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Original Communications.

THE CARDIAC PHENOMENA OF RHEUMATISM.*

BY ALEXANDER M'PHEDRAN, M.B.,

Associate Prof. of Clinical Medicine, Univ. of Toronto.

Rheumatism occurs with much less frequency in this country than in England and the northern parts of Europe. Some years ago there were at one time ten cases of heart disease in the Toronto General Hospital, and all were from England and had acquired the disease in that country. The reason for our greater immunity is to be sought for probably in our dryer climate chiefly, but largely also in the mode of living in the two continents. Our poorer people live on a much more bountiful diet, of a better quality, than their peers in the old land and are better housed, and are therefore better able to resist such climatic influences as are supposed to bear a causative relationship to the disease. Nevertheless, rheumatism, with all its untoward phenomena, occurs with painful frequency in this country, as is attested by the relatively large number of cases of heart disease met with, and the great majority of them own a rheumatic origin.

On few diseases has more been written, and in no disease is there a greater feeling of uncertainty as to the cause, than rheumatism. On but one point, apparently, are most agreed, viz.: that the disease is due to some poison in the blood, and to the irritation of such poison is due the widely-distributed lesions resulting. As to the nature of this poison opinions are almost as varied as their authors; but most of them can be included under two classes, viz.: first, those holding the cause to be a chemical irritant, as lactic or uric acid; and, secondly, those believing it to be a bacterium, probably a micrococcus or a bacillus. It is very probable that both may be correct—that the group of phenomena included under the term rheumatism is not a simple disease, depending upon a single cause, but rather a series of diseases with similar phenomena, produced by a variety of causes. We can scarcely explain the multiform characters of rheumatism, acute and chronic, in any other way.

If on further investigation it is found that bacteria are capable of producing rheumatism, it will probably be found that they are the always active agents in the causation of acute rheumatism, mild or severe, and then, of course, also of the heart lesions occurring in rheumatism.

Recently it is reported that the staphylococcus albus was constantly found in cultivations from the blood of a case of chorea with acute endocarditis, and, once, the S. aureus;* there is little room to doubt that the chorea in such a case was simply a manifestation of rheumatism.

German pathologists are becoming more and more unanimous in viewing primary endocarditis in all its forms as due to germs of some kind, the resulting changes in the endocardium, whether thickening, warty excrescences, or ulcerations, being due simply to difference in virulence of the germs.

Whatever the cause of rheumatism may be, it is constant in its selection of tissue to attack—the fibrous structures only are primarily affected, but these may be in the most varied situations. We have so long associated the term rheumatism with the swollen joint, fever and sweat, that we have come to look upon all other manifestations as accidents or complications. But the affections of other fibrous structures are quite as essential a part of the disease as the joint inflammation, and this broader conception of the disease is forced upon us by the study of these other phases, especially as met with in children, in whom the joint affection is usually mild, and often wholly absent. The so-called growing pains may be due to a neurosis, or a rapid development of epiphyseal cartilages.† Yet the great majority of them are rheumatic, but, on account of the plumpness

* The address on Medicine, Ontario Medical Association, Toronto, June, 1891.

* *Brit. Med. Jour.* supplement, '91, vol. I., 149.

† Jacobi, *Med. News*, 1886, vol. I.

of the child's limb, usually show no swelling; however, even the mildest of them may be accompanied by the most serious cardiac disease.

It is necessary to refer briefly to other ways in which rheumatism may manifest itself, especially the more unusual. One of the most important, and probably least frequently recognized, is rheumatic inflammation of the throat. It is common among adults at certain seasons, and not infrequent in children. In many cases it recurs repeatedly. Last year there was a girl, aged 12, in the Hospital for Sick Children of this city, who presented a good example of this form of rheumatism, recurring from time to time. She had marked stenosis of the mitral orifice with a protracted history. The endocardium appeared to have been the seat of mild recurrent rheumatic attacks, which caused gradual, but in time, extreme narrowing of the mitral orifice. The condition of the heart was verified by the autopsy after her death at the Girls' Home.

Another case occurred in the practice of my friend, Dr. James McCallum. The child, four years old, was supposed by the parents to have diphtheria; but there was no membrane. The left shoulder was found tender and somewhat swollen, and further examination revealed a well marked endocarditis of longer duration, probably, than either the arthritis or the throat disease.

Occasionally the rheumatic process shows itself in an attack on the subcutaneous tissues, causing the formation of nodules over the bony prominences. This may be the only sign, or it may occur with articular inflammation. There was such a case in the Hospital for Sick Children last year. The boy had slight inflammation of the wrists and ankles, and at the same time many nodules up to the size of a bean formed over the occiput, the spinous processes of the vertebræ, the scapulæ, the iliac crests, the elbows and the tibiæ. They all disappeared quickly with the recovery from the rheumatism. There was also disease of the mitral valve with regurgitation, of which he has since died. Such nodules are of more frequent occurrence in England, and are sometimes found to persist. They appear to be more frequently met with in association with pericarditis.

The various aspects of erythema multiformæ are frequently due to the same cause. With them may be included many cases of urticaria. Erythema nodosum is possibly always of rheumatic origin, and should be treated as a probable sign of that disease. Other unusual phenomena as possibly of rheumatic origin are inflammation of such serous membranes as the pleura, peritoneum and meninges, of the sclerotic coat of the eye, and of the nerves. It is probable also that mild attacks of rheumatism occur without showing any local changes. In these, local inflammations may possibly occur in the deeper tissues beyond the reach of examination—there seems no reason why such tissues should escape the influences of a poison whose powers are so potent upon superficial tissues.

