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Original Communications.

CASE OF CHRONIC BRIGHT'S DISEASE TREATED BY NITRO-GLYCERINE.

By JAMES C. CAMERON, M.D.,

Professor of Medical Jurisprudence, Medical Faculty, University of Bishop's College, Montreal. (Condensed from a paper read before the Medicico-Chirurgical Society of Montreal.)

On account of the intractable nature of Bright's disease, the discomfort and danger of extensive dropsical effusion, and the obstinacy with which, at times, it resists treatment, we are always ready to welcome a new drug which promises any chance of success. Nitro-glycerine was first used medicinally by Dr. Hering, a homœopathic physician of Philadelphia; it has lately attracted considerable attention, and has been employed with marked success in cases of migraine, asthma, angina pectoris and epilepsy. Its action is similar to that of amyl nitrite, and it is used in similar cases. In November last, Dr. Robson of Leeds wrote to the *British Medical Journal*, advocating the use of nitro-glycerine in acute and chronic Bright's disease, and detailing several cases in which it had been employed with advantage. He

employed a one per cent. alcoholic solution, in doses of one to three minims every three, four or six hours as required; when the urgent symptoms subsided, he added the muriated tincture of iron in doses of fifteen to twenty minims. Dr. Robson claims that in Bright's disease nitro-glycerine rapidly reduces vascular tension, softens the tense corded pulse, relieves labored and difficult breathing, augments greatly the quantity of urine, raises its sp. gravity, and rapidly removes anasarca. He thinks that it is particularly useful in the condition of arterio-capillary fibrosis described by Drs. Gull and Sutton.

I tried nitro-glycerine last winter with marked benefit in a desperate case of Bright's disease which had resisted most of the ordinary methods of treatment, and was at the time rapidly sinking. My patient was a man 48 years of age, an old soldier, a hard drinker, and one who had undergone much exposure to wet and cold. He had a tubercular deposit in one of his lungs, had suffered for months from cough and night sweats, and had several mild attacks of anasarca during the past two years. Towards the close of September last I attended him for an acute congestion of the kidneys, the result of a heavy spree and exposure to cold. The acute symptoms soon subsided, but the urine remained highly albuminous, and œdema

persisted in the legs in spite of purgatives and diuretics, hot air baths and an exclusively milk diet. Pilocarpine was then administered hypodermically with the happiest results; the albumen decreased and œdema disappeared, and by the end of October he was quite convalescent. One cold rainy day he went out very imprudently and got wet and chilled, and indulged again in liquor. Acute symptoms set in, and then even jaborandi failed to afford any relief; the œdema gained ground, the quantity of urine gradually diminished, the albumen increased, and the tubecasts, which had formerly been granular and hyaline, became studded with fat globules. Uræmic symptoms at last set in; on December 11th, the total amount of urine passed in twenty-four hours was 8 oz. with a sp. gr. of 1040; the ordinary methods of treatment were ineffectual, and his condition became very grave. As a last resort I determined to try the nitro-glycerine treatment. Mr. Henry R. Gray prepared for me a one per cent. alcoholic solution, and on Dec. 12th I administered one minim of this solution in syr. tolut. every four hours; in three days, the dose was increased to two minims, and on December 16th the patient was much better, and passed 35 oz. of urine. On the 19th tinct. fer. mur. M xx. was added to each dose. The case was seen by Dr. R. P. Howard in consultation on the 26th, and the dose of nitro-glycerine solution was increased by one minim; by the 29th the œdema had so far decreased that the mixture was given less frequently. On New Year's day he got up and dressed, and dined with his family; that day he passed 49 oz. of urine. On January 10th the mixture was reduced to three doses daily, and on the 15th he was so much better that it was discontinued altogether, and a mixture of digitalis and iron substituted. The digitalis soon upset his stomach, so that on the 22nd I returned to the old mixture of nitro-glycerine and iron. The œdema, which every now and then came on afresh after some indiscreet exposure to cold, slowly disappeared as the urine increased in quantity, till on February 14th it was entirely away; that day he passed 100 oz. of urine. I then stopped the nitro-glycerine and continued the iron alone; but he grew rapidly weaker, on the 19th vomiting set in, on the 21st diarrhœa, the urine speedily diminished in quantity, and the albumen increased. On the 25th hiccough began; on March 3rd the urine become completely suppressed, and on the 6th

he died exhausted. Unfortunately a post mortem examination could not be obtained.

The first month was hopeless, and treatment only palliative. In carefully reviewing it, my opinion is that nitro-glycerine prolonged life for near two months. It increased markedly the quantity of urine passed daily; but although the *relative* amount of albumen was considerably reduced, the *absolute* amount was not much affected. The œdema and labored breathing were undoubtedly relieved by its use, and the pulse rendered softer and less corded. From the careful and daily study of this case, I am convinced that in certain conditions nitro-glycerine is a valuable remedy in the treatment of chronic Bright's disease, and may be administered with perfect safety and without unpleasant symptoms for a considerable length of time.

The following table shews at a glance the effect of this treatment upon the daily quantity of urine.

TABLE SHOWING THE AMOUNT OF URINE PASSED DAILY DURING THE NITRO-GLYCERINE TREATMENT.

1880		1881	
Dec. 11	Voiced 8 oz. sp gr. 1040	Jan. 1	Voiced 49 oz.
" 12	Sol. Glonoin M i 4 q. h.	" 2	" 36 "
" 13	Voiced 15 oz.	" 3	" 36 "
" 14	" 12 1/2 oz	" 4	" 24 "
" 15	" 15 "	" 5	" 24 "
" 16	Sol Glonoin M ii 4 q. h.	" 6	" 27 "
" 17	Voiced 35 oz	" 7	" 47 "
" 18	" 30 "	" 8	" 31 "
" 19	" 29 "	" 9	" 24 "
" 20	" 24 "	" 10	" 25 "
" 21	Sol. Glonoin. M ij		Mist. ter die
" 22	Tr. Fer. Mur. M. xx	" 11	Voiced 27 oz.
" 23	4 q. h.	" 12	" 36 "
" 24	Voiced 39 oz	" 13	" 37 "
" 25	" 30 "	" 14	" 36 "
" 26	" 36 "	" 15	" 36 "
" 27	" 28 "		Stop Glon. mist.
" 28	" 23 "		and substitute
" 29	" 23 "		Tr. Digital M x
" 30	" 18 "		Tr. Fer. Mur.
" 31	Consultation with Dr. Howard		M xx
	Sol. Glonoin M iii		Glyc. ʒ i
	Tr. Fer. Mur. M xx		4 in die
	4 q. h.	" 16	Voiced 38 oz.
" 27	Voiced 18 oz.	" 17	" 36 "
" 28	" 18 "	" 18	" 45 "
" 29	" 21 "	" 19	" 39 "
" 30	Mist. 4 in die	" 20	" 42 "
" 31	Voiced 21 oz.	" 21	" 36 "
	" 24 "	" 22	" 30 "
			Stop last mist
			and give
			Sol. Glon. M iij
			Tr. Fer. Mur. M
			xx ter die

1881		1881	
Jan. 23	Voided 42 oz.	Feb. 18	Voided 96 oz.
" 24	" 45 "	" 19	" 63 "
" 25	" 36 "	" 20	Vomiting began.
" 26	" 37 "	" 21	Stop mixture
" 27	" 33 "	" 21	Voided 72 oz.
" 28	" 36 "	" 22	" 60 "
" 29	" 36 "	" 22	Diarrhoea set in
" 30	" 45 "	" 23	Voided 60 oz.
" 31	" 37 "	" 23	" 48 "
Feb. 1	" 36 "	" 24	" 39 "
" 2	" 36 "	" 25	" 29 "
" 3	" 40 "	" 26	" 13 "
" 4	" 45 "	" 27	" 9 "
" 5	" 45 "	" 28	" 6 "
" 6	" 51 "	Mar. 1	" 2 "
" 7	" 61 "	" 2	" 1 "
" 8	" 60 "	" 3	" 0 "
" 9	" 81 "	" 4	" 0 "
" 10	" 63 "	" 5	" 0 "
" 11	" 75 "	" 6	Died
" 12	" 108 "		
" 13	" 96 "		
" 14	" 100 "		
	Stop Sol. Glon. and give Tinct. Fer. Mur. M xx ter die		
" 15	Voided 96 oz.		
" 16	" 96 "		
" 17	" 84 "		

infection for a long time latent, so that as soon as proper conditions are present it will manifest activity.

Carefully-observed cases also establish the fact that it is capable of producing typhoid fever although admitted to the system in very minute quantities and much diluted. It seems that the opportunities for the admission of the virus, in such small amounts as have been known to produce typical typhoid fever, must be so frequent and general that a vast majority of the community must at some time or other have been exposed to it. Probably, therefore, it requires, in a degree even greater than do other zymotic poisons, suitable pabulum for its development, and a state of system predisposing to its zymotic action.

At times the virus is so concentrated and active that, in whatever way it gains entrance to the body, it infects the system in nearly every instance and causes a virulent zymosis. On the other hand, the virus may be much less active: so that, supposing it to be taken into the alimentary canal, if the secretions are normal and the glands of the mucous membrane not susceptible or vulnerable, it may be thrown off without the production of the disease. Again, the virus may be more active or more fully propagated in the intestinal canal, and cause marked irritation of the enlarged solitary and Peyerian glands of the mucous membrane, so that the intestinal lesions become considerable; and yet the virus may be arrested in the swollen mesenteric glands and no marked infection of the system occur. This agrees with the well-known fact that no constant relation exists between the degree of intestinal lesion and the intensity of the primary constitutional infection or zymosis.

It is further to be noted that even in cases where primary infection of the system has not been intense, and where the intestinal lesions have been quite marked, it is quite possible, and indeed probably quite frequent, for the morbid intestinal contents to favor further development of the specific virus, and thus endanger continued absorption, or else for the putrid debris and secretions to give rise to a secondary non-specific septicaemia.

It thus seems to me that we must recognize practically the following different primary forms: first, ordinary typhoid fever, with moderate intestinal lesions and moderate zymosis; second, cases with grave intestinal lesions and moderate zymosis; third, cases with grave zymosis and profound constitutional symptoms from the start.

I have spoken of the first form as ordinary typhoid fever, because my own experience would indicate that this and—to a less degree—the second form are by far the most common in this district, although far too frequently individual cases or limited outbreaks of the grave primary zymotic type occur.

I have referred to these familiar views simply to call attention to the immense importance of the rôle which the gastro-intestinal mucous membrane plays in typhoid fever from the earliest moment.

Progress of Medical Science.

REMARKS ON SOME POINTS IN THE TREATMENT OF TYPHOID FEVER.

By WILLIAM PEPPER, A.M., M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

I have no intention, in the limited time at my disposal, of entering into a full discussion of the treatment of typhoid fever in its various forms and with all its complications, but simply to state in a brief manner the results of my observation as to the management of the ordinary form of this fever, as I have met with it both in hospital and in private practice in this city and its neighborhood.

Although the attempts to isolate the particular poison of typhoid fever have not met with full success, it seems to be generally accepted that this disease is caused by a special *materies morbi*, for the most part admitted to the system through the alimentary canal, although capable, also, of gaining admittance by inhalation. I am disposed myself to believe that this poison is capable of being produced or brought into activity under conditions much more varied than it has recently been the habit to assert.

However this may be, the poison presents certain peculiarities which are important to note from their bearing upon the treatment of the disease. It is undoubtedly capable of retaining its power of

It is very important, also, to recognize the fact that the stadium of typhoid fever presents two stages theoretically distinct,—namely, the primary true zymotic stage and the subsequent irritative or secondary septic stage. The first of these is probably the more definite in its duration, lasting, perhaps, from twelve to sixteen days, although the data do not exist for determining its duration accurately.

In speaking of the actual treatment, I would first consider ordinary cases of typhoid fever in private practice, coming under observation at the first development of symptoms of malaise. It is my profound conviction that in a great majority of cases of this form—that is, of course, excluding those of grave primary zymosis—proper treatment of this forming-stage will modify and moderate the whole subsequent course of the case, and will prevent the development of those grave and alarming conditions to the treatment of which so much time and attention are bestowed in most discussions upon this disease.

