled on the books. He then proposed the toast of "The Queen," which was duly honored. The toast of the "Universities and Colleges" was responded to by Rev. Dr. Castle of McMaster Hall, Rev. Father Teefy of St. Michael's, and Mr. Baker of University College.

Dr. Castle insisted upon the importance of broad and generous scholarship as opposed to one-sided education. The universities and colleges were conservators of education. The noblest adornment of any country was its wealth of education. The most material wealth was what appeared most immaterial. The best preparation for any profession was a thorough training given in the arts course. If there was any danger, it was that of turning the arts courses into semi-professional, under the plea that they are the honour courses. The honour ought to be for excellence in all the courses. Rev. Father Teefy said that the students should think first of their country and next of their university. He spoke of the necessity of wise and prudent words and moderate councils, especially in great cities. Mr. Baker said he hoped the recent changes in the regulations for matriculation would increase the number of medical students of the University.

The Mayor responded for the city, and said he was happy to be able to express his opinion that the students had nothing to do with the recent outrage.

"The Sister Institutions" was responded to by Dr. Fulton and Mr. McEdward for Trinity, Mr. Worthington for McGill, Mr. Cregan for the Royal, of Kingston, and Mr. Balfour for the Western, of London. Dr. Fulton's theme was the necessity for a uniform standard of matriculation; there were too many varying standards. He congratulated the students on the excellent opportunity which the hospital afforded for clinical instruction.

"Our Faculty" was responded to by Drs. Richardson and Graham. Dr. Richardson pleaded for State aid in the study of the organisms to which

so many diseases have been traced. The French Government gave great aid to Pasteur in his researches. In the matter of vaccine virus, Canadian doctors had to depend upon the United States for their supply. Dr. Graham's topic was the kindred one of private aid and the endowment of medical schools.

Mr. Eadie, one of the Vice-Chairmen, proposed "The graduates and the graduating class," and elicited speeches from Dr. Pickard and Mr. W. C. Heggie.

"The Hospital" was responded to by Dr. O'Reilly; "Sister Professions," by Mr. W. F. Maclean, and Mr. Lockie; "The Freshmen," by Mr. Geo. Watson. The toast of "The Ladies" was duly honoured, and the gathering dispersed. Songs by the students varied and enlivened the proceedings.

The annual banquet of the Trinity Medical School surpassed in every respect, the eight preceding annual gatherings of a similar nature, that have marked the progressive career of this institution. Between two and three hundred professors, students, and guests were present. At the head of the dining hall which was gaily decorated with flags and banners, were suspended the portraits of Dr. Rolph, "the father of medical education in Canada," and Dr. Hodder, the first dean of Trinity Medical School.

Mr. Lapp, a fourth year student, presided. After doing justice to the good things provided, toast, song, and sentiment became the order of the evening. After the usual loyal toasts, came the toast of the Dominion and Local Legislature, coupled with the names of Hon. T. W. Anglin, and H. E. Clarke, M. P. P. The latter made a humorous semi-political speech in opposition to the present Ontario Government, for which he was taken to task by the Hon. Mr. Anglin, who said that the Government had shown its wisdom in keeping Mr. Clarke's party in the position they now occupied.

The "Army and Navy" was responded to by Lieut.-Cols. Otter and Grasett.

The Mayor in responding to the "Mayor and Corporation," assured the students, to their evident gratification, that so long as they did not carry their pranks too far, he would "stand by them." It was evident, he said, from the fact that

the toasts were being honored in water instead of wine, that the students were aware of the successful efforts that had been made to give the citizens pure lake water.

His Grace, Archbishop Lynch, responded to the "Learned Professions." His Grace expressed pleasure at being present and said the medical profession was the most important of the learned professions. He would like to put his own first because they took care of the souls, but a soul was a very poor thing without a body. Physicians were called upon for more acts of charity than the members of any other profession. He thanked them and wished them every prosperity in their profession. Dr. McMichael, Mr. Osler, and Dr. Canniff also responded to this toast.