In cases with any of the foregoing, as well as with the commoner manifestations of the rheumatic process, the heart may become involved—simultaneously or as a sequel, or, what is of special importance to remember, it alone may be the seat of attack. Hence the rheumatic heart lesion is not an accident in the history of any case, unless, indeed, all local inflammations—whether of the joints or other parts—are to be looked upon as accidents; so that it should be included among the list symptoms of rheumatism. Probably the heart is affected oftener than any single joint. We cannot insist too strongly on the importance of being on the alert to the fact that, in children, especially, any sign of rheumatism, be it never so mild, is liable to be accompanied by disease of the heart, it may be, of the most grave character. As the signs of rheumatism, when latent, may so readily escape our observation, I would urge the necessity of examining the heart in all pyrexial attacks of uncertain origin when they occur in children, otherwise we may miss for days a lesion of the heart, which, had we known, we might have mitigated, if not prevented.

Cardiac lesions seldom occur in the adult apart from an acute attack of rheumatism. After the third decade, our chief anxiety in regard to our patients with acute rheumatism is in connection with the future usefulness of the joint; while with our younger patients we have little fear as to the complete recovery of the joints, our anxiety now is almost wholly concerned with the heart. The younger the child the more probable is it that the rheumatism will fasten on the heart to the exclusion of the joints or other structures.

In the adult there is probably, as Sibson* found, a striking relation between the degree of severity of the articular affection and the frequency as well as the intensity of the heart disease. He found that in only 25% of all his severe cases did the heart present no signs of affection. This relationship probably becomes more pronounced with the advance of age, that is, it is closer at 40 than that at 25 or 30 years of age. The exact numerical relationship between heart disease and rheumatism at the different ages is very difficult, not to say impossible, to determine, because slight attacks of endo- and pericarditis readily escape detection, even by the most acute observers. But there is no doubt that Dr. Church's results are sufficiently near the truth to illustrate the great preponderance of cardiac affections in young subjects. He found the percentages of cardiac disease in the successive decades up to 50 years of age, to be 83, 69, 51, 30, 21.† These results indicate practically that in infancy rheumatism always attacks the heart, and after infancy up to ten years, the heart escapes in very few cases, and it is to be borne in mind that at this age rheumatism is almost always mild, often latent even. The occurrence of symptoms of acute articular rheumatism in children should be viewed with suspicion, as many, if not most of such, are not rheumatic, but due to sepsis, causing inflammation of periositeum, bone medulla and similar structures. Some cases have been reported of late as rheumatism that bear strong evidences of being due to septic poisoning.‡

No adequate explanation has been offered to account for this greater proclivity to heart disease in rheumatic children. It seems to me probable that their strong tendency to anæmia has a causative relation. Cheadle says that all such children early become anæmic, and my own experience accords with his. Bramwell§ and some others, however, believe anæmia less liable to develop in children than in adults, but the instability of the nervous system in children often masks the actual anæmia existing by disturbance of the vaso-motor system. The relationship of anaemia, as a predisposing cause, is strikingly borne out by the greater frequency of rheumatism in females from 11 to 15 years of age, in whom it is said to be three times as frequent as among males of the same age* ; and females at this age are peculiarly liable to anæmia. In this manner we may account, at least partly, for the greater frequency of mitral stenosis and chorea among females.

Next to age, the occupation and general condition in life have most influence in the productions of heart disease in rheumatic cases. Perhaps these have more to do with the degree, rather than the occurence of the disease. The ill-nourished, and insufficiently clad, living in unhealthful surroundings, furnish the greatest number of victims. These conditions render such people more exposed to the causes of rheumatism and more vulnerable to its influence.

The influence of sex is worthy of note. In youth, females are more liable, because their labor and exposure are quite as great as males, and they are much more frequently anæmic. Sibson says that young females with rheumatism are nearly always attacked or threatened with endo- or pericarditis or both. In after life males are most frequently the subjects of cardiac disease, owing to their greater exposure and labor, perhaps also on account of their greater indulgence of the appetite.

Of the cardiac affections, endocarditis is much the most common, the mitral area being especially vulnerable. Endocardial inflammation generally begins early in the rheumatic attack—in the first week usually, but may occur in the second, the third, or even the fourth week. The more severe the rheumatic attack the greater the liability to the endocarditis. If the patient escapes for the first week, and, is under suitable care and medication, some believe that the heart should be secure from attack. It is the general opinion that endocarditis is proportionately much more liable to occur in second, and still more so in third atttacks of rheumatism, even although the successive attacks be less severe. There is a very probable fallacy in this view. No doubt in many cases of rheumatism there occurs inflammation of endo- or pericardium, or both, without manifesting any signs of its existence ; permanent thickening of the endocardium may, however, result, and become at the affected points more vul-

* Reynolds' system.

† St. Bartholomew's Hosp. Rep. vol. xxii, p. 273.

‡ I would commend to your notice a paper by our friend Dr. Peters, to be read in Surgical Section.

§ Diseases of the Heart.

*British Collective Investigation Record.

nerable to the rheumatic poison in subsequent attacks. This offers the only reasonable explanation of this greater liability to cardiac implication in repeated attacks of rheumatism, as otherwise the liability should decrease with advancing age and lessening in severity in the recurrent attacks. The truth of this is further borne out by the experience we have probably all had of cases who, having convalesced from rheumatism, have passed out of our hands without any signs of cardiac lesions that could be detected, and who sometime later showed unmistakable evidences of heart disease, it may be, of a most serious nature. The greater frequency of heart disease in several attacks of rheumatism was believed by Sibson to be due to the increased strain thrown on the heart by the severity of the disease.* The fibrous structures subject to most strain seem to be most liable to attack; the increased labor of the heart may, therefore, induce inflammation of its fibrous structures.