It is universally recognized that continued exposure and efforts during the forming-stage of typhoid fever greatly increase the gravity and danger of the subsequent attack, and I have often seen patients who, after the symptoms have actually developed themselves, have been allowed to leave the bed merely to use the close stool, or to sit in an easy-chair while the bedclothes were being changed, exhibit early and alarming exhaustion, that was at least partially due to these injudicious efforts. The first essential to secure this result should be absolute rest in bed.

I have been surprised to find that some writers who begin by recommending early and complete rest make later allusions which show that their idea of such rest is far from being as thorough as I believe should be enforced. Every case in which the symptoms justify even a suspicion of typhoid fever should, in my opinion, be immediately consigned to bed, and the use of the urinal and bed-pan be at once insisted upon. I have even seen such patients, when allowed to leave bed merely to use a close-stool or while the bedclothes were being changed, exhibit such exhaustion at a subsequent stage of the disease as could only be explained by these injudicious efforts. More frequently still have I seen the gastro-intestinal irritation increased seriously by the improper exposure to currents of air while out of bed.

In the next place, a most rigidly restricted diet should be insisted upon. Later in the case more abundant and concentrated nourishment and stimulants will perhaps be called for; but in this forming stage I believe that a very limited amount of very light nourishment is sufficient, and that its use will exert a happy influence upon the subsequent course of the case. Not only should all solid food be at once forbidden, but the liquid food allowed should be light and very digestible.

Equally important is the avoidance of all irritat-

ing medicines, and especially purgatives. at this stage. It is scarcely possible that an emetic or a purgative should remove every particle of the virus from the intestinal canal, and yet we know that the virus will act even when present only in minute quantity and very dilute state if favorable conditions exist; and it is probable that the morbid secretion favored by the action of a purgative in this state of the system constitutes the best possible pabulum for the propagation of the virus, while at the same time it must render the glandular apparatus of the mucous membrane more sensitive and vulnerable. Digestion is disturbed and strength impaired, the intestinal lesions are aggravated, and the case is rendered more serious. If the state of the tongue and secretions indicates a laxative, good results will usually be obtained from the administration of the following:

℞ Hydrargyri chloridi mitis, gr. ii;
Sodi bicarbonatis, gr. xlviii;
M., ft. mas. et div. in pil. no. xii.

Of these one may be taken every two or three hours until the bowels are moved, or until all have been taken, when a movement can be secured by an enema of tepid water or gruel.

During this early stage the remedy which seems to me most constantly called for is quinia, which I am in the habit of giving in larger doses than at the later periods of the disease. except in a particular condition. My reasons for so doing are the following: during this stage the irregular febrile movement frequently simulates a mild malarial attack, and undoubtedly a malarial element is not unfrequently present when true typhoid also exists. Again, it is probable that the use of quinine may lessen the activity of the virus and the danger and degree of infection.

If, however, the gastro-intestinal irritation is at all marked, I invariably administer the quinia by suppository, as follows:

℞ Quiniæ sulph., ʒi;
Pulv. opii, gr. iv;
Ol. theobromæ, q. s.
M. et div. in suppositoria no. xii.

S. One every four, six, or eight hours, while the powders above mentioned are administered by the mouth.

I have found very many attacks of mild gastro-intestinal catarrh, with or without malarial complication, with symptoms closely simulating the early ones of typhoid fever, subside rapidly under the above treatment, together with a diet of chicken or mutton-broth, gruel, skim-milk, or milk and water in equal proportions.

If, however, the symptoms persist, it can soon be seen that a true typhoid fever is developing, and, if so, the observance of the course above described will have tended much to lessen its gravity. Of course the same absolute, scrupulous observance of rest continues essential. The diet should now be as nourishing as the state of the digestion will permit. I believe, however, that it should

be liquid in character throughout the entire course of the disease.

I have repeatedly seen ill results from the infringement of this rule, while I have rarely seen a case where the digestion had been carefully managed from the start in which liquid nourishment did not suffice to maintain nutrition. Indeed, such is my conviction of the supreme importance of the condition of the mucous membranes in this disease, and of the necessity of giving only such food as can be fully digested and absorbed, that I am inclined to believe that far more patients are over-fed than under-fed in typhoid fever.

I have seen many cases where, while beef-tea and pure milk were freely administered, dryness of the tongue, nausea or vomiting, and diarrhoea existed, and where the substitution of light chicken or mutton broth, and of skim-milk, or milk diluted with equal parts of water, has led to the subsidence of these symptoms and the re-establishment of good digestion.

With regard to the use of stimulants, I have been led to feel that they are not to be regarded as a necessary part of the routine treatment of typhoid fever. During the early stage of the disease, indeed,—unless exceptional symptoms arise demanding them,—their use is often injurious, and tends to increase the derangement of digestion and the gastro-intestinal catarrh then existing. When the early stage is carefully managed, stimulants are often not called for throughout the whole course of the case, or only towards the close to hasten convalescence. On the other hand, in cases where the constitutional infection is serious, and marked nervous prostration and heart-failure exist, their free use may be demanded. No question in the treatment of typhoid fever has seemed to me to rival in difficulty that of deciding, in cases which do not come under notice until high hyperpyrexia, serious nervous symptoms, a rapid and feeble circulation, together with marked derangement of digestion, have supervened, how far the symptoms are the result of nervous exhaustion from protracted surface irritation which may be increased by the free use of stimulants, and how far they are the result of poisoning of the nerve-centres and depression of the vital forces by the zymotic poison.

In such cases it is probably better to use stimulants at once, but with the greatest caution and with a mind fully awake to the fact that their use may aggravate the very symptoms they are given to relieve. Where the case has been under observation from the very beginning, and stimulants have been withheld until the appearance of symptoms actually demanding them, it is generally a comparatively easy matter to determine when they are called for, and to decide in what form and to what extent they shall be given.

In every case of typhoid fever the febrile movement should be carefully watched, and the temperature be recorded two or three times in twenty-four hours,—say at 9 A.M., 2 P.M., 9 P.M. In many

cases no special treatment is called for to reduce the temperature. If the primary zymosis is not violent, and the gastro-intestinal irritation is moderated by proper means, the febrile movement preserves its well-known course without the maxima attaining, in most cases, a dangerous point. So long as the temperature fluctuates 2° or thereabouts within each twenty-four hours, and the maximum alone, lasting for a few hours or less, reaches 102° to $103\frac{1}{2}^{\circ}$, while the nervous symptoms and the heart's action are reasonably favorable, no special anxiety need be felt about the pyrexia. This is especially true in women with sensitive nervous systems and in children, since in them high temperatures are most readily produced and have less serious significance. It is, however, desirable for the comfort of the patient and for the promotion of healthy action of the skin that the surface should be sponged several times daily. The water may contain a little alcohol, vinegar, or carbolic acid, and its temperature should be determined by that of the body and by the sensations of the patient. For instance, in a highly-nervous and delicately-organized young woman of 25 years, with marked typhoid fever in which the maximum daily temperature reached 104° , $104\frac{1}{2}^{\circ}$, even 105° , for ten or twelve days successively, sponging even with tepid water produced a sense of chilliness, so that it was entirely abandoned, and a perfectly satisfactory recovery was made. I am entirely convinced that any "cold-water treatment" of typhoid fever, with rigid rules for cool bathing, etc., as soon and as often as the temperature reaches a certain point ($102\frac{1}{2}^{\circ}$ to $103\frac{1}{2}^{\circ}$ or so on), is unphilosophical, unnecessary, and less successful than the simpler mode of treatment here advocated. The excellent results obtained by some of the advocates of frequent cool bathing show that such baths are well borne, and may be safely conjoined with a scrupulous attention to all the other details of rational treatment. But I have preserved the notes of the last one hundred cases of typhoid fever of whose treatment I have had the direction from the beginning of the attack, and the mortality has been but three per cent., and in only five or six of these cases were full baths employed. In the great majority of cases, then, I believe that cool bathing can be dispensed with, and sponging of the surface be found sufficient. But, on the other hand, there are certain conditions that seem to call imperatively for rapid reduction of temperature by cold baths. The first of these is when, early in the case, the temperature rises very high ($104\frac{1}{2}^{\circ}$ or over) without any sufficiently severe local irritation to explain it, so that there is clearly a grave zymosis present. Again, when at any period of the disease the daily maximum reaches $105\frac{1}{2}^{\circ}$, and the daily average is very high, and the hyperpyrexia is maintained despite the free use of cool sponging and the judicious use of antipyretics cool bathing should, as a rule, be instituted. I follow this rule whether the hyperpyrexia is due

apparently to increased septicæmia or to the failure of the inhibitory action of the nervous system; but if severe pulmonary inflammation or a serious exacerbation of intestinal inflammation has occurred to cause it, I do not advise the use of cool baths until the character of the nervous symptoms or the failure of the force of cardiac action indicates that the exalted temperature is producing dangerous secondary results. A few words must be added in regard to the use of other means for reducing hyperpyrexia. Undoubtedly, quinine is the most reliable of these. I have already spoken of its use in the later stages of the disease, either by mouth or rectum, and I think its judicious use thus greatly lessens danger of hyperpyrexia later. When, however, the temperature runs up as the disease advances, it does not seem to me advisable to give large single doses of quinia, but to persevere with the use of twelve to twenty-four grains given in divided doses during the twenty-four hours. The elevation of temperature is so frequently connected with the evolution of gastro intestinal lesions that it appears desirable to avoid any measure liable to increase this surface irritation. The administration of colossal doses of quinia (twenty-five to forty grains at a single dose), while capable in some cases of lowering the excessive temperature, it seems to me has in more than one instance shown itself to be open to serious objection. If, however, the temperature persistently rises despite absolute rest, judicious diet, the regular use of quinine in moderate doses, repeated sponging, and if any special reason exist why cool bathing should not be used, or if after cool baths have been used the dangerous hyperpyrexia persists, then only would I recommend the administration of very large doses of quinia; nor would I use them even then unless the state of the stomach encouraged the hope that severe gastric irritation would not result. Digitalis, which is very valuable where failure of the innervation of the heart exists, has not, in my experience, proved itself reliable as an antipyretic or a tonic to the heart when its feeble action results from degeneration of the muscular walls from hyperpyrexia. Salicylic acid and its salts have also disappointed me, often failing to reduce the temperature satisfactorily, and often causing a most unsatisfactory amount of gastro-intestinal irritation.

To return from this consideration of the treatment of the pyrexia in typhoid fever, there is one other condition, and only one, that seems to me to demand attention in every case of this disease. Pulmonary or venous complications may or may not exist in any pronounced degree, but unquestionably there is wide-spread irritation of the gastro-intestinal mucous membrane in every case. This may or may not be so intense as to prove the source of the greatest danger in the case, it may not be associated with severe diarrhœa,—nay there may not be the slightest diarrhœa present,—and yet there is always hyperæmia and follicular enlargement. Differences between individual

constitutions, as well as differences in the degree of these local lesions, cause them to exist in different degrees of reflex irritation, and thus to influence very differently the symptoms and course of the case; but the essential fact is that they are present in every case to an unknown extent, and the obvious inference would seem to be that they should receive suitable treatment in every case.

My own feeling is that this treatment should be instituted as soon as reasonable suspicion exists that the case is one of typhoid fever, and that it should, if possible, be steadily maintained until it may be thought that the mucous membrane has returned to its healthy state. It seems to me altogether probable, even despite the presence of a special poison in the intestinal contents, that some control can be exercised over the extent and progress of these local lesions; and I must add that prolonged clinical observation has convinced me of the truth of this view. The substances which would seem most appropriate for this purpose are the salts of silver and of bismuth and creasote or carbolic acid. Of these my own preference is very decidedly for nitrate of silver, the use of which now constitutes an essential and, in my judgment, a most important part of my treatment of typhoid fever. After the preliminary measures before described, I direct nitrate of silver in the dose of one-quarter or one-sixth of a grain for an adult, usually in pill, or for children in solution in mucilage of acacia three or four times daily, to be taken soon after food. If the bowels are constipated, extract of belladonna is combined; if a tendency to looseness exists, a small amount of powdered opium is added. When given in solution, the opium is added in the form of a few drops of deodorized laudanum. Since I was led to the adoption of this remedy by the study of the morbid anatomy of typhoid fever, I have acquired a constantly-increasing confidence in its value as an element of the rational treatment of this disease. By modifying, as I believe it does, the state of the mucous membrane, it modifies the symptoms that are dependent on the irritation reflected from the mucous membrane; and the result has seemed to me to be that in a long series of cases treated with most scrupulous attention to every detail, and in all of which nitrate of silver was administered, there has been a remarkable freedom from grave complications and a most gratifying percentage of recoveries (ninety-seven per cent.).