"Universities with which we are affiliated and Sister Institutions" was coupled with the names of Prof. Clark, Trinity College; Rev. D. J. Macdonnell, on behalf of Queen's University; Mr. J. J. Maclaren, Q.C., on behalf of Victoria College; Dr. Richardson and Dr. Graham, of Toronto School of Medicine; Mr. Jones, representing the students of the same school; Mr. McGannon, of McGill Medical School; Mr. Dixon, Kingston Medical School, and Mr. Wilson, London Medical School.

Dr. Geikie, in reply to the toast of "Trinity Medical School, its graduates and under-graduates," referred to the speech of Hon. Edward Blake in Scotland, reported a few days ago, in which the Chancellor of the Toronto University had referred to the great progress being made in Canada. If such matters as Mr. Blake referred to could be pointed out with pride by every true Canadian, the great progress made in medical education in this country could also be pointed to with pride. He also referred to the great advances in this branch made in Canada during the past twenty-five years.

Dr. Stark, of Hamilton, responded to the toast in behalf of the graduates, and Mr. Honsberger in behalf of the under-graduates.

Dr. O'Reilly responded to the toast of the "Toronto General Hospital;" Dr. Fulton, for the "Press," and Dr. Bingham for the "Ladies." Some excellent songs were rendered by the students during the evening.

**ONTARIO MEDICAL ACT AMENDMENTS.** A meeting of the profession in the territorial division of Midland and York, was held in Toronto on the 16th ult., to consider the proposed amendments to the Ontario Medical Act and to frame a tariff for the division. The following amendments were agreed upon: 1st. That colleges and universities that neither teach nor confer degrees in medicine, shall not be entitled to representation on the council. 2nd. That all actions brought against medical men for malpractice must be instituted within one year from the date of such alleged malpractice. 3rd. That the clauses in the British Medical and Dental Acts, relating to the power of suspending or erasing the names of licentiates from the register, or erasing the names of infamous or disgraceful conduct from a professional point of view, be incorporated in the proposed measure. The remaining clauses relating to the question of security for costs in suits for damages, the proper payment of medical witnesses, and the appointment of a taxing officer, were, on the recommendation of the Solicitor, passed over. The consideration of the tariff was postponed for future consideration.

**ROGERS' GROUPS OF STATUARY.** The latest accession to these celebrated groups by this well-known artist is shown in the cut, and is entitled "King Lear and Cordelia." It is taken from Shakespeare, and represents a scene in King Lear. The king has banished his daughter Cordelia and divided his kingdom between his other two daughters, but their ingratitude and ill-treatment have driven him crazy. He is represented on a couch, and behind him stands his old friend Kent, disguised as a servant, and the doctor. His daughter Cordelia, who loves him dearly in spite of his former harsh treatment, tries to recall herself to his wandering mind. We need not say that the group is in the artist's best style of art and must be seen to be fully appreciated. This, or indeed any of the groups in the catalogue would be a most suitable Christmas or wedding present. See cut of "King Lear and Cordelia," among the advertising pages.

**LACTIC ACID IN TUBERCULAR LARYNGITIS.**—The application of a ten per cent. solution of lactic acid to the ulceration and swelling of the larynx caused by tuberculous deposit has been at-

tended with very beneficial results at the hands of physicians in Germany and elsewhere. The strength of the solution may be gradually increased to eighty per cent. A number of cases are reported in which the ulceration was completely cured by these applications, notwithstanding the presence of tubercle-bacilli. In view of the unfavorable course which such cases generally pursue and the failure of all other treatment, this is a decided step in advance. Lactic acid may also be found useful in other disorders of the throat.

**BILLROTH'S VIEWS ON ANTISEPTICS.**—Billroth writes the following on antiseptics: 1. Iodoform is the safest and most effective of all manageable antiseptics. 2. Moss, wool, turf, mould, and oakum are useful when there are discharges from the wound. 3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning. 4. Carbolic acid, which is known to be dangerous in strong solutions, is, in very weak ones, as good for wound irrigation as clean water, but probably no better.