In children, as with rheumatism, so it is with its cardiac phenomena, they are nearly always mild and trivial; all may disappear for a season, yet they too often recur, soon to persist, until the valve injury becomes serious, and finally fatal. In the rheumatism of children the slightest causes may induce relapses. They frequently tax the patience of the physician, and too often shake the confidence of the parents in his skill and treatment. In these recurrent attacks lies the danger to the child, as with each he becomes increasingly liable to disease of the heart. If the heart becomes once affected the lesion is sure to increase with each relapse.

Such cases of rheumatism call for the most judicious management perseveringly carried out, until the rheumatic condition has been wholly eradicated.

(*To be continued.*)

SALOL IN INFANTILE DIARRHŒA.—Dr. Hirtz (*Lyon Med.*) finds that vomiting and diarrhœa of infants speedily yields to the administration of the following powder, twice daily:

℞—Salol, ... gr. iij.
Laudanum, ... gtt. j.—M.
Ft. one powder.

* Reynold's System of Medicine.

THE PRACTICAL BEARINGS OF COLOR BLINDNESS.*

BY G. STERLING RYERSON, M.D., L.R.C.S., ED.,

Professor of Opthalmology in Trinity Medical College, Toronto.

The earliest case of color blindness which has been recorded is that of the shoemaker Harris, which was reported by Mr. Huddart in 1777. In 1794 the English chemist Dalton described his own defect. His name has since been attached to this curious and interesting condition. Dalton stated that to him "the color of a fluid complexion seemed dull opaque, blackish blue on a white ground. Diluted black ink on white paper gives a color much resembling a fluid complexion. Blood appeared not unlike that color called bottle-green. Grass appeared a very little different from red The face of a laurel leaf is a good match for a stick of red sealing wax Green woolen cloth appeared a dull brownish color." Harris, the shoemaker, noticed that he could not tell the cherries from the leaves except by their form. Since Dalton's time, Seebeck and Stilling, in Germany, Wilson, of Edinburgh, Donders, in Holland, and Joy Jeffries in the United States, have done much to elucidate this matter, but it is especially to Prof. Holmgren, of Upsala, Sweden, that the greatest credit is due for placing our tests on a sound scientific basis. He adopted the theory of color of Young, and upon it founded his tests.

As regards the different varieties of color blindness, Dr. Joy Jeffries, in his book on "Color Blindness," thus quotes Holmgren's work:

"We classify the different kinds of color blindness under especial heads, to be able the better to grasp the whole. We might, indeed, divide this blindness into congenital and acquired; but as such a division has reference alone to the mode of origin, and not to the nature of this blindness, and effects in no wise the manner of its discovery, it has no practical importance in the case now occupying our attention. Besides, our division relates, as does our entire memoir on this subject, essentially to congenital color blindness. The division is as follows:

"I. Total color blindness, in which the faculty of perceiving colors is absolutely wanting, and

* Read before the Ont. Med. Association, June, 1891.

where the visual sense consequently can only perceive the difference between darkness and light, as well as the different degrees of intensity of light.

"II. Partial color blindness, in which the faculty of certain perceptions of color, but not of all, is wanting. It is subdivided into—

"1. Complete color blindness, in which one of the three fundamental sensations, one of the three perceptive organs of color in the retina, is wanting, and in which, consequently, the colored visual field has but two ranges. This group includes three kinds, namely—

"(*a*) Red-blindness.

"(*b*) Green-blindness.

"(*c*) Violet-blindness.

"2. Incomplete color blindness, where one of the three kinds of elements, or perhaps all, are inferior in excitability or in numbers to those of the normal chromatic sense. Incomplete color blindness exhibits, like the normal sense, three zones in the visual field, but is distinguished from it by an unusually small central field. This group includes the whole of a series of different forms and degrees, a part of which—the superior degrees, which might be called *incomplete red-blindness* and *incomplete green-blindness* (and *incomplete violet-blindness*)—constitutes the transitions to the corresponding kinds of complete color blindness; and another part of which—the inferior degrees, which we call a feeble *chromatic sense*—constitutes the transition to the normal sense of colors."

Of the various tests, the most important are Stilling's, Donder's, Chibret's and Holmgren's. Testing by lanterns and flags is tedious, but may have to be resorted to occasionally.

The causes of color blindness are congenital defect, heredity, severe illness, or injury, particularly to the spine and head, and excessive use of alcohol and tobacco.

The influence of fog, mist, snow, rain and steam, on signal lights is important. A white lantern exposed to snow and rain, by absorption of light from the dimmed glass, may appear green to the color blind, who depends on the intensity of the light to guide him. So also may a green light appear red. By the accidental use of thicker or thinner glass (red or green) the difference in the intensity of the light may be destroyed, and hence arise all the conditions for the occurrence of dangerous mistakes. Steam also effects the colors of the light. As seen through different pressures it may appear red, green or violet. The importance of this fact is self evident. It should always be borne in mind that the color blind, judge of color by the *intensity of the light alone*, and that turning a white light up or down represents to him the different colors. With regard to this, Dr. Wilson, of Edinburgh, writes, "How often it must fall to the lot of engine drivers to watch lamps through an atmosphere which will convert a safety signal (white) into a danger signal, completely alter the color of the green signal, and so darken the danger signal (red) as to render it invisible." Dr. Jeffries further remarks: "In the even slightly color blind, his only means of distinguishing the signals will be gone, viz., the difference in the intensity of the light."