As may be inferred from the above remarks, there does not seem to me any objection to the judicious use of opium in typhoid fever. Not only have I seen it useful in checking diarrhœa, but it has often proved the most valuable remedy for the insomnia, headache, and excessive nervous excitability that may be present in this disease. It is true that I have known one of the bromides or chloral or spirit of chloroform produce good results in some cases where such symptoms existed, but far more frequently I have succeeded in

relieving them by the use of carefully graduated small doses of deodorized laudanum, given alone, or with sweet spirit of nitre, or with a moderate dose of bromide of potassium. Not until opium has failed, unless decided constipation exists, do I resort to the use of chloral or the bromides alone.

Time will not allow me to allude in detail to the measures which have proved, in my experience, most valuable in the treatment of the numerous complications of typhoid fever. When bronchitis becomes severe or pneumonia ensues, I substitute carbonate of ammonia for the nitrate of silver, continuing the use of full doses of quinia, increasing the amount of alcohol, and avoiding the use even of sponging with cool water unless the temperature goes over 105° Fahr.

By the observance of a very carefully regulated diet and the early use of nitrate of silver with minute doses of opium, the occurrence of troublesome diarrhoea is rendered rare. When it does occur, the diet should be even more carefully guarded and the amount of opium be increased, and, if necessary, acetate of lead, or a carefully prepared mixture of chalk and bismuth, with an opiate, be administered. Tympanitic distention of the abdomen often results from the fermentation of excessive or unsuitable food, and will be relieved by modification of the diet, and the administration of some such combination as the following :

℞ Creasoti purificat., gtt. v vel x ;
Bismuthi subnitratiss, ʒi vel ʒiʒss ;
Tinct. cardamomi comp., fʒ iij ;
Aquaë, q. s. ad fʒ v.

M. One tablespoonful every six hours.

But often also it comes from a quasi-paralytic condition of the intestinal coats which renders them incapable of resisting the expansive force of the gas enclosed. It is when tympanitis is due to this latter cause, and associated with the general symptoms of prostration and with wasted development of the typhoid state, but without much diarrhoea, that the internal use of oil of turpentine in emulsion (ten drops every three or four hours) will usually produce excellent results.—*Philadelphia Medical Times*.

THE ADVANTAGES OF CALOMEL IN THE DISEASES OF CHILDHOOD.

By E. MARLETT BODDY, F.R.C.S., F.S.S.

Calomel, by reason of its purgative properties, frequently causes green evacuations, and so does castor oil when the child is out of health ; but this phenomenon of disease ceases the moment the child becomes well. Therefore the green stools are not by any means produced by the calomel, but are caused by some morbid action going on in the intestines. When the child is ill the mother will almost invariably tell you that the evacuations are green and slimy. This assertion of the parent alone

proves that calomel, when given, is not the originator of green stools, but that they are produced by some morbid influence. I think the color is very probably caused by an over-secretion of bile, which will to a certainty show itself independently of the calomel.

As there is no fear of mercurialization arising from calomel, as it promotes the elimination of the over-secretion of bile, and as it restores the intestinal canal to its ordinary healthy tone, it is, without doubt, the best purgative we can possibly administer in *all* diseases appertaining to infancy, ignoring to a certain extent those of a congenital nature. Mercurialization can only occur when the drug is allowed to remain and accumulate in the system ; and to accomplish this the best method is to follow the general rule, viz., the administration of the hydrargyrum cum creta ; by so doing we shall be decidedly successful. But as this result is not desired we shall be able to prevent such an untoward complication by administering calomel by itself or combined with a small amount of sugar. This addition is not at all necessary ; in fact, I do not understand what advantage can be gained by combining the two. Calomel, I think, is quite as efficacious without sugar ; therefore it can be well dispensed with.

Regarding a very recent sage discovery made by a certain *savant*, that by giving to an infant calomel and sugar we may very likely poison it through the formation of corrosive sublimate while the compound remains in the stomach, though chemically true, yet I must say it almost verges on puerility. No case of poisoning has, I believe, occurred through the combination of calomel and sugar, and I dare say never will. I think we may consider it as bordering on the absurd until a *bonâ fide* case of poisoning resulting from the administration of calomel and sugar is brought before the profession and thoroughly substantiated as such. The discovery is ingenious, to say the least of it ; but it is of no practical utility when one considers it in the abstract. However, it is not for this chemical change in the stomach that I am advocating the non-administration of calomel and sugar, but because I do not see what can be possibly gained from the combination of the two. In such matters we can only judge correctly by the relative value of the results obtained ; and if calomel produces that which is to be desired by its own inherent qualities (which are not in the least enhanced or diminished by the sugar), then in *all* cases, I say, of infantile disease we may with safety and advantage administer it by itself. In dropsy, one of the sequelæ of scarlet fever, some compound jalap powder may be combined with it with advantage, though I have found that calomel alone is equi as efficacious, even supposing that there is albuminous urine. Calomel may also be combined with santonin in cases of worms ; but of this anon.

We have now ascertained conclusively, I think, that it is highly injudicious to give infants hydrargyrum cum creta, owing to one ingredient, stultify-

ing, we may say, the action of the other, and that it may be left to discretion whether any gain may result from combining calomel with sugar; it now remains for us to determine how we may promote its action to a greater degree, and thereby accelerate a speedier return to health.

To obtain this end satisfactorily, I always make it an invariable rule to administer the calomel at night, and the next morning to follow it up with some castor oil, which practice has always resulted by my expectations being realized. Sometimes, on account of the stubbornness of the bowels, owing to neglect, calomel is comparatively powerless as regards its purgative qualities; but it never fails when followed by the castor oil, which seems to stimulate it to fresh exertions, and entirely prevents, in children as well as in adults, the much-dreaded mercurialization.

This mode of treatment is, as the reader may perceive, remarkably simple, and consequently by some may be impugned as being too much so; but simplicity, to my mind, is or should be the goal of all things. Complexity and abstruseness show undeniable and unmistakable ingenuity and tact, and great praise is due to those who can obtain the desired end through the media of such channels; but the great fundamental in the treatment of disease is simplicity, which, if carried out successfully, is the acme of medical science and the perfection of medical skill.

Some seem to have a grudge and a determined ill-will toward calomel; no words and terms are too strong for them to use when they denounce it; in fact, they abuse it with a hearty good-will; and many, I know, would prefer giving no medicine at all than be under the necessity of administering it. Some are truly fearful, and altogether refrain from using it, because so and so may happen; but what catastrophe one cannot without great difficulty elicit from them; and, supposing we are successful in our endeavors, we find their objections and reasons very vague and unsatisfactory. Some will honestly tell you that to a certainty mercurialization will occur, and that is the sole reason why they do not use it.

Assuming, for the sake of argument, the correctness of their objections, I do not see why such a result should necessarily occur if it be given with care. If a man chooses to cut his throat with a razor there is no reason why I should follow his example, for I may use the very same implement for other purposes. If a man chooses to poison himself with opium, the same drug given by me may save another man's life. So it is with calomel; if a man administers it carelessly and injudiciously, evil consequences may result; but I may give the very same drug, and good results will ensue.

This dislike to calomel is sheer prejudice, and in many instances approaches the whimsical. I remember being told by a great enemy to calomel that it should never be given save to a plowman, and then only very gingerly. "Colocynth and hyoscyamus," said he, "for a lady, colocynth and

jalap for a gentleman, but colocynth and calomel for a plowman." This absurd injunction, I need hardly say, I very soon found to be the quintessence of erroneous treatment; besides, it was entirely antagonistic to all common sense; for the intestines of a "plowman" have not as yet been discovered to be dissimilar to the intestines of a "lady" or "gentleman." Perhaps when he made the above remark he was under the impression that there did exist a dissimilarity, and, being of that opinion, considered that a different course of treatment was necessary to meet the various peculiarities of the several intestines.

This digression serves to show what a groundless, illogical abhorrence some have to calomel, for no reason at all except that something prejudicial to the patient may possibly occur, but of what nature they are entirely undetermined upon, unless it be mercurialization, which is the only objection its opponents can reasonably urge against its administration.

In what diseases or morbid conditions of infancy is calomel indicated, and how should it be administered, whether alone or in combination? Infantile diseases are few in number when compared with those which attack the adult, for the following very cogent reasons: The constitution of an infant or child has not gone through the wear and tear of life; the lungs have not yet been irritated through inhalation of infinitesimal carboniferous matter; the digestive powers have not yet been impaired through the ingestion of indigestible food; nor have the coats of the stomach been injured by the destructive properties of alcohol, which is regarded by a great majority as a necessary staple of nourishment, and neither is the liver disorganized by habitual drinking.

The most prevalent of all infantile diseases are convulsions, proceeding from either intestinal or cerebral irritation or from dentition. Those arising from intestinal irritation are sometimes induced primarily from dentition, and in many instances one state is co-existent with the other; and the same may be said regarding those convulsive attacks which owe their origin to cerebral irritation, though the latter condition may exist singly and alone; in other words, we may find one state complicated with the other.

There are two kinds of intestinal irritation—that proceeding from fecal contents and that resulting from the presence of worms (which generally belong to the round variety, though sometimes the thread-worms are also provocative of convulsions, but they are not of so severe a nature, and they are more common among children averaging from two years and upward, but rarely found among infants at the breast). Those convulsions proceeding from irritation produced by the accumulation of fecal matter are easily cured if treated correctly, but are simply aggravated if treated in the usual style, *i. e.*, two or three grains of the hydrargyrum cum creta administered three or four times during the day.

All that these infants require is a calomel powder at bedtime, followed the next morning by some castor oil, which must be continued till the alvine excreta resume their normal appearance, which is too well known—at least I hope so—to my readers to need specifying. However, as it is the generally-received opinion of the profession that calomel produces green stools, irrespective of the condition of the patient, I do not think I shall be erring on the wrong side when I tell them that when an infant is in health the ejecta are as yellow as mustard, whether it is administered or otherwise.

When the convulsive attacks proceed from the presence of worms, santonin should be combined with the calomel, and should always be given at night-time, to be followed the next morning by some castor oil. This course should be perseveringly persisted in till the motions are natural, which will very soon occur after the expulsion of the parasites. There is not the slightest fear of mercurialization, nor will the santonin cause retention of urine, and neither will the convulsive attacks be increased, for the very reason that the santonin has not sufficient time to resolve itself into xanthopsin, on account of its being eliminated by the castor oil.

If the convulsions proceed from the irritation produced by the oxyuris vermicularis, or the ascaris vermicularis, commonly known as the thread worm, the best treatment to pursue after the motions have become normal (which will by no means take place till the worms have been expelled) is to inject some infusion of quassia or salt and water into the rectum. This is comparatively useless if the administration of calomel and its adjunct (if I may so term castor oil) is omitted; for though those minute parasites are supposed to infect the rectum only, they would no doubt be found, though perhaps fewer in number, in the sigmoid flexure and descending colon, if they were searched for on a favorable opportunity, which could only be in a post-mortem.

Depending simply upon an injection in those cases is really not of much benefit; if I may be allowed to make a comparison, it is like clearing out the lower part of a drain-pipe and leaving the upper portion foul and impure.

I have already mentioned the treatment which should be followed out during teething, and I think I have clearly demonstrated the disadvantages accruing from the administration of the hydrargyrum cum creta and the advantages resulting from calomel, and the remarks I have made regarding them will also apply to nearly all the diseases which are prevalent in infancy.

I shall now pass on to consider those other complaints in which the administration of calomel is advisable. The most common after convulsion is diarrhea—a medical bugbear which, when once it commences, frightens the mother and causes the medical man to resort immediately to a very silly mode of practice, but which at the present day is regarded as a very scientific procedure; and the

antidote (presumed to be such) is to be found in the British Pharmacopeia, and accordingly it is given with great faith when diarrhea shows its hideous presence, in the vain hope of—stopping it.