**WARBURG'S TINCTURE.**—The following is said to be Dr. Warburg's own formula, first published in 1875:

R. Socotrine aloes.....	lb. 1
Rhubarb (East Indian)....	oz. 4
Angelica seed.....	" 4
Confect. of damocratis....	" 4
Saffron.....	" 2
Fennel seed.....	" 2
Prepared chalk.....	" 2
Gentian.....	" 1
Zedoaria.....	" 1
Cubebs.....	" 1
Myrrh.....	" 1
Camphor.....	" 1
White agaric.....	" 1

**Mix.**

These ingredients are to be digested with 500 ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine sulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor when cool is to be filtered, and is then fit for use.

**THE CALOMEL TREATMENT OF PNEUMONIA.**—There have appeared of late many favorable reports regarding the treatment of pneumonia by

the use of calomel in fractional doses. The usual dose advised is from one-fifteenth to one-twentieth of a grain every hour. We think there is no doubt as to the good effect of calomel in cases of high temperature, dry tongue, hot, dry surface and delirium. When continued in these cases for forty-eight hours or less, the tongue usually becomes moist, the skin damp, the depression is markedly less, and the temperature is lowered.

**INOCULATION FOR HYDROPHOBIA.**—It is said to be a settled fact that inoculation is a safe preventive of hydrophobia. If it be true, M. Pasteur, who produced the attenuated rabic virus, is justly entitled to all the credit. Pasteur's inoculations can be applied to all the dogs allowed to live, and hence there would be little danger of the human being. When this inoculation has been demonstrated to be a sure preventive, laws, such as are now in force regarding bovine-virus vaccination in the human subject, will be enacted, requiring the inoculation of dogs and other animals.

**MCGILL MEDICAL COLLEGE—NEW WING.** The opening of the new wing of McGill Medical College took place on the 22nd of October, and was a most successful affair. Prof. Pepper, of Philadelphia, delivered an able and eloquent address on the occasion. He dwelt on the benefits of higher medical education, and the more complete endorsement of the better class of medical schools. Prof. Osler also gave a short address, which was enthusiastically received by his old students. A grand banquet was given by the Faculty in the evening at the Windsor Hotel. A description of the new wing appeared in our advertising pages in the August and September numbers.

**CARBOLATE OF IODINE INHALANT.** The following is said to be similar to Cutler's:

R	Tinct. iodini co.	minims	180
	Acid, carbolic, No. 1	"	48
	Glycerin	fl. dr.	1
	Water	fl. dr.	5

Mix and expose to the sunlight until the mixture is entirely colorless.

The proportion of carbolic acid and tincture of iodine may be largely increased without a corresponding addition of glycerine.

**ERGOT FOR HICCUGH.**—A correspondent in the

*Lancet* calls attention to a new use for an old remedy. A policeman had hiccough which resisted all the ordinary means of relief, and he was passing into collapse, when drachm doses of liquid extract of ergot were ordered, with complete relief. Only three or four doses were required. After a period of rest the hiccough returned, but was again stopped by the ergot, and did not re-appear.

**VINEGAR IN DIABETES.**—A correspondent in the *Physician and Surgeon*, has recently used vinegar successfully in the treatment of diabetes. The patient was put upon anti-diabetic diet, and one-third of a glass of vinegar diluted with water was given daily. The urine was free of sugar within a week. At the end of two months' time there was no return of the disease.

**ADMINISTRATION OF IODINE AND ITS SALTS.**—In prescribing iodine and its salts it should always be borne in mind that they are to be administered on an empty stomach, as the presence of starch and acids modifying or decomposing the preparations of iodine would reduce or prevent their effect. This is not generally known or observed, but is an important fact which should not be lost sight of.

**APPOINTMENTS.** Dr. W. G. Johnston has been appointed pathologist to the Montreal General Hospital; Dr. J. B. Saunders has been appointed Prof. of Botany in Bishop's Medical College, Montreal; Dr. McNeece has been appointed assistant medical health officer for Montreal; Dr. J. J. Gardner has been appointed physician to the Protestant small-pox hospital in Montreal.

**TORONTO UNIVERSITY EXAMINERS.**—The following gentlemen have been appointed examiners in this university, on the following subjects:—Dr. Geo. A. Tye, of Chatham, Physiology and Histology; Dr. D. B. Fraser, of Stratford, Anatomy; Drs. Graham and Grasett, Toronto, Clinical Medicine, and Surgery, respectively. The remaining examiners are the same as last year.