Dr. Jeffries elsewhere writes: "A red and a green light appears to excite one and the same element in the retina of the red-blind. A ray, red and green, must seem fundamentally to the red-blind to be one and the same color, and if, in special cases, he knows how to discriminate, his judgment is simply guided by the intensity of the light.

The reason that *accidents traceable to color blindness* are not more frequently heard of is, that the public are not informed of many minor accidents which occur, and, even in more serious ones, the reporters have great difficulty in getting at the facts. Also familiarity with the road teaches engine drivers to expect certain signals at certain places, and it rarely happens that both engine driver and firemen are color blind, though such a misfortune has happened. As might be expected from the uncertain conditions of water travel, accidents due to color blindness are more common on the water than on the land. A collision took place in 1875, between the steamers *Lumberman* and *Isaac Bell*, near Norfolk, Va., which was distinctly proved to have been due to color blindness of the pilot of the former vessel.* Ten lives were lost. Another case was the loss of the steamer *City of Austria*, in the Harbor of Fernandina, Florida, in 1881.†

Mr. Bickerton, of Liverpool, gives also details

*Annual Report for 1880 U. S. Inspector-General of steam vessels.

†*Shipping and Mercantile Gazette* and *Lloyd's List.*

of collision in St. George's Channel, January, 1888, between the *Toronto* and *Fredis*, and the notorious case of H. M. S. *Vanguard* and *Iron Duke*, as proved to be due to same cause.*

Having thus, as far as the limited time at my disposal will permit, discussed the nature, causes, peculiarities and mode of detection of color blindness, I invite your attention to the remedy for this condition. When congenital, it is incurable. When caused by injury or disease it may be cured.

Exercising the ears with the names of the colors, and the eyes with sensations of color, help the color blind to supplement their eyes, but it *does not increase the color perception.*

As regards its frequency, I have tested nearly seven thousand public school children and students, and have found about four per cent. among the boys, and ½ per cent. among the girls. This is rather below the average of other observers who find five per cent. among the male sex. Color blindness is a great disadvantage to dry good merchants and painters.

In sailors and railroad employees of certain grades it is a great source of danger to the public: The only safety for the public is the elimination of the color blind. At present this is not sufficiently done. I have for the past five years questioned railroad and seafaring men with whom I have come in contact, and I am convinced that only the extremely color blind are eliminated by the crude and imperfect methods employed. So that color blind are employed and normal eyed are rejected by incompetent examiners.

It is also necessary that the men should be re-examined periodically, having in view the effect of tobacco, and especially after severe illness or injuries. In most of the states the examination is controlled by law, as it is also in many countries of Europe. Here it is left to chance. In my opinion, the officials of a road that through carelessness or other cause allow a color blind to run an engine, should in the event of an accident, be indited for manslaughter, should death result therefrom. Such an accident would be preventable and the company should be made to pay therefor.

In conclusion I would express the belief,

1. That the color lists made by railway and marine authorities in Canada are imperfect.

2. That danger arises to the public from this cause.

3. That it is urgently necessary that this danger be obviated by the proper elimination of the color blind from among the employees.

4. And that the men should be re-examined periodically, particularly after severe sickness or injury.

* "Sailors and their eye sight."—Dr. Bickerton, of Liverpool, *Brit. Med. Jour* 1888.

LACHRYMAL ABSCESS WITH FISTULA.

BY JOHN W. S. M'CULLOUGH, M. D., C. M.,
ALLISTON, ONT.

Ruby———, æt. 8, was seen at my office for the first time on Oct. 9th. She was suffering from lachrymal abscess, and the swelling having been freely poulticed had opened below tendo palpebrarum. She had been in this condition since June last. Two days later, under an anaesthetic, the lower punctum and canaliculus was freely opened with a Liebrich knife, the sac washed out with 10 vol. peroxide of hydrogen and with some difficulty and a No. 3 probe passed down the narrowed nasal duct. The probing was continued daily for a week, and the sac washed through the fistulous opening. At end of the week a No. 4 probe was used and at intervals of two or three days larger probes up to No. 6 were used, the washing being continued along with weak astringents in the eye.

At the end of the third week the fistula closed but opened again in a week. The washing through fistula was renewed for two or three days and coming out through the nose freely, showed patency of duct. The fistula closed and has remained closed since (a month) and the case is cured. There is no epiphora left, and the eye and its appendages are as well as they ever were.

I cite this case as an evidence of the value of peroxide of hydrogen. I have used it in diptheria (spray) with marked success.

MRS. C. P. HUNTINGTON has given the Directors of the New York Post-Graduate Medical School $2000, a sum sufficient to defray the expenses of a Lying-in Department for one year. Professor von Ramdohr will have charge of this department at 543 East 13th St., where instructions in Obstetrics will be given to graduates in medicine only.

Reports of Societies.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

NOVEMBER MEETING.

The president, Dr. Wm. E. Moseby, in the chair.

Dr. John Morris gave an address entitled "A Parting Word upon Obstetrics."

I began the practice of obstetrics forty-six years ago, and for the first four years kept a record of my cases. The first year I attended 35 cases. I was associated with Dr. Hintze, who at that time had a very extensive general practice, and who was very often called to assist midwives in their troublesome cases. I kept a careful record of my first 200 cases, but after that I abandoned the record, a fact which I have since very much regretted.