What is diarrhea? and what causes it? and why should we be in such consternation when it occurs? We will examine and answer these questions from a practical common-sense point of view.

First. What is diarrhea? The answer is simple, and not at all difficult of comprehension. It is the endeavor of nature to get rid of an evil, and the evil is nothing more nor less than a collection of fecal matter in the intestinal canal. In the majority of cases what else can it be? If the coats, especially the muscular, of the intestines are weakened to any extent in an infant there are very few chances of its ultimate recovery, because the weakness depends upon some organic mischief, which is not to be remedied by human means. Now if the diarrhea originates from such a condition all the chalk mixture in the world will not stop it; and most probably if the administration is too often repeated the child rather succumbs to the pernicious effects of the astringent than to the diarrhea. Here in these cases, by-the-by, we administer chalk to stop the action of the bowels, and in other cases we combine chalk mercury to open them—contradictory, there is no denying; but then it is accounted correct treatment.

Second. What causes diarrhea? The contents of the intestinal canal and the efforts they make to get out—nothing else. They have done their duty; all nutriment has been extracted from them; they are therefore useless, and nothing else than an incumbrance, and consequently the sooner they are ejected the better. Nature is of the same opinion, and accordingly sets to work, and would perform her duty alone and single-handed were the fecal contents in their usual amount and normal condition; but it is not so; the infant no doubt has been previously stuffed or rather overfed by a too anxious parent. The intestinal canal is too full, and as a natural consequence diarrhea results, which is the strenuous efforts of nature to rid herself of an irritating load, which we scientifically endeavor to prevent by the prompt administration of an astringent in the shape of chalk-mixture. In these cases nature requires the helping hand to lift her over the difficulty, not to be thwarted or antagonized by the administration of drugs of an astringent tendency. Such treatment is not only outrageous, but discreditable to medical science; and I regard it as such, however strongly and indeed cleverly it may be advocated by those who are thought more competent to decide than others; for the arguments they advance with such plausibility are entirely based upon theoretical knowledge (or practical ignorance) rather than upon sound principles of practice and careful investigation into the varied phenomena of health and disease. I am afraid that we regard the human organism as a piece of workmanship much more

complex in its design and working than it really is ; and again, that we too frequently run our heads against the idea that we can mould it just as we please, forgetting that nature is, on the average, able to conduct her own proceedings to a favorable termination without the aid of science, but is hindered and perhaps completely impeded by our somewhat too great a hastiness to adopt the so-called scientific treatment of the present day, and which, in infantile diarrhea, is more hurtful than otherwise.

One question now remains for our consideration. Why should we look upon the presence of diarrhea with the eye of suspicion and apprehension? and why should we regard the efforts of nature to relieve herself as indicative of danger? I think we can easily account for our groundless fears from the fact that we clothe simple diarrhea in so many technicalities that many who are either too indifferent or too ready to take for granted the opinions of others neglect investigating and probing to the bottom the origin of a condition which is quite the reverse of what we imagine to be prejudicial to health.—*Medical Press and Circular.*

INCONTINENCE OF URINE IN BOYS.

By JOHN MORRIS, M.D., of Baltimore, Md.

Read before the Baltimore Medical Association, April 25th, 1881.

The subject to which I shall call your attention for a brief period, to-night, is one of a practical character, and well worthy, I think, of our consideration. It was suggested to me recently by a philanthropic gentleman of the city, connected with most of our public charities. In a visit with him to some of our reformatories, I was surprised to find, on inquiry, that one boy in every twenty suffered from incontinence of urine. At the reformatory for colored boys, in Prince George's County, the ratio is still greater. On further inquiry, too, I discovered that this serious trouble exists, almost to the same extent, in many of our boarding schools. This is certainly a very unpleasant, if not a startling condition of things, and has been entirely overlooked heretofore, by those having charge of our reformatory institutions. It may be possible that the disease was deemed intractable, and, consequently, received but little notice. Incontinence of urine in children does not, I think, prevail to so great an extent in private practice. If it does, it is a serious reproach to parents and to our profession—a reproach which should at once be wiped out, by proper and earnest efforts in the future. It is a surprise that a subject of so grave importance as incontinence of urine should not have received greater consideration from the profession. Our text books afford us very little information in regard to it, and every medical man,

when called to treat a case, has to rely almost solely on his own experience. I shall, in my address to-night, confine myself to nocturnal enuresis in children, because we are more frequently called on to treat this disease than the bladder troubles of old people, which are of an entirely different character. I have said that our text books afford us very little information in regard to this matter, but during the past few years a number of articles have appeared in the journals, containing suggestions of more or less value on this subject. Before the appearance of these articles this disease had been treated almost at random, and nothing of a scientific character was suggested for its relief. It was looked on as one of the *approbria medicorum*, and its poor victims were left to the mercy of the merest empiricism.

Incontinence of urine in old people is frequently an evidence of some severe nervous lesion, but it is not so in the young. In the latter it is a curable disease, and exists almost always independently of brain or spinal trouble. It may result from a number of causes, the most frequent of which are intestinal irritation, acidity of urine, worms, defective nutrition, feebleness of constitution, and, possibly, teething. A very frequent cause, too, is a nervous temperament, or diathesis, independent of any organic disease ; but the most frequent cause of all, in my judgment, is a condition of the bladder, or rather of the sphincter, brought on in early youth, through the slovenliness and inattention of mothers and nurses. They feed the child with improper food, and suffer the bladder to become distended before putting it to bed. No attention is paid, even during the day, to see that the urine is voided at proper intervals. The consequences of this inattention are daily recognized by medical men on entering dwellings and rooms occupied by these poor, forlorn children. To make it plainer, it is enough to say that the odor of these apartments is not that of "Araby the blest."

In the treatment of the disease it is necessary for us to ascertain its origin. The history of the child, and its habits from birth, as well as the family history, should be inquired into. The urine should be tested for acidity, and the bladder and rectum, if needs be, examined. Atony of the bladder might, by causing over-distention, give rise to it, or undue irritability might prove sufficient to overcome the resistance of the sphincter. If incontinence be due solely to acidity of the urine, it is easily cured. The administration of a simple alkali in combination with benzoic acid is all that is necessary. A solution of benzoate of soda, combined with a very small quantity of belladonna, will be found very useful in this condition. This form of the disease is owing to perverted secondary assimilation. If the disorder is caused by worms, some anthelmintic remedies will be required ; but worms in this affection, as in many others, are simply a *bugbear*. Intestinal irritation, no matter from what cause, must be

met by proper agents ; defective nutrition, by the use of cod-liver oil, iron, and a judicious general regimen, embracing the cold bath, fresh air, calisthenics, etc.

The form of the disease most amenable to treatment, and which, as I said before, is very common, is the purely nervous form. It is most frequently met with in boys and girls, of a lymphatic or scrofulous temperament. They lose the co-ordinating power, at first, from the will not being called on and properly exerted, and this is afterwards kept up by habit. In these cases the syrup of the iodide of iron and the cold sitz bath act as a specific, particularly if aided by moral means. Large doses of the iodide of iron must be given to the big and strong boys in public reformatories. The reason that syrup of the iodide of iron is preferable, in cases of children, to other preparations of iron is, it is easily decomposed in the stomach. The iodine is set free, as Jacobi states, and acts as an anti-fermentative in the many cases of disturbed gastric digestion occurring, even in normal children whose circulation has been disturbed, or whose gastric secretions are certainly below their normal amount, in consequence of a deficient supply of blood. If nocturnal enuresis exists with daily incontinence, belladonna may be given with the iron at bedtime. I can speak with great confidence of these last two remedies. I have given them a fair trial, and in every instance, save one, have they proved beneficial ; indeed, in my judgment, they are the only drugs which have any real value in this disease. Strychnia has no specific powers, and I much doubt if a single cure has been effected by it. In cases of atony, or paralysis of the bladder, I believe it might, in combination with syrup iodidi ferri, prove highly efficacious. In abnormal irritation of the bladder, belladonna is our best remedy, and far preferable to conium or henbane ; the bromide of potassium has been recommended, but I think it almost useless. Tincture of cantharides has no virtue whatever, at least I have obtained no good results from its administration.

In the purely nervous form of the disease that I have heretofore described, the condition of the urine is very singular. It is voided in large quantities ; it is limpid, almost colorless, and lacks the normal ingredients. Hysterical patients, as you all know, pass enormous quantities of limpid urine, and from precisely the same cause. The diet of the little patients suffering from this particular kind of enuresis is an important matter. From their family history, peculiar temperament, and other causes, they are apt to be over indulged, and the loathsome penalty they pay is oftentimes but a retribution of the gods.

In mechanical means I have no confidence whatever, I have tried Sir Dominick Corrigan's remedy, the application of collodion over the meatus, but obtained no good results. As I left it to the patients themselves to make the application, it may be possible that it was ineffectively

done, or perhaps the collodion itself was defective in quality. I think it possible Sir Dominick's suggestion may prove useful in other hands and under better conditions, and I shall certainly recommend its trial in the public institutions I have referred to. It is, at least, the only one of the mechanical remedies that possesses the slightest trace of merit. Of course, if incontinence of urine can possibly be superinduced by congenital phimosis, an operation is necessary. I invariably examine the prepuces of my patients, with a view to the discovery of any local trouble. Trousseau's truss, the passage of a catheter, the injection of warm water, as proposed by Dr. Braxton Hicks, Pluvier's pads, applying a nail to the back, a circular band around the pelvis, etc., etc., are not only useless, but injurious.

As to the kind of moral means to employ, I have very little to suggest ; the judgment of the practitioner must be exercised in each particular case. It is only in cases of a purely nervous character that the old mode of treatment, by whippings and scoffing, has any value, if it has value at all. Though the nervous supply of the bladder is derived from various sources, and though the sympathetic is the controlling influence, there is enough of voluntary power derived from the cerebro-spinal system to play an important part in our treatment. It is this power that is evoked and brought into action by the moral means before indicated. Hydrate of chloral was suggested some years ago, to be given in ten-grain doses, at bedtime. It was said to act very kindly, by giving rest to the bladder and sphincter, and thus enabling them to regain their normal tone. I have given it a trial, but with no satisfactory result. I have no doubt that it might prove useful in cases of spasm of the bladder. I shall recommend its trial on a larger scale, to the gentlemen having charge of public institutions and boarding schools, in a lay pamphlet which it is my purpose to prepare at an early day, for their use. The preparation of this pamphlet has been suggested to me by the philanthropic gentleman referred to in the beginning of this paper.

I am convinced that a fair trial could be given to all the remedies that have been suggested for incontinence of urine, if undertaken properly and systematically, in our large institutions for the reformation and education of boys. I am also convinced that if the medical man had under his own immediate charge all the cases he is called to treat, so that he might see that proper food was given, tea and coffee, or other slush avoided ; hard beds and light bed clothing used : the urine voided at certain regular hours, particularly before retiring, in addition to constitutional remedies, a far greater number of cures would be effected. As it is, he has to rely solely on the few means that I have briefly suggested.

In conclusion, let me say that I have no confidence in any treatment that is not constitutional. Enuresis is always a sign of mental or physical

weakness ; the strong in mind and body are never its victims. Let our efforts, then, be directed to the building up of the physical nature of our patients, so that they may enjoy that greatest of all boons, a sound mind in a sound body.—*Medical and Surgical Reporter, Phila.*

CHLORATE OF POTASH IN THE HÆMORRHAGIC DIATHESIS.

By ALEXANDER HARKIN, M.D., Membre Associé Etranger
de la Société Française D'Hygiène, Paris.

The therapeutic value of chlorate of potash is, to a certain extent, recognized by the profession. This medicine has not, however, in my mind, received the attention to which it is properly entitled. Its sphere of usefulness has a much wider range than has been accorded to it, for there is not in the catalogue of the *Pharmacopœia*, according to my experience, a single remedy so many-sided, whether given alone or in combination, as this crystalline body, the product of the laboratory.

At its introduction, this salt was principally recommended as an antidote to scurvy. It is now prescribed for throat affections, for scarlatina, for low fevers, for blood-poisoning, etc. I am convinced, however, that it will yet be recognized as a most potent agent in the treatment and cure of all maladies dependent on suboxidation, on defective nutrition, secretion, excretion, aeration, and molecular metamorphoses. Nor need it be considered strange that important results should follow its administration, when we remember that the elements of which it is mainly composed, viz: oxygen and potassium are indispensable to the genesis of healthy arterial blood, and to the recuperation of its nutritive powers, when, after making the circuit of the system, it returns to the heart as venous blood of darkened color and impaired coagulability.