**COCAINE IN FISSURED NIPPLES.**—This remedy so useful in a variety of cases has been found of great service in this painful affection. The four per cent. solution is applied with a camel's hair pencil. Anæsthesia is produced in about five minutes, and the child may be permitted to nurse without pain or distress to the mother.

**VALUE OF EUCALYPTUS.** A writer in *Pacific Med. and Surg. Journal* says of the effects of the fluid extract of eucalyptus globulus, after an experience of eight months in its use in the Marine Hospital, that he regards it as a diuretic of rare virtue, capable of being administered when other diuretics in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as typhoid fever, typhoid diarrhoea, and dysentery. In vesical catarrh its action is very valuable. As an external application in chronic ulcers it has great value.

**SOLUTION OF BROMIDE OF ARSENIC.** The following is known as Gillford's solution of bromide of arsenic so highly spoken of in the treatment of diabetes mellitus, epilepsy, etc.:

R Acid, arsenios  
Pot carb. . . . . aa . . . . . ʒj  
Bromine . . . . . f ʒij  
Aque . . . . . ad . . . . . ʒxxx M.

The arsenious acid and potassium carbonate are dissolved in four ounces of water by the aid of heat, and when cold, the solution is made up to twenty ounces and the bromine is then added. The dose is from ten to twelve drops after each meal.

**DIPHTHERITIC SORE THROAT.**—The following has been found a useful application for the relief of diphtheritic sore throat :

R. Tr. iodinii,  
Tr. ferri sesquichloridi. . . . . aa ʒj ;  
Glycerini . . . . . ʒ ss. M.

Sig.—Apply with a camel's hair pencil four or five times a day.

**REMOVALS.**—Dr. N. A. Powell, of Edgar, Ont., will remove into this city on or about the first of January, 1886. Drs. Pattullo, of Brampton, McMahon, of Fergus, and Ghent, of Priceville, have recently removed to this city. We heartily welcome these gentlemen to the great metropolis.

**PELVIC ANODYNES.**—Dr. Alfred Meadows (*British Medical Journal*): 1. A vaginal pessary of conia for ovarian pain, neuralgic or inflammatory. 2. Bromide of potassium, in ovarian menorrhagia, limits the flow, and increases the length of the menstrual interval.

**CASTOR OIL MIXTURE.** The following is a most palatable form in which to administer castor oil :

R Ol. Ricini . . . . . ʒj  
Glycerini . . . . . ʒij  
Spts. Lavender Co. . . . .  
Aq. Cinnam. . . . . aa ʒss—M.

**QUININE AND TANNIC ACID.**—One and a half grains of tannin will neutralize the bitterness without changing the action of ten grains of quinine. The intense bitterness of the drug renders it almost impossible to administer it to children in its natural state.

**BRITISH DIPLOMAS.**—Dr. O. J. McCully (McGill) has received the M.R.C.S., Eng., and Dr. D. J. G. Wishart, the L.R.C.P., Lond.; Dr. J. Lindsay (Trinity), has received the L.R.C.S., and L.M. Edin.; also N. McKinnon, L. L. Hooper, W. Jacques and J. M. Jackson (Toronto).

**CORONERS.**—Dr. F. H. S. Ames, of Brigden, Ont., has been appointed coroner for the County of Lambton.

The death of Dr. Samuel G. Armor, Prof. of Medicine in the Long Island Medical College is announced; also the death of Dr. W. B. Carpenter, of London, Eng., the eminent physiologist.

**Books and Pamphlets.**

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1886.

This is the thirty-fifth year of publication of this excellent list. It contains a calendar, list of poisons and antidotes, dose-tables re-written in accordance with the sixth revision of the U. S. Pharmacopœia, Marshall Hall's ready method in asphyxia, lists of new remedies, Sylvester's method for producing artificial respiration, with illustrations; diagram for diagnosing diseases of heart, lungs, etc., etc. The quality of the leather used in binding this list has been again improved, and a superior pencil, with nickel tip, manufactured especially for it, has been added.