My first case was a very unfortunate one; I attended the patient in my student days. This woman was in the country, and was in labor three days. At the end of that time I sent for Dr. Hintze, who delivered her with the crochet. On account of the long impaction of the head, the whole of the anterior wall of the vagina sloughed away. The woman is still living, but so much tissue was destroyed that it was quite impossible to close up the opening, and all these years the urine has been passing from her as rapidly as secreted.

My second case was a black woman, who had a prolonged labor. I had never seen the forceps used, but tried to put them on and failed. After a while the child was born without any artificial assistance.

One of my great difficulties in my first cases was to find the cervix. I had never had any practical instruction in obstetrics, and did not know that in the first stage, before much dilitation, that the os is usually found far back against the sacrum.

Among other things that I think I have learned is how to shorten labor. One of the best means of accomplishing this is by external pressure. I learned that from my master, Dr. Hintze. Another was to pass the cervix around the occiput; and I found that these, too, shortened labor very considerably. I think I acquired the art of preserving the perineum. I believed in keeping the head under control, and not allowing it to be delivered too rapidly. In Ireland I learned how to preserve the perineum when using forceps. The secret is, simply to change the axis of traction as the head comes to the perineum, first upwards, perpendicular to the bed, and then carrying the handles far over on to the abdomen of the mother.

I have found that midwifery is underrated in the profession; but I am convinced that in no branch is there greater opportunity to display skill and judgment. This branch is esteemed much more highly now than formerly.

Formerly in conditions of rigid cervix it was the practice to bleed. I have done it many times, but it would not be tolerated now.

I am convinced that hot water injections will assist in relaxation. I have no faith in belladona.

I have been fortunate in not seeing any cases of hæmorrhage. I believe external pressure, used during labor, will prevent post-pastum hæmorrage.

For the first ten years I used ergot in nearly every case during the second stage, but have not used it now for fifteen years. In cases of delayed labor I now prefer the forceps to ergot.

The crochet has gone out of use, but formerly it was used frequently. Often the woman was injured, and not unfrequently the doctor's fingers suffered. Dr. Hintze had a glove to protect his fingers. We had at that time no chloroform, and often in transverse positions the woman would die undelivered because it was not possible to turn and deliver. I have not habitually used anæsthetics, except in forceps cases, I have thought they prolonged the labor, but I always use chloroform when any force is to be resorted to.

I have never used the binder, because I could never see the philosophy of it; it will not stay in position, and it is absurd to think it controls hæmorrhage. The only good that I could ever see that it accomplished was to please the woman.

When to use forceps. — Always use forceps when labor is delayed in the second stage. The old forceps were a much weaker instrument than the ones constructed on the Tarnier principle. I think the Tarnier forceps the greatest advance in obstetrics in my time.

In placenta previa, and in abortion, we formerly used a tampon made of a handkerchief, rags, cotton or anything that could be had. These tampons were dirty and dangerous. Later I have used only the colpeuryntur; it assists to dilate

the os, as well as being the most efficient tampon. It is clean and harmless.

Opium is the best thing to relieve pain in labor. It does not arrest the labor; when the os is dilated it increases the contractions.

Dr. F. E. Chatard exhibited to the Society the obstetrical instruments used by his grandfather, 1810--1840, and also those used by his father, 1835--1875. He stated that he had used external pressure with apparent good effect.

Dr. Wilmer Brinton stated that external pressure was used by primitive people. He thought that in rigid os he had gotten good results from the administration of chloral in fifteen grain doses every fifteen minutes and three doses were given, as recommended by Playfair. But the number of cases in which he had given chloral was small.

Dr. G. Lane Taneyhill had used chloral per anum with great satisfaction in three cases. In less than an hour the os had been considerably dilated, and delivery was effected in each case within three hours, other remedies having failed. He had learned this treatment from our learned fellow-member, Dr. Williams — he uses 30 grs. chloral in milk.

Dr. P. C. Williams thought it was very important to consider agents to relax the parts. Chloral, in 40 to 60 gr. doses per anum, had given good results, but sometimes it, as well as chloroform, fails to completely relax the cervix. In his earlier experience he had encountered many cases of post partum hæmorrhage, but since he had made use of a practice that is condemned by most obstetricians--that of giving ergot before chloroform—he had not had a single case of hæmorrhage. He had seen no harm result from this practice, but thought he had in this way shortened the labor.

The objection to morphine to relieve pain, is that it nauseates badly afterwards. Chloral must be pushed to get good effects. The objection to it is, that sometimes it leaves the patient more or less delirious, and may seriously depress the heart if given too frequently.

Dr. William S. Gardner had used chloral in fifteen grain doses repeated every fifteen minutes in a series of cases, and found that while the patients had very little relief from pain, that a large percentage of them would be made sick at the stomach, and the discomfort caused by the disagreeable taste of the drug and by the vomiting following its use, more than counter-balanced the little good it did, and its use in this way was abandoned.

He gives it frequently for the relief of false labor pains. A dose of 30 grs. will almost invariably relieve the pain and put the woman to sleep.

Dr. Wm. P. Chunn had used chloral a number of times, but could get no positive evidence of its value; but it does not seem to obtund the pain, If opium will do this, it might be advisable to use it.

Dr. L. E. Neale was surprised that a discussion as to the value of chloral should be brought up. He thought that the time for discussion of that subject had passed.