By the agency of the first-named, chiefly through the organs of respiration, the blood is chemically changed, and its vitality renewed by the metamorphosis of the corpuscles. Oxygen is, as we all know, required for other important purposes; notably for the conversion of the phosphorus and sulphur which are found in the protein compounds into phosphoric and sulphuric acids, and their subsequent combination with bases. The other elementary substance, potassium, also operates in the circulation as an oxidizing agent; for, according to Bence Jones, "alkalies furnish, out and in the body, the most marked evidence of assisting in oxidizing actions." This alkali, too, appears to subserve another important purpose, as, according to Franz Simon, the basic salts of potash and soda in the blood serve for the purpose of combining with the lactic, fatty, uric, and probably carbonic acids that are continually secreted during metamorphosis. (*Vide Simon's Chemistry*, vol. 1, page 152).

To the general use of the potato, which contains an abundance of potash, combined with a vegetable acid, may fairly be attributed the rarity of scorbutus in modern times. To its absence as an article of food during periods of scarcity and famine and the substitution of a bread and tea or rice diet, I have credited many cases of purpura and scurvy which have come before me. The late Dr. Baly has stated that scurvy was most prevalent in prisons where no potatoes were used. Dr. Garrod, in 1848, demonstrated that scorbutic blood was deficient in potash; and, more recently, Dr. Dickinson, in the pages of the *British Medical Journal*, has attributed with apparent probability, the existence of lardaceous disease to a deficiency of potash in the white corpuscles. The importance of those elements, considered singly, will not be questioned. The consideration then arises: In what manner do those agents, combined as chlorate of potash, act upon the system? This can, in the present state of our knowledge, only be guessed at; but, judging from analogy, and from the results of observation, it may be surmised that, after the reception of a solution of the salt in the stomach, one portion, obeying the law that governs the action of the nitrate and iodide of potassium, is immediately carried out of the system by the kidneys, and may be detected unchanged in the urine. Another part, borrowing the language of Bence Jones, as applied to soluble salt of iron, "diffuses in the liquor sanguinis into every texture, into the blood-globules and white corpuscles, making a greater formation of hæmo-crystalline, and thereby promoting that combination with protagon, on which the formation of new blood-globules depends." And, further: "By dialysis, all crystalloid medicines act as directly on the textures as on the blood; they act according to their chemical power when they enter the textures, and according to the chemical and physical properties of which the different textures are composed." The remainder is supposed to part with three equivalents of oxygen in the blood, leaving, as a residuum, chloride of potassium, which is found in the urine as well as in the blood of which it is a normal constituent. The probability of the theory of direct absorption of these equivalents of oxygen is strengthened by observation, which shows that the constitutional changes induced by the persevering use of chlorate of potash are similar to those ascribed by Beddoes, Hill, Thornton, Birch, and other writers, to the direct inhalation of oxygen gas, viz: an improvement in color, an increase of vital and nervous energy and physical power, and the more healthful performance of all the nutritive and secretory functions of animal life.

It is, however, with chlorate of potash as a hæmostatic remedy that we are at present concerned; and it shall be my endeavor to demonstrate that, in its intelligent use, will be found a definite remedy for a specific diathesis, thus fulfilling within its own limits the prediction of John Simon,

"that the results of empirical and popular observation will be transcended and eclipsed by the positive results of rational pathology; that diseases will presently yield to philosophical investigation what they have refused to blundering quackery; and that within the lifetime of many here, there will be specific treatment of each diathesis, founded on an exact knowledge of the physiological laws of its manifestation." (*General Pathology*, p. 15).

When we inquire what is the condition of the blood in the hæmorrhagic diathesis, we find that it coagulates with difficulty, that it has a soft clot, that it is not buffed, that it shows a diminished proportion of fibrine; and that, along with this depraved state of the blood, there is a corresponding abnormal delicacy of structure in the capillaries and minute vessels, which are easily torn, and are wanting in contractile power and tonicity.

In this condition, the slightest cut or scratch may lead to excessive hemorrhage; a trifling contusion to extensive extravasation under the skin. For this dyscrasia, an antidote is needed that shall increase the fibrin of the blood, add to its plasticity and chemico-vital constituents, and that shall also tend to restore the contractile power of the capillaries and smaller vessels. That chlorate of potash, whether alone or in combination with a soluble salt of iron, is possessed of these properties, and has the power of controlling the various manifestations of the hæmorrhagic diathesis of the human system, an experience extending over more than twenty years has thoroughly convinced me. To detail at length the evidence upon which this conviction, is founded is forbidden by the space at my disposal. It shall be my duty, however, to report some examples of the salutary influence of this remedy in several of the most important lesions of this group; and my first illustration shall be drawn from a case of hæmorrhage from the bowels.

On December 18th, 1867, F. C., a constable, aged 27, of spare habit, residing at Boyne Bridge, Belfast, after returning at night from the music hall, found his boots full of blood, the source of which he traced to the rectum; next day he had medical advice, and remained under the care of several experienced practitioners in hospital till February 14th following, without receiving any benefit. He then sent for me. On examination I could not discover any sign of fissure or hæmorrhoids, the blood seeming to flow from a congested state of the mucous membrane of the rectum. I prescribed rest, and a mixture composed of one ounce of chlorate of potash and twenty ounces of water; dose, one ounce three times daily. After the first day he began to improve, and on the third every trace of the disease had disappeared. With the exception of a slight return after an interval of two years, he has been quite free ever since, one or two doses of the mixture having sufficed to relieve him. I have had occasion to see him officially very often since that time. He is now a strong, robust

man, and he attributes the change in his constitution to the use of the mixture, which he persevered with for a time.

Hæmophilia: Epistaxis.—A. B., aged 18, tall, of florid complexion, engaged in a large concern near Belfast, established for the manufacture of the textile fabrics for which that town is remarkable, suffered so much from a continual dropping of blood from the nose, caused by dust from the flax, that he feared he should have to relinquish the business. His family history is remarkable, his father having been subject to many and severe attacks of epistaxis, sometimes persisting, in despite treatment, for a month at a time. Another member of the family suffered in the same way after the extraction of a tooth; a wound on the skin, as by shaving, giving rise to most troublesome bleeding. Having been asked by a friend, in the end of 1874, to prescribe, *in absentia*, I ordered a mixture, which was forwarded to him, containing, as in the previous case, an ounce of the chlorate dissolved in twenty of water, but with the addition of one drachm of the tinctura ferri perchloridi; dose as above. A fortnight after, the young man called to thank me for his cure. Nearly five years have since elapsed without a relapse, save on one occasion, when, having lost a train, he ran a distance of two or three miles, when a slight bleeding occurred, which was staunched by his pocket handkerchief.

Hæmaturia Renalis.—W. McN., aged 25, a saddler by trade, living at Albert Bridge Road, Belfast, of very delicate constitution and deformed spine, and subject to lumbar pains, consulted me in July, 1863, for a very profuse discharge of bloody urine, which had troubled him for many months, and for which he had been treated ineffectually by several medical men. The blood came in large quantities, mixed, but not suspended, in the urine, apparently from the kidney; the bladder was healthy and free from calculus, having been carefully sounded by my friend Dr. Murney. I tried for a time a number of styptics, etc., in vain; among the rest the tincture of iron; when on recurring to my favorite remedy, and joining to the iron the chlorate of potash in the usual dose, immediate relief was the result. For a period of twelve years the man was subject to periodical returns of the affection, perhaps twice in the year. His custom was to have the prescription renewed, generally without reference to me and with the same happy result; he was thus enabled to continue at his trade, and to assist his friends, until the month of August, 1875, when, having taken a long drive upon a rough road the hemorrhage recurred with great violence, and the attack terminated fatally in ten days. I had not the opportunity of post-mortem examination.

Purpura Hæmorrhagica.—I was requested by some charitable ladies, in the summer of 1865, to visit a factory worker named Hagan, who lived at 58 Mary street, Falls Road. She had been confined to bed for thirteen weeks, and been carefully attended by the dispensary doctor of her own and

the Shankhill districts. I found her much exhausted by a continuous drain of blood proceeding from the gums, nose, bowels, vagina and bladder. She was profusely covered with purple maculæ on the chest, arms, legs and abdomen. Her diet had consisted for months exclusively of bread and tea, alternated with rice, with little milk, potatoes being scarce and dear, and not having any one to cook them. I advised a complete change of diet, and prescribed the usual mixture. When I called to see her at the expiry of a week, she opened the door herself, quite recovered, all bleeding having ceased ere the mixture was finished. As a later example, I may give the case of Sarah Flanagan, aged 12, an inmate of the St. Patrick Industrial School, Belfast, whom I visited on May 8th, 1878, suffering from bleeding from the nose and gums, her body being dotted freely with the characteristic purple spots. In her case, two drachms of the salt, with thirty minims of the tincture of iron, effected a cure, every trace of the disease having disappeared within a week. Her diet was of course looked after.

Menorrhagia.—Miss L., a school teacher, aged 38, wan and feeble, very tall and delicate, consulted me for a discharge of blood, which had continued, with short intervals, after a menstrual period several months previous. She suffered from severe pain in the back, from palpitation, and the other constitutional symptoms consequent on a continuous drain. She had tried various remedies prescribed by other medical men without effect. I advised relaxation from her duties for a time, and the chlorate and iron mixture. I saw her some time afterwards; her color began to improve, the discharge diminished, and finally disappeared. The mixture was renewed, and taken occasionally as a preventive.

Hæmorrhage from the womb.—Mrs. McS., mother of five children, called my attention to a profuse discharge of blood, which had recurred a fortnight after her previous confinement. On examination with the speculum, I discovered abrasion of the os, from which the blood flowed. She was treated topically by the application of strong perchloride of iron and by the internal use of the mixture. The case was rather tedious, but she always spoke of the sustaining power of the mixture, and the sinking feeling which occurred when the dose was intermitted. She recovered in about a fortnight.

Hæmatemesis: Hæmoptysis.—There yet remain two highly important lesions for consideration, in the treatment of which, when they can be traced to the hæmorrhagic diathesis, this remedy has invariably proved beneficial, especially as its administration need not contraindicate the use of more energetic hæmostatics, such as ergot of rye, ergotin, given hypodermically or otherwise, ice, acetate of lead, tannic or gallic acid, etc., if given at sufficient intervals. In cases of hæmatemesis due to malignant disease of the stomach, liver or spleen, and in those cases of hæmoptysis caused by hyper-

trophy of the right ventricle, in pulmonary apoplexy due to a peculiar condition of the parenchyma, or from hæmorrhage caused by the breaking down of a tubercular deposit, and the laceration of an artery passing through the deposit, it is not to be expected that a constitutional remedy should be solely depended on; but when a state of pulmonary plethora exists, evidenced by an effusion of blood from the mucous membrane, in the absence of pulmonary disorganization, and in those cases where a sudden cessation of an accustomed discharge, menstrual or otherwise, causes congestion of the mucous membrane of the stomach or of the bronchial tubes, and vicarious discharge from either, then the liberal administration of the chlorate of potash and iron will be found as salutary and satisfactory as in the other phases of the disease.

Having thus presented a few typical cases, behind which, had opportunity permitted, I might have marshaled a host of equally striking examples, I have but to remark that, while it is the duty and the instinct of the physician, after obtaining satisfactory results from any remedy to seek for and to theorize upon the *modus operandi* of that remedy it is wise, while he remains steadfast and immovable upon the basis of practical experience, to advance with diffidence and reserve the solution which to him appears satisfactory, but which others, equally or better fitted to judge, may not believe to have passed beyond the region of hypothesis, lest, in condemning the superstructure, the foundation itself may suffer in their estimation.—*British Medical Journal.*

TREATMENT OF SPRAINS.

Mr. R. Dacre Fox, Surgeon to the Manchester Southern Hospital, in a communication to the *British Medical Journal*, Sept. 25, 1880, makes the following interesting observations, on the treatment of sprains:—

The frequency with which sprains occur in general practice, and the somewhat unsatisfactory results of the treatment ordinarily adopted, induce me to bring forward a method that I have used in a great many cases with considerable success. Sprains may be broadly divided into two kinds, mild and severe; the former consisting merely of a temporary over-distension of the parts around a joint, which rest and anodyne applications usually soon cure; the latter involving, as I believe, much more serious pathological results, which the following plan is especially contrived to obviate.