A CLINICAL HAND-BOOK ON THE DISEASES OF WOMEN, by W. Symington Brown, M.D., Boston, Mass. New York: Wm. Wood & Co.

The volume before us is intended as a practical



guide on the diseases peculiar to women, for the use of medical students and country practitioners. The diseases appertaining to the puerperal state are also included. A chapter is also devoted to gonorrhœa and syphilis. An interesting feature of the work is the grouping together of the different topics in a fourfold arrangement, or some multiple of two, as an aid to the memory. For example, amenorrhœa, dysmenorrhœa, menorrhagia and metrorrhagia; anteversion, retroversion, ante-flexion and retroflexion, etc. Illustrations are introduced wherever they appear of service in the elucidation of the text. The work is well printed on good paper, and is worthy the attention of the profession.

**A SYSTEM OF OBSTETRIC MEDICINE AND SURGERY,** Theoretical and Clinical, for the Student and Practitioner. By Robert Barnes, M.D., Obstetric Physician to St. George's Hospital, etc.; and Fancourt Barnes, M.D., Physician to the Royal Maternity Charity, and to the British Lying-in-Hospital; Illustrated with 231 woodcuts, leather, pp. 834. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

This will be found a most complete treatise on the subject of obstetric medicine and surgery. The wide and varied experiences of the authors are embodied in the work, and it cannot fail to be of great practical value to all who are interested in the subject, and all physicians are more or less so. Though intended for students and general practitioners, it will also be regarded with interest by those specially engaged in this department of science. It is a work of great merit, complete in every particular, and fully abreast of the most recent advances in this department. The text is elucidated by numerous illustrations.

**THE ESSENTIALS OF HISTOLOGY.** Descriptive and Practical for the use of Students. By E. A. Schafer, F.R.S., Jodrell Professor of Physiology in University College, London, Editor of the Histological portion of Quain's Anatomy. 8 vo., cloth, pp. 245, illustrated. Philadelphia: Lea Bros. & Co. Toronto: Vannevar & Co.

Those interested in microscopic anatomy will find this a very excellent work. The directions for preparing and mounting specimens are full and explicit. Only those methods are recommended which experience has proved to be the most reliable and satisfactory. The work will serve as a most excellent elementary text-book in histology,

and we commend it to the attention of those interested in the subject. It comprises all the essential facts of the science.

**THE MONTREAL DAILY WITNESS.**—Published by John Dougall & Son, Montreal.

The publishers are celebrating their fortieth anniversary by an offer of unusual value to their subscribers, consisting of Oleographs by an Art Publishing House in London, Eng., "Little Barefoot," "Nobody Asked You," and "Their Foster Mother." Every subscriber will receive one of these pictures. Any one sending two or three new subscriptions will receive any two of the pictures, and anyone sending four or more new subscriptions will receive the three pictures. The *Daily Witness* is \$3, weekly \$1, and *Northern Messenger* 30 cents per annum.

**THE MEDICAL NEWS VISITING LIST, FOR 1886.**

This is a complete pocket-book of useful memoranda for physicians and surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day. It is in wallet form, bound in handsome red seal, with tucks, pocket, pencil, and rubber. Price \$1. Thumb-letter index for rapid use, 25 cents extra.

**GRIP'S COMIC ALMANAC.**

This publication for 1886, is to hand. It is brim-full of amusement, containing—besides its other attractions—a double-page cartoon, "Ancient Nursery Rhymes for Modern Politicians." For sale by all book-sellers: only 10 cents.

**THE PHYSIOLOGICAL EFFECTS OF MASSAGE.** Translated from the German of Reibmayr, with notes by Benjamin Lee, A.M., M.D., Philadelphia.

### Births, Marriages and Deaths.

On the 31st Oct., Dr. James Carroll, of Norwich, aged 57 years.

On 6th ult., Dr. Slade Robinson, of Toronto, in the 85th year of his age.

On the 9th ult., T. W. Carritte, M. D., of Amherst, N. S., aged 53 years.

On the 18th ult. Dr. L. E. Day, of Harwood, Ont., aged 35 years.