Whether it would act more efficiently by the rectum or by the stomach he did not know. But he thought 60 grs. too large a dose, and would be afraid to use that much as an ordinary dose by the mouth.

The remarks were entirely too general to admit of special discussion.

Selected Articles.

ADENOIDS OF THE NASO-PHARYNX IN CHILDREN—THEIR EFFECTS AND TREATMENT.

(*Continued from December Number.*)

III. *Effects upon the Ear.*—In no organ are the effects of the continued presence of unhealthy adenoids of the naso-pharynx so certainly injurious to the functions of that organ as they are in the ear. My own experience leads me to believe that in every case, without exception, where there have existed for a certain length of time in the post-nasal space excessive adenoids which have been the seat of unhealthy inflammatory processes, there supervenes, sooner or later, middle ear complications, which impair to some extent the power of hearing; and, as a rule, this impairment is progressive in its nature. Further than this, in this part of the world, by far the greater number of all cases of impaired hearing are to be attributed to the existence at some time of these adenoid growths.

Exactly how the inflammation spreads from the naso-pharynx into the middle ear has been the subject of much discussion. The important factor is thought to be the interference with normal respiration, due to the nasal stenosis caused by these growths. Some authors consider that this interference produces rarefaction of the air in the post-nasal space, and this, together with the closed condition of the Eustachian tube-mouth, causes a rarefaction of the air in the mindle ear, giving rise to hyperæmia of its mucous membrane, which, in turn, is the cause of the condition of affairs to be found in middle ear catarrh.

In this view, undue importance is given, I think, to the rarefaction of the air in the post-nasal space; for the nasal stenosis in the class of cases under consideration is, though often high in degree, sel-

dom complete; and the general atmospheric pressure is such, that one is forced to believe that though this opening through the nose into the supra-pharyngeal space may be small, the atmospheric pressure will always remain the same in the naso-pharyngeal space that it is outside the body —the air in this space being, however, comparatively stagnant. Doubtless the rarefaction of the air in the middle ear has much to do with the production of the middle trouble in these cases; but this rarefaction is, perhaps, due altogether to the closure of the Eustachian tube, or to causes impeding the proper movements of its mouth. Direct inflammation of the Eustachian tube-lining may bring about this closure, though it is probable that this is the cause in only a relatively limited number of cases. In about one case in every three of adenoid growths of the naso-pharynx—perhaps in one-half the cases, that have come under my observation—there have been adhesions between some part of the mass of the adenoid tissue and the Eustachian tube-mouth, or there have been developed beneath the reflection of the mucous membrane from the Eustachian tube-mouth to the pharyngeal wall, masses, larger or smaller, of adenoid tissue, which served more or less as an impediment to the free movements of the tube-mouth. This adenoid tissue exceptionally will be found to extend over the tube eminence into the mouth of the tube, and in contracting, as this tissue does after existing for a time, will cut indentations into the tube eminence just as though the mouth was bound down with a cord. Generally, however, the adenoid tissue development concerns only the outer posterior, under an upper aspect of the tube-mouth. It seems highly probable that these adenoid adhesions of the tube-mouth are, to no little degree, responsible for the catarrhal conditions of the middle ear, for they interfere with the natural movements of the tube, and cause either undue patency, or undue closure of the tube entrance.

In the great majority of cases of ear-ache in children, there will be found a concomitant diseased condition of the adenoid tissue in the naso-pharynx; and the household remedies of hop-bags, and the thousand and one solutions for instillation into the ear (none of which are superior to warm water or oil) meet no other indication for the treatment of the disease than the endeavor to relieve the moment's pain.

So also most of the cases of "running ears" in young children find their prime cause in diseased adenoids, plus certain other factors.

IV. *Effects upon the Lungs*—That the growths in question are oftentimes an assistant cause to the production of many of the inflammatory conditions of these organs, must be considered as true. They are not the direct cause, as they often are, for instance, of the catarrhal rhinitis. The blame that must be laid at their door is that they cause nasal stenosis, and so compel the inspiration of u warmed, unfiltered air into the lungs; and, furthe their influence upon the general health, a point which will be touched upon later on. Bronchitis and pneumonia are the two lung troubles that occur most frequently in these cases. And while the case histories of the children that come for treatment for some manifestation of these post-nasal adenoids so frequently tell of one or the other of these troubles, that a causative influence in the adenoids as the permanent trouble must be suspected; still surrounding the children are so many other conditions of life which might have a determining influence on these diseases that it is impossible to determine the exact causative importance to be attributed to nasal stenosis. Most writers, however, rightly agree that this causative importance is great.

True asthma has been said to be sometimes dependent upon these growths. In children, there is often a difficulty of obtaining sufficient breath while lying down, when the post-nares is filled with these growths; but this condition is generally associated with hypertrophy of the tonsils in these cases. I have never seen a case of true asthma from this cause.