The effects of a severe sprain are, that the fibrous ligaments controlling the movements of the joint and binding the tendons in their grooves become over-stretched, swollen, and softened; the cellular tissue about the ligaments and in the tendon-grooves becomes ligematous; and plastic material is exuded; while, as a consequence of these changes, the tendons are displaced in their

beds. If this condition be not actively treated, it may, and often does, lead to continued lameness due, in all probability, partly to a diminution in the calibre of the tendon-groove, with impaired muscular action, and partly to the torn ligaments and bruised cellular tissue having undergone changes which render them incapable of adapting themselves to the movements of the joint, which are consequently impeded. I believe this result may be prevented by the application of firm, direct equal pressure, applied manually at first, and kept up and controlled by pads placed in the line of the tendons, and kept in position by properly-shaped plasters and bandages, and sometimes by splints. This pressure helps to disperse the œdema, to replace the tendon in its normal position, to hasten the absorption of any plastic exudation, and thus to prevent diminution in the calibre of the tendon-groove. I cannot say this is a novel method of treatment; but I think it is one not usually practised, partly because it entails the expenditure of much time and trouble, and partly, I feel sure, because there is and has been a tendency to underestimate the inconvenience and distress arising from a badly sprained joint.

The common practice, in treating a sprain, is to put on a bandage, telling the patient to take it off if the joint becomes painful, and to substitute warm-water fomentations. When the swelling has subsided, if the injury be not so slight as to be already cured, a liniment or the application of iodine is generally ordered. Very frequently the tight bandage causes inflammation, while the rubbing and painting are practically useless. There are numbers of cases of slight sprain, indeed, which will get well with comparatively little treatment or none at all; but in that more severe form where after an inflammatory or at least exceedingly hyperæmic stage, swelling takes place with the results I have described, the application of these remedies does not prevent the joint from being left rigid, painful, and unfit for use for a very long period. Now it is, as I have said, in preventing all this, that the plan of treatment by direct, equal, and continuous pressure will be found exceedingly valuable; for, where it has been properly carried out, I have always found that the joint returns quickly to its normal condition—pain being speedily relieved, and rigidity prevented. The treatment may be divided into two stages; the first lasting from a day to a week or longer, during which the treatment has to be directed to averting inflammation by rest, warm applications, anodyne lotions, etc.; the second commencing when the joint has become cold, swollen, and painful on movement—in fact, when the injury has assumed a more or less chronic character. It is during this second period that I believe the active treatment I advocate ought to be employed. It is important not to commence this until the surface-heat is normal; for undoubtedly, when any tendency to inflammation exists in the tendon-sheath, pressure aggravates it, and I have known it to lead to untoward results.

It is, of course, impossible, within the limits of this paper, to describe the special adaptation of this method to each joint; but I will take as an illustration the ankle. If a wire be passed round the joint so as to impinge on the two malleoli and the tendo Achillis, it will define three or four well-marked hollows: one on each side of the tendo Achillis behind each malleolus, one in front of the fibula, with a fourth shallower one in front of the tibia. When the ankle is severely sprained these fossæ become obliterated, and are filled up with effusion, over-stretched ligaments, and displaced tendons.

Observation has led me to believe that there are very few sprained ankles in which muscular displacement to some degree does not take place. It most commonly occurs in front of the outer malleolus, involving the outer part of the annular ligament, the extensor longus digitorum, and the anterior fasciculus of the external lateral ligament; next, perhaps, the posterior peroneo-tarsal ligament and structures behind the external malleolus. Cases of similar over-stretching and displacement on the inner side of the ankle are happily rare; but in gravity they bear much the same relation to the former as a Pott's dislocation does to a simple fractured fibula. I will assume an ankle-joint has sustained a severe sprain all round, and has arrived at the chronic stage: modifications of the treatment of such a case will meet all that are likely to occur. To carry out the first principles of treatment by direct, equal, and continuous pressure, it is clear the fossæ mentioned above must be filled, or rather their sites covered by pads so as to cause the retaining plasters, bandages and splints to exercise equal pressure everywhere. By making pressure with the thumb from below upwards in the line of the fossæ, a good deal of the œdema may be squeezed away and the displaced tendons in some degree restored. I make, as a rule, five pads (of tow and lint or leather): two about four inches long by one inch wide (one a little shorter than the other, so as to be better adapted to the curve extending upwards from the dorsum of the foot to the crest of the tibia) another shorter, broader, and thinner, to place over the tibialis anticus and extensor proprius pollicis; and two, three or four inches long, and bolster-shaped, to fill in the posterior fossæ on each side of the tendo Achillis. It is often advisable, in old-standing cases, to supplement the pads by strips of plaster to insure firmer pressure. Both pads and strips of plaster should be made exactly to fit, as, if too large, they are useless, from the pressure being too diffused; and, if too small, they exercise too little pressure. A moment's consideration will render this obvious. If too large a pad, for instance, be placed over the outer post malleolar fossa, its edges rest on the tendo Achillis and outer malleolus like the piers of an arch, leaving the fossa itself untouched. To keep these pads in their place, I use a long extended half-moon shaped piece of plaster (emplastrum saponis, spread on leather), long enough for the ends to overlap in front when the heel is placed in

the centre, and a narrow oblong piece above this, placed round the lower part of the leg, to cover the upper part of the pads. The handiest way to apply the pads is to place an India-rubber band above the ankle, to slip the pads under it, and then, planting the heel in the centre of the curved plaster to bring the two ends across the front of the joint so as to overlap. The pads having been secured in position, the elastic ring is to be cut, and the oblong piece of plaster put on so as to encircle their upper ends; lastly the whole ankle is to be firmly bandaged. Amongst the working classes, or in the case of an uncontrollable patient, it is advisable to apply two thin splints over the anterior pads, keeping them in position by a long strip of adhesive plaster. Where there is much superficial ecchymosis, where there are bullæ, or where there is unhealthy looking-skin, instead of using soap-plaster, the pads may be kept in position and pressure maintained by a piece of lint on which ointment has been spread. Calamine ointment, made stiffly, is clean, and not uncomfortably greasy. If, as occasionally happens, even this should cause irritation, warm wet lint, covered by oiled silk, may be advantageously used over the pads, and secured by a firm bandage; but neither of these applications can compare in efficiency with the soap-plaster spread on leather.

REMEDIES FOR HEADACHE.

The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:

Two grains citrate of caffeine, in capsule, taken every half-hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana, as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:

Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessert-spoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, 2 grains three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is $\frac{1}{4}$ grain, after meals. If the patient is chlorotic, it is well to combine a grain of reduced iron and $\frac{1}{2}$ grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains after each meal. Bismuth probably aids digestion

more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted, they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc, 10 grain, in pill, three times a day.

Arsenic, as a nerve tonic, stands next in value to zinc. Dose, 5 drops, three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the *London Practitioner*, says:

The administration of a brisk purgative, or small doses of epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache removed even more effectually, by nitro-muriatic acid, diluted, 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patient to complain that they rise up more tired than they lie down, generally disappears.

A writer in the *London Lancet* remarks:

At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of an hereditary character, have been greatly benefited, if not cured, by the administration of ten minimum doses of tincture of Indian hemp, three times daily, between the attacks. This is well worthy of trial in those cases of never-living, ever-dying, martyrdom-like suffering.

In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended:

Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly, to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two caspoonfuls of powdered charcoal, well stirred in half a glass of water and drank at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by

Ringer as possessed of real curative powers, when given in drop doses, repeated every five or ten minutes for eight or ten doses, and then continued at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry.*

HOT WATER INJECTIONS FOR POST-PARTUM HEMORRHAGE.

This use of hot water, as recommended by Emmet, appears to be more and more appreciated across the Atlantic. Dr. Atthill, *Dublin Journal of Medical Science*, says that this treatment has proved eminently satisfactory. It has, indeed, much to recommend it, for not only is it a powerful hemostatic and excitant of uterine contraction, but it is also a general stimulant. If used with ordinary care, it is not only harmless, but beneficial, by thoroughly cleansing the uterus from clots, portions of membrane, etc., which may have been left in its cavity. It will not, in Dr. Atthill's opinion, be found altogether to displace the use either of cold water or of the perchloride of iron, but rather to be applicable to a distinct class of cases, in which the former of those remedies would be unsuitable, and the latter unnecessary. The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle, specially constructed for vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand, i. e., about 112° F., in a full stream into the cavity, continuing this until a good contraction is secured, and the water returns quite clear and colorless. Dr. Atthill gives the following as some of the results of his experience in the use of hot water:

I. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

II. Where, from the prolonged and injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

III. In nervous, depressed and anæmic women, hot water may at once be injected without previously injecting cold.

IV. In cases of abortion, where, from uterine inertia, the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by the most satisfactory results.

V. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the danger of septic absorption.—*Chicago Medical Review.*

THE TREATMENT OF CONSUMPTION.

In a paper on the treatment of pulmonary consumption, Prof. Péter, of Paris, insists strongly on the value of hydrotherapy. He begins with frictions with dry flannel, then passes to rubbing with cloths dipped in aromatic alcohol, cologne water, or vinegar, followed by dry friction for five or six minutes, and finally advances to the use of the cold sponge. The process is repeated twice daily, immediately after rising and before retiring. He believes sponging to be better than the douche, because it is more easily carried out. The chief points to be observed are, to accustom the patient gradually to the use of cold water, and not to prolong the bath too much at first. Prof. Péter divides the sweats of phthisis into three classes, according to their cause, viz.: ordinary night sweats, which depend not so much on the pulmonary trouble as on the general condition and the tubercular fever, the sweating which follows high evenings exacerbations of the fever, and colliquative sweats. To control the first, he recommends especially sponging with vinegar, combined with the usual internal remedies, such as acetate of lead, tannin, etc. Atropine, he considers unreliable. Quinine is useful for the second form, because it controls the fever. For the colliquative sweats there is no remedy. For the cough, he gives opium and belladonna in small doses; he orders pills containing one-sixth of a grain of opium, and one-twelfth of a grain of ext. belladonna, and gives at first, one at a dose, increasing afterward if necessary. When the cough causes vomiting, he gives one or two drops of tincture of opium before meals, with good effects. When the vomiting seems to be due more to dyspepsia than to the cough, he gives a few drops of hydrochloric acid after the meals. In such cases, alcohol in some form is also useful, but it must be given freely. For the diarrhoea, when it is due to simple intestinal catarrh, as is usually the case at the outset of the disease, he employs subnitrate of bismuth, in connection with a carefully regulated diet. When it is due to the use of cod-liver oil, or to the milk or grape cure, the exciting cause must be discontinued, and the stomach, if overloaded, be emptied by an emetic. When it is due to inflammation of the stomach and intestines, he prescribes opium, nitrate of silver, perchloride of iron, etc., and employs also derivatives to the skin. For colliquative diarrhoea there is no remedy. For controlling the expectorations, he has found the balsams, glycerine, and kermes, to be the best remedies. For hæmoptysis, he recommends, in the first place, the use of emetics, and explains their action on the theory that they excite a reflex action through the sympathetic, which causes anæmia of the lungs, and controls the hemorrhage. When patients have been greatly reduced by the hæmoptysis, he has found quinine and ergotine useful.—*Allg. med. Cent. Zeit.*, February 25, 1880.—*Med. Record.*

ON THE CAUSE AND TREATMENT OF THE BAD ODOUR SOMETIMES ASSOCIATED WITH EXCESSIVE SWEATING OF THE FEET.

Dr. George Thin has recently made a fruitful investigation of this subject, the report of which is published in the *British Medical Journal* for Sept. 18, 1880, and from which the following is abstracted:—

The patient who has afforded me the opportunity of investigating the cause of the smell is a young woman, aged 22, who has suffered from evil-smelling feet, with soreness of the heels, for several years. Her hands are usually moist, or even wet, but are always odourless. The smell from the feet is not constant, disappearing in dry bracing weather, and reappearing when the weather is moist and depressing.