V. *Effects upon the Stomach and Intestinal Tract and thus upon the General Health.*—In young children, the stomach, among its other offices, acts as the drip-cup for the pharynx and naso-pharynx. To clear the throat effectually requires a muscular effort of which young children are incapable, which is awkward for them to learn, and to make efficient use of which, children must reach a certain age, and in many cases require to be taught—it being natural for them to dispose of the pharyngeal secretions in another way. Gravitation allows a certain, though perhaps small, part of the naso-pharyngeal secretions to run out at the nostrils; the remainder, not being absorbed *in situ*, must be disposed of, and, running down into the pharynx, is swallowed, and finds its way into the stomach. When the adenoid tissue of the naso-pharynx becomes what are generally known as adenoid vegetations, the amount of these secretions becomes considerable; and when, under certain conditions — especially, perhaps, diathetic ones—these vegetations take on a chronic inflammatory nature, the amount of matter secreted by them would, could it be measured, surpass greatly the belief of those who have given the matter a thought. This catarrhal exudation from the post-nasal space finds its way into the stomach; sometimes this exudation has more or less of a purulent nature, sometimes it is retained in the post-nares long enough to undergo certain chemical changes. Furthermore, the nature of these discharges, and their surroundings, affording, as they do, moisture, and warmth, is such that they must be the breed-

ing-ground for innumerable germs of different kinds, and often enough, under certain conditions, of germs capable of originating disease. Certain parts of these discharges, when in the stomach, require a digestive effort to dispose of them, and a certain amount of them must past into the intestines.

Fischer has lately written an article showing the relation between naso-pharyngeal catarrh, and gastric catarrh, in which he lays particular stress on the pharyngeal discharges—more correctly from the diseased adenoids of the naso pharynx. These discharges, when in in the stomach, act perhaps in several ways to produce gastric trouble They, during certain conditions of the adenoid inflammation, are being more or less continually poured into the stomach requiring a more or less continuous digestive effort, resulting in abnormal activity of the gastric glands.

It is probable that certain of the constituents of the naso-pharyngeal secretion interferes with the proper digestion of food when it finds its way into the stomach, by producing chemical changes in it. The "large quantities of catarrhal (usually muco-purulent) exudation" (Fischer), at times to be obtained by washing out the stomachs of children suffering from diseased adenoids, make it highly probable that the stomach tries, in its efforts, to expel all this continually increasing mass of exudation from the naso-pharynx, and that it accumulates then in the stomach, where its presence is sufficient to produce gastric inflammation.

And without going here further into the question, it may be added that consideration of the question makes one believe that not a few of the intestinal troubles of children are directly due to the presence in the intestinal tract of this naso-pharyngeal secretion—the trouble being produced either by the germs brought down in the secretion, or by chemical disintegration of the secretion, or to disorders in the digestive processes caused by the presence of excess of these discharges.

Before leaving the subject of adenoids in children, it may be well to notice one or two other points.

A child with enlarged adenoids of the naso-pharynx does not necessarily mean an unhealthy child, for frequently, in perfectly healthy children, this post-nasal tissue is hypertrophied. But if there be superadded in these vegetations, an inflammatory process, such as is the rule where this tissue is developed to an excess, the effects of the continuous discharges from these growths will, sooner or later, to some degree, make its influence felt upon the health of the child; and where the child has a weak constitution to start with, the effect of the adenoid discharges will be potent factors in keeping the constitution weak.

Much has been written about a condition of mental sloth, a seeming distaste for study, etc., in children, with excessive adenoids. This is probably due to the condition of eye-refraction, together with unpleasant sensations of malaise accompanying these growths where excessive.

Treatment.—Certain points in regard to the treatment of post-nasal adenoids must be reserved for the article in which the question concerning the ætiology and further history of these growths will be considered. The remarks here on treatment apply to the treatment of these growths when existing in such quantities, or in such conditions, as to cause affections of the nose, eye, etc.; the proper treatment of which affections is the treatment of the diseased adenoids.

A few applications of yellow oxide of mercury salve will, in most cases, cause a phlyctenular conjunctivitis to heal in a few days, but a yellow oxide salve will not prevent its recurrence; and so warm water in the ear of a child suffering from earache, due to adenoids as a first cause, often temporarily relieves the pain, but it does not remove the inflammatory ear trouble, nor prevent the deafness which is so often going to follow, nor any of the troubles consequent upon diseased adenoids.

In theory, it seems proper to rely upon the use of a spray to induce a healthy state of the adenoids in the naso-pharynx; but, in reality, sprays in the case of young children do but little good, and, in most cases, when one considers how they are used, they do no good at all; so that it is merely a waste of money and time to purchase them.

In the early stages of the adenoid trouble, when the tissue is only moderately hyper-developed, one may look for some good from astringents applied to these growths; but considering the difficulty of making a thorough application, the use of astrigents is to be recommended in only a very limited number of cases.

The one treatment to be recommended for these diseased adenoids is removal, and the removal of the adenoids behind the naso-pharynx is the one proper treatment for all the active troubles resultant from their presence. The use of acids and the electro-cautery are not to be recommended as the means of removal, both being at times the cause of harm. While the complete removal of these growths would probably be advisable in young children—*i. e.*, in children under six or seven years of age—this is not always practicable, as they will not submit to the insertion of a palate retractor, without the use of which it is impossible to say when all of this tissue has been removed.

With children under seven years of age, and with older children, who can not be made to submit to the use of the palate retractor, chloroform is necessary, or, at all events, its administration is to be preferred to forcing the struggling child to submit to the operation without it. A condition of sem

narcosis is all that is needed, and is to be preferred to complete narcosis, inasmuch as the work can be done without much danger of the child draining any of the blood from the wound into the larynx. For the removal of these growths, some form of post-nasal forceps or snare may be used—different operators preferring different instruments. With young children we have to be satisfied, as a rule, with removing enough of the diseased tissue to remove the obstruction to nasal breathing, waiting until the child gets older to accomplish a complete removal.