The first experiment I made was to subject the soles of the stockings and boots to the action of an antiseptic solution. The success was complete, the odour being entirely banished. The antiseptic precautions having been soon neglected, the smell returned, and I took the opportunity of investigating its cause more minutely.

The sole of the stocking, a few hours after it was put on, was found to be quite wet; and a stocking if worn for a whole day was so extremely offensive that, when held close to the nostrils, its overpowering fetor was comparable to that of putrid blood. The inside of the boot was equally wet and offensive; but at the very time that the stocking and boot smelt so strongly, the heel itself, exuding moisture profusely, had no disagreeable odour. The sole of the heel was reddened and tender, and macerated around the edge, like a washerwoman's palm.

The reaction of the moisture in the stocking and in the sole of the boot was alkaline, that of the moisture exuding from the skin of the sole of the heel faintly alkaline, whilst that of the perspiration of other parts of the body was acid.

The fluid from the sole of the heel was thus shown to be not pure sweat, the faintly alkaline reaction being doubtless due to the serous discharge accompanying the eczema set up by the local hyperidrosis.

The fluid in the sole of the stocking was found to be teeming with bacteria forms, the nature and development of which I have carefully investigated. These investigations have produced results of some scientific interest, which I have communicated to the Royal Society* The rapid development of bacteria in the fluid which exudes from the soles is doubtless favored by the alkaline reaction produced by the mixture of serous exudation with the sweat.

The treatment instituted in this case is as simple

* On *Bacterium fœtidum*: an organism associated with profuse sweating of the soles of the feet. (Proceedings of the Royal Society, No. 205, 1880.)

as it has been effective. The stockings are changed twice daily, and the stocking-feet are placed for some hours in a jar containing a saturated solution of boracic acid. They are then dried, and are fit for wear again if it be desired. The boracic acid effectually destroys the smell. But to kill the bacteria in the stocking is not enough. The leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. I directed my patient to get half a dozen, which she finds sufficient. A pair must only be worn one day unchanged; at night, they are placed in the boracic jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed.

The boracic acid solution is an excellent application to the painful skin in these cases. When the tender skin of the soles is washed with it, a sensation of coolness succeeds the feeling of heat and tension which are the usual accompaniments of the eczematous condition associated with the smell, and the skin becomes harder and loses its abnormal redness.

The bacteric fluid would seem to act as a direct irritant to the skin. My patient assures me that if she wears stockings which have been dried without being disinfected, irritation is speedily felt; and that the cork soles, if worn a second day without having been purified, act in a similar way.

AN OPINION ON BLOOD-LETTING.

It requires no little courage to confront the popular prejudice as Dr. Hiram Corson does in the following passage, taken from a paper on pneumonia communicated to the *Philadelphia Medical Reporter*:

"I have been in active practice continuously for fifty-two years, and during all that time have not once had occasion to believe that there was any change in the human system or in the climate, which made it more hazardous to treat acute inflammatory affections by means of cups or leeches and other anti-febrile remedies, than it was in the beginning of my career. I am therefore free to declare that it is just as safe to use them now, and they are quite as efficient, as they were in the days when the physicians of Philadelphia were using them so freely, with so much confidence and with so great success. Surgeons now perform fearful operations, by which not only is a great amount of blood lost, but the patient is also injuriously affected by the shock to the nervous system, yet the recoveries are oftentimes astonishingly rapid. Women in time of childbirth often flood until they are in the very presence of death, and yet, when it is arrested, they will in a few days be found as bright and cheerful as if nothing had happened, soon regain their usual strength and have no disability from their loss of blood. They bear it as well now.

as they did fifty years ago. Even those who would not bleed a woman in labor to save her from convulsions have no fear that she will suffer from a flooding which happened after the delivery of the placenta. A man may cut his leg and bleed till he faints, but no one feels that the mere loss of blood will do him any permanent injury; and yet what a hue-and-cry from these same people if a physician should bleed a person to remove a congestion of the brain, or relieve a pain in the head or a pleurisy. I have rarely met with a graduate of the last fifteen years who has ever used a lancet, and yet these are the very persons who are so opposed to its use. They regard the older physicians who do use it as persons who are ignorant of the "valuable new remedies" (which they believe were discovered about the time they began to study medicine), when the truth is they are themselves ignorant of nearly all the means of cure save *veratrum viride*, *aconite*, *digitalis*, a few cathartics, morphine, chloral and—I was near forgetting them—poultices; poultices for croup; poultices for diphtheria and scarlet fever; poultices for the liver, and poultices for the kidneys; poultices for the chest, and poultices for the belly; and when you ask them what effect they expect from these means, they have no answer but this: 'They are very much used in the hospitals now.' Is there any reason why physicians who practised forty years ago should not know as much of all the above remedies as these men educated during the crusade against blood-letting? *Digitalis* was much used long since; forty years ago I used tincture *aconite*, with good effect in many cases, as did others who then practised; and as for newer remedies, does any one suppose that such men as Dr. John Atlee, Dr. Trail Green, Professor Gross and hosts of others—practitioners and close students—are ignorant of the reputed merits of these champion medicines?"

TREATMENT OF INDIGESTION AND HEARTBURN.

In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:

For the purpose of whetting the appetite, and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well-known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains ignorant of its exact composition, and so loses sight of it when he enters upon practice for

himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or, where there is much irritability in the stomach, *i. e.*, when a bare, red tongue, imperfectly covered with epithelium, suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calumba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more, till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric, or phosphoric, which breaks up the feebler organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of the dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—*Philadelphia Medical and Surgical Reporter*.

THERAPEUTIC USES OF TOBACCO.

In looking up the medical uses, etc., of tobacco, I find that very little mention is made in the various therapeutics of its employment as a constituent of poultices. Believing it to be a means of great value in certain painful affections, I desire to bring its use to the attention of physicians. Tobacco poultices were at one time rather generally used, but for some reason or other their efficacy has of late been lost sight of. I hope that the slight resurrection which I may occasion may prove of service to the profession.

A case or two from my note book will serve to illustrate the good effects of tobacco poultices.

Mrs. M., last fall, had intermittent fever, contracted through the ignorance of her physician in

directing her, on the tenth day after confinement, to sit up the greater part of the day, and for nearly an hour to remain by an open window overlooking a large lot full of decaying leaves, weeds, animal matter, etc.

I was called in on the following day. Among the symptoms which presented themselves, I found over the chest great tenderness and pain on the slightest pressure. I diagnosed this to be due to an irritated condition of the nerves or nerve-endings; and ordered flaxseed, mush and other poultices, one after another, but without avail. The pain still continued. I then gave medicine, belladonna ointment, etc. I exhausted the list without giving relief.

I mentioned the case to my friend, Dr. J. V. Myers, of this city, who advised me to use a poultice of flaxseed and tobacco, equal parts, care to be exercised as to the toxic effects of the latter. I took advantage of the advice. The alleviation of the pain, which before the application was excruciating, was immediate and permanent. The relief was beyond my expectations. On the same patient, this same poultice has on one or two occasions since done equally good and effective work.

Mrs. J. had an attack of perityphlitis. For the pain, I ordered the usual medicines, together with mush and flaxseed poultices. These had no effect. I then had applied the poultice of flaxseed and tobacco. There was an almost instantaneous cessation of the agonizing pain from which, for two days, the patient had suffered.

I cite the two above cases, because I know that there can be no mistake, but that the tobacco was instrumental in doing the good work.

In all instances when a simple poultice does not meet with the success desired, I add tobacco to it, in the proportion of one half. The leaves are the best for the purpose; but the various kinds of clippings in the manufacture of cigars, etc., will answer. The tobacco should be cut up finely, and then well mixed with the flaxseed; the poultice is made in the usual manner. A fine piece of linen, or gauze, is to be placed between the poultice and the body. Care must be taken that the part to which the poultice is to be applied is not denuded of its skin, for the tobacco may, in such a case, give rise to symptoms of poisoning. I think that with ordinary care, there can be no danger; in my hands this poultice has proven of great value.

I would ask that the readers of the *Reporter* employ this poultice when indicated, in the stead of the simple flaxseed poultice, and report their success or failure, as the cases may prove to be. *Phil. Med. & Surg. Reporter.*

NEW TREATMENT OF ABSCESSSES.

In the wards of Dr. Steven Smith, a new treatment of abscesses has been very successful. When the abscess points it is opened and the contents evacuated. The cavity is then injected with car-

bolized water, and over-distended for two or three minutes. The water is then pressed out, and over the whole area undermined by the cavity, small, dry, compressed sponges are laid and bound down with a bandage. Carbolized water is then applied to the bandage and injected between its layers until the sponges are thoroughly wet, after which a dry bandage is applied over all. The sponges by their expansion make firm and even compression upon the walls of the abscess, and hold them in perfect apposition, thus favoring a union. The dressing is left on for five or six days, unless there is a constitutional disturbance or pain in the seat of the former abscess. It is found, in most cases, when the bandage is removed, that the abscess has completely closed by an approximation of its walls, and the external wound heals readily under a simple dressing of carbolized oil. A case was recently seen where this admirable result was secured in a child, although the abscess was a large one, originating in caries of the head of the femur, and opening on the outside of the thigh. No constitutional disturbance, no discharge, no recumulation, and no pain followed its use. Mammary and sub-mammary abscesses have been treated by this method with excellent results.—*Chicago Med. Review.*

BENZOATE OF SODIUM IN THE TREATMENT OF ACUTE RHEUMATISM.

Dr. David MacEwen (*Brit. Med. Jour.*, vol. 1, 1881, p. 336) observing that benzoic acid is closely similar to salicylic acid in chemical composition, and somewhat the same in physiological effects, endeavored to determine whether it, like the latter, possesses anti-rheumatic properties. He publishes notes of five cases in which the remedy was employed in the form of benzoate of sodium. On the first occasion in which he used it, the relief of pain and subsidence of fever were so immediate, and the recovery was so rapid and complete, that he had no hesitation in adopting the same treatment in subsequent cases. The dose was, in the earlier cases, fifteen grains of the salt every three hours; in the later cases, twenty grains every two hours. In all the cases the symptoms passed off in periods varying from three days to a week after the commencement of the medicine; in none did cardiac complications arise in the course of treatment, and Dr. MacEwen thinks the convalescence was more rapid than in cases he had seen treated with salicylate of sodium. Benzoate of sodium possesses this advantage, that it does not give rise to the nausea and depression or the unpleasant head-phenomena which the salicylate frequently produces. It is most conveniently prescribed in the form of a mixture, and it may be given in doses of fifteen to twenty grains every two or three hours. It should also be continued in diminished doses for twenty-four to forty-eight hours after the rheumatic symptoms have disappeared.

COMPULSORY VACCINATION IN FRANCE.

The following are the conclusions of the committee appointed by the Académie de Médecine upon this subject: 1. Vaccination, with extremely rare exceptions, is an inoffensive operation when practised with care and on a subject in good health. 2. Without vaccination, hygienic measures (isolation, disinfection, &c.) are of themselves insufficient for preservation from small-pox. 3. The belief in the danger of vaccinating or revaccinating during the prevalence of an epidemic is without any justification. 4. Revaccination, the necessary complement of vaccination for assuring immunity against variola, should be practised ten years at least after a successful vaccination, and repeated as often as possible, when it has not been followed by the characteristic cicatrices. 5. The Academy is of opinion that it is urgent and of high public interest that a law should be passed rendering vaccination obligatory. 6. As to revaccination, it should be encouraged in every possible manner, and even imposed by administrative regulations under all circumstances where this is possible.—*Gazette des Hôpitaux*, March 31st, 1881.

TO REMOVE FISH-BONES.

Fish bones lodging in the pharynx are rendered flexible and are finally broken up by a mixture of hydrochloric acid (four parts) or nitric acid (one part to two hundred and forty parts of water) used as a gargle, the teeth being protected by oil or lard. So says Professor Voltolini in *Monatsschrift für Ohrenheilkunde*.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy

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MONTREAL, JULY, 1881.

IMPORTANT QUESTION.

At the last meeting of the College of Physicians and Surgeons of the Province of Quebec Dr. F. W. Campbell, one of the University representatives, raised a most important question, as to the period when it was permissible for a student, under the present law, to pass a year in study with a medical man. Dr. Campbell stated that, to his knowledge, students

had presented themselves at the end of the third year and passed their examination; that the end of the following year these students had returned, with a certificate of having studied during that year with a medical man, and had then been presented with their Diploma. This is, in our opinion, opposed not only to the spirit of the law, but to its letter. Students, according to the Act, have to study four years. They must take three sessions at a Medical School, the first whereof must be that succeeding the passing of their preliminary examination—and they are allowed to study one year with a medical man. All this period of study is, of course, presumed to show its effect by the knowledge which the student exhibits when undergoing his examination. But if he is allowed to pass the year with a physician *after* he has undergone his examination, and to a large extent has become independent of the University, can he be truly said to have studied four years? We do not think that he can. Unfortunately, such certificates are too easily obtained, but, even if the attendance has been faithful, in many cases—the stimulus of a subsequent examination being wanting—the time so passed is time absolutely lost. Far better at once let it be understood that only three years is required, for when the diploma is obtained, and the graduate enters practice, he has the stimulus of competition to urge him to keep up the knowledge he has acquired. To allow him to go to a Physician after his examinations are over, and count it as a portion of his period of study, is absurd. He has no immediate incentive to work, and the result, in nine cases out of ten, is that the graduate finds himself with his diploma, but minus much of that information which he had a year before, when up for examination. And this lost material is matter on which he would have kept himself posted had he gone from College to the struggle for a livelihood, amid the keen competition of Medical practice. So much for the common-sense reasons against such a procedure. But Dr. Campbell claimed, and we think he was right, that any such arrangement of a student's studies is contrary to the Bye-laws of the College, founded on the Medical Act of 1879. Chap. viii., section 11, of the College Bye-laws says: "A certificate of study from a licensed practitioner for the period *intervening* between the courses which the student has attended will be required." This, to our mind, is clear as it is possible for language to make it. We have *italicised* the word *intervene*, and

we ask how can a period of study taken *after* a student has *completed* his courses be said to intervene. It is an absurdity to try and make it appear that what Dr. Campbell condemns is in accordance with the law. We are glad to know that the members of the College seemed to agree with him, but to give the matter full consideration it was referred to a Committee of Governors of the College connected with the various schools, and they will report the result of their deliberations at the meeting which will take place in Quebec on the 28th September next.

UNIVERSITY OF BISHOP'S COLLEGE.

The Annual Convocation of the Faculties of Divinity, Arts and Law of the University of Bishop's College was held at Lennoxville on the 24th of June. The attendance was very large, and among several distinguished gentlemen present was Dr. Dawson, the highly-gifted principal of McGill University, who received the degree of D.C.L. Dr. Cameron represented the Medical Faculty of the University, and addressed the Convocation, speaking substantially as follows :

"It is a matter of great regret on my part that Dr. F. W. Campbell, our Registrar, has been unavoidably prevented from being here to-day to represent the Medical Faculty. In filling his place I am pleased to have had an opportunity of seeing so much of your work and hearing such glowing accounts of your prospects and success."

"I have been commissioned by the Faculty of Medicine of Bishop's College to express to you not only the deep interest we feel, individually and as a Faculty, in the prosperity of the sister Faculties, but also our sympathy with you in the severe trials and discouragements of the past few months. We believe that you have acted wisely in endeavoring to make the sanitary condition of these fine buildings as perfect as possible; and, though the cost has been heavy, and the loss and inconvenience great, we believe that, in grappling with your difficulties fairly and honestly, and striving as far as possible to eradicate disease and prevent its return, you have merited and gained the heartfelt sympathy and active support of most right-minded men. Too often under similar circumstances have subterfuge and deceit been resorted to, and too often have apathy, indifference and masterly inactivity characterized the action of trustees and corporations; but the

frankness, candor and zeal displayed by the authorities of Bishop's College throughout their trying ordeal have been alike creditable to themselves and the University."

"The Medical Faculty of Bishop's College has just completed its tenth session; like most new undertakings we have had our fair share of toil and trouble, discouragement, disappointment and financial embarrassment and constant struggling against heavy odds, and keen competition; but we have come safely through, and, pausing now at the end of our first decade to look back upon the past and look out into the future, we are proud to tell you that we are now upon a firm basis and our prospects were never brighter: our students are increasing in numbers, enthusiasm and *esprit de corps*—they have won recognition and honors at home and abroad—our hospital advantages have been much enlarged, our facilities for clinical teaching improved, and we are now in a position to offer to those who desire to obtain a good, sound, practical education, advantages and facilities surpassed by no medical school in the Dominion. But in the future, as the Medical Faculty of the University, we look to our sister Faculties for sympathy, co-operation and support. The success of a University is really the sum total of the success of its various Faculties; each Faculty shines partly by its own and partly by reflected light; the prosperity of one is, to a certain extent, the prosperity of all; in unity of purpose and unity of action lie the secret of University success."

"In the early history of a University, especially in a new country, the Medical Faculty aids materially in spreading the name and fame of the University throughout the length and breadth of the land; and it is a well-known fact that the noble Faculty of Medicine of McGill College has been one of the chief means of building up the world-wide reputation of that Institution, attracting students to her halls, and indirectly aiding in building up and strengthening the other Faculties. Now, gentlemen, what the Medical Faculty of McGill has done for McGill College, the Medical Faculty of Bishop's, if properly encouraged and supported, may and can do for Bishop's College. All that we ask is that you, our sister Faculties, would remember that your own Medical Faculty is in active operation in the city of Montreal, and needs your active assistance and support. But when we see so many boys who have been trained in

Bishop's College School, and have perhaps taken out their Arts' Course in Bishop's College, drifting away from their Alma Mater as soon as they commence their professional studies, and swelling the ranks of other medical schools, we naturally feel as if we were being left somewhat out in the cold, and we sometimes are inclined to fear that our sister Faculties have forgotten the important fact of our existence."

"As we take an interest in your success, we hope and trust that you, in turn, will take an interest in ours; and when we know each other better we will be able to work together more unitedly and harmoniously for the general welfare of our University."

"As a Faculty we feel that we need but to explain our position and wants, and to lay our claims fairly before you in order to obtain for them that courteous consideration which has always been manifested towards us by the authorities of Bishop's College."

DEATH OF MR. STEPHEN S. ALFORD, F.R.C.S., LONDON, ENGLAND.

We deeply regret to have to chronicle the death of Mr. S. S. Alford, 61 Havestock Hill, Verdon, and brother of the late Dean Alford, as the result of injuries received on the Midland Railway. Two years ago he paid a visit to Canada and the United States, with a view to acquire all the information possible in the treatment of Dipsomaniacs. Since his return he has been actively at work in his favorite cause, and was at the time of his death about to assume the medical management of the first Inebriate Home, just ready to be occupied, near Verdon. A few days previous to his death he wrote to Dr. Bessey of Montreal, with whom, as a co-worker in the same cause, he had kept up a correspondence since his visit here, two years ago, in which he spoke hopefully of being soon able to visit Canada again. It was otherwise ordained; and a good physician and whole-souled philanthropist has gone to his rest.

We have received from Wm. Wood & Co., of New York, a copy of the catalogue of their works, which has been prepared for presentation to the Members of the International Medical Congress, which assembles in London on the 2nd to the 9th August. It is beautifully printed, is bound in satin,

and is altogether an excellent specimen of American enterprise. It will undoubtedly redound to the profit of a most successful firm.

WYETH'S DIALISED IRON.

Wyeth's Dialised Iron is a pure neutral solution of oxide of iron in the colloid form, the result of endosmosis and diffusion with distilled water. It possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering iron.

THE POPULAR SCIENCE MONTHLY FOR AUGUST, 1881.

The August "Popular Science Monthly" well maintains its standard of excellence. Those who have read and admired the pungent papers of Dr. Oswald on "Physical Education" have a treat before them in the present article on "Recreation." So intelligent and impressive a statement of its needs, importance, and general neglect, and the evils that follow from the lack of due recreation, and so scathing and terrible a denunciation of that asceticism in society which still finds its religious apologists, we have never seen. Dr. Fairchild continues his popular physiological articles, and this month takes up the subject of "The Blood and its Circulation." Dr. Dyce Duckworth has a short but very practical article on "The Insufficient Use of Milk" in our dietaries. There are many valuable hints in it.

REVIEWS.

The Hygiene and Treatment of Catarrh. Part 1. Hygienic and Sanative Measures. Part 2. Therapeutic Measures, with forty illustrations. By THOS. F. RUMBOLD, M.D., St. Louis; George O. Rumbold & Co., 1881.

Dr. Rumbold has written a book which can be studied with profit by every medical man. He

has avoided much of the beaten track travelled by others before him, and has struck out for himself. Finding that the new route produced much that was novel, he has thrown aside many of the opinions of writers upon diseases of the nasal cavity, and has expressed views often at variance with those generally accepted at the present day. Whether he is correct is a matter on which we express no opinion, but, as an independent observer, he is entitled to respectful consideration. We agree with him, however, in believing that no class of diseases depend so much upon general sanitary measures for remaining well after being cured as do diseases of the nasal cavity. We are likewise heartily with him in his views, that it is bad practice to apply strong solutions to catarrhal mucous membranes, and that solutions for use in catarrhal inflammations of that membrane are best applied by means of an atomizer. So much in commendation, a word or two of fault finding. We quote from the preface. "*I have spared no pains to make the armamentarium of my offices, including my operating table, as perfect and convenient as possible.*" What this fact has to do with a work on the hygiene and treatment of catarrh, we are at a loss to discover. We are forced therefore to think that this is a little bit of personal advertising—a fault too evident in many of the works issued at the present day.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M.D., Surgeon General U.S. Army (Retired list), Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of New York. With one hundred and twelve illustrations. Seventh Edition—re-written, enlarged and improved. New York, D. Appleton & Co., 1881. Montreal, Dawson Bros.

Few men have obtained such a world-wide celebrity in comparatively so short a time as the author of this book. Leaving the service of his country—in which he held an exalted post—under considerable of a cloud, he commenced practice in the city of New York, with some friends and many enemies. For a couple of years his progress was slow, but after that he rapidly came to the front, and, ere long, began to be known as an excellent authority upon diseases of the Nervous System, to which specialty he has devoted his life. He is now the recognized authority on this branch of Medicine in the United States. A book from his pen, as can be well conceived, must be a standard one, and so in

truth it is. Not only has its merits been fully recognized on this continent, but its reputation has spread to Europe, and in 1879 a translation of it appeared in Paris, and at the present moment an Italian translation is going through the press under the direction of Professor Diodato Borrelli, Professor of Pathology and Clinical Medicine in the Royal University at Naples. The book is a large one, consisting of over 900 pages, and is divided into six sections, embracing: 1, diseases of the Brain; 2, Diseases of the Spinal Cord; 3, Cerebro-spinal Diseases; 4, Diseases of the Peripheral Nervous System; 5, Diseases of the Sympathetic Nervous System; 6, Toxic Diseases of the Nervous System. Under each of these sections the various diseases combined are described and the treatment given. The style of the author is pleasant, the printing is clear, and the book altogether is one which, externally, will look well in any library; while its contents will many a time prove exceedingly valuable to the practitioner, perplexed as he often is with many of the symptoms of obscure Nervous affections.

A Treatise on Bright's Disease and Diabetes, with Especial Reference to Pathology and Therapeutics. By JAMES TYSON, A.M., M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, with illustrations: including a section on Retinitis in Bright's Disease by William F. Norris, A.M., M.D., Clinical Professor of Ophthalmology in the University of Pennsylvania. Philadelphia, Lindsay and Blakiston; Montreal, Dawson Bros. Price \$3.50.

For several years Dr. Tyson has been looked upon as a close and thoughtful observer in urinary diseases. His studies have been largely in that direction, and, as can well be supposed, he must have collected a considerable amount of material bearing upon the disease, the consideration of which occupies the principal part of this volume. The accumulation of this material has given him an experience which he believes may be useful to others. This is his reason for presenting this book to the Profession. We have read several chapters of it, and believe we have derived profit from their perusal. Several original drawings are given in the section, giving the histology of the kidney. They are from the pencil of Dr. George C. Piersol. The illustrations are all admirable, and are beautifully executed, and add much to the value of the Treatise. The Pathology of the disease is brought down to date, and the work is one which we feel assured will meet with much favor.