When the child becomes old enough to submit to the introduction of the palate retractor (and that invented by Dr. Joseph A. White, of this city, is by far the best instrument for the purpose), the removal of this tissue becomes, with a properly constructed pair of of Lœwenburg's forceps, an easy matter ; for when the palate retractor is in place, the naso-pharynx is in the rhinoscopic mirror, and is as plainly visible as the palm of the naked hand, and all that is required for its removal is a knowledge of what ought to be seen in the post-nares, the exercise of some judgment as to what to remove, and the instrument for removal. A properly applied 4 to 6 per cent. cocaine solution so deadens the growths that, as a rule, there is little or no pain caused by their removal. The hæmorrhage, except in the case of "bleeders," is seldom troublesome, nor is there need of any after-application to the wounded surfaces, which heal, as a rule, rapidly.—John Dunn, M. D., in *Virginia Med. Monthly.*

COMMON ERRORS IN THE TREATMENT OF DISEASES OF CHILDREN.

In a lecture delivered before the post graduate course in the London Hospital for Sick Children, Dr. W. B. Cheadle (*Practitioner*,) calls attention to some of the more common errors in the medical treatment of children, some of which are survivals of old methods based upon the imperfect pathology and physiology of a former day,—of traditional rule-of-thumb practice. A routine practice once established holds its own with remarkable tenacity long after the data upon which it was originally founded have been abandoned as untenable.

Other errors, again, have arisen from hasty and erroneous deductions based upon insufficient knowledge, especially with regard to the physiological action of remedies ; for there is a disposition to accept too readily the reputed action of new drugs, and it is quite appalling to observe how recklessly new and powerful drugs are administerted before their complete physiological action has been finally determined. Nevertheless the mistakes which are most pregnant of mischief are those which occur with the feeding of infants ; yet these mistakes are very common, and Dr. Cheadle classified a number of errors under this head, the more important of which are the following :

1. *The Sudden Weaning of Infants on to Fresh Cow's Milk and Water.*—This is a frequent source of disaster. The massive curds which distinguish cow's milk when brought into contact with the acid of the stomach are frequently beyond the feeble digestive powers of an infant ; dilution only diminishes the quantity of the casein, it does not alter its character, and the undissolved clots under the favoring conditions of heat and moisture ferment, and set up colic, vomiting, diarrhœa. Unboiled milk readily becomes sour, and affords a favorable soil for putrefactive bacteria and disease-germs. Both clinical experience and actual experiments show that boiling milk sterilizes it as far as the putrefactive bacteria and disease-germs are concerned. And yet, as has been well remarked by Dr. Jeffries, while older people are fed almost entirely upon sterilized—*i. e.*, cooked—food, infants are fed on an unsterilized food peculiarly adapted to serve as a cultivative medium for bacteria. Boiled milk, moreover, clots less firmly and massively than raw milk, hence it is more digestible. Children should be weaned on to boiled milk, with barley-water, which appears to separate the curd atoms, and hinder massive coagulation.

In the case of very young or very delicate children, however, the milk should always be peptonized at first, the degree of peptonization being gradually reduced. Whatever form of milk is used, the solution should be sufficiently dilute to begin with, the strength being gradually increased.

2. *The Feeding of Children on a Diet which is Excessive or Deficient, either in Gross Quantity or in Certain Essential Ingredients.*—The following are the chief errors in this respect :

a. Insufficient Gross Amount of Nutritive Material.—For instance, a child is found unable to digest any mixture of cow's milk stronger than 1 in 4, and it is kept upon this. But the capacity of the stomach is limited, and it is impossible for it to take a sufficient quantity of this mixture to supply the material required for growth and full nutrition. The difficulty may be easily overcome by the addition of some of Valentine's meat-juice and cream, pending a very slow and gradual increase in milk as the child's digestive power developes.

b. Food Deficient in Fat.—This element is of especial importance in the food of children. And yet they are constantly brought up on a diet sadly wanting in it, as, for instance, most of the artificial foods, whether purely farinaceous or containing desicated animal matter. Some condensed milks are deficient in cream, while skimmed milk is practically destitute of fat.

c. Food Deficient in Proteids.—The same thing may be said with regard to deficiency of proteids. Children, especially those with whom cow's milk does not agree, are frequently placed solely upon some artificial food, which does not supply the necessary quantity of nitrogenous matter without the addition of milk.

The removal of a portion of casein by rennet in "artificial human" milk is sometimes carried to excess, and continued too long. Children starved of these two elements are often large and fat, but flabby, anæmic, and rachitic. Indeed, this defect in food is one of the chief causes of rickets.

d. Absence of Antiscorbutic Element in the Diet.—Another not uncommon error is to overlook the the necessity that the food given should possess the antiscorbutic property.

Fresh milk contains the element in sufficient quantity; but all farinaceous foods, and all the dry artificial foods, even these containing desiccated milk or egg, are wanting in it. It is apparently greatly weakened, if not destroyed, by the process of sterilizing milk or condensing it. Many of these artificial foods are good as far as they go, but all require the addition of some fresh element, such as milk, to supply the antiscorbutic property. This point is constantly overlooked; cow's milk is found to cause dyspepsia and diarrhœa, and is replaced by a manufactured food.

e. Prolonged Use of Artificially-digested Foods.—Another error, now growing common, has arisen from the discovery of the value of predigested food,—the practice of maintaining children on peptonized or pancreatized foods for too long a time.

These preparations do excellent service in the case of children just weaned, or with small power of digesting cow's milk. If, however, these predigested foods are continued for months, nutrition falls off; the child becomes flabby, soft in bone, and in the end strikingly anæmic. Moreover, the power of digesting curd is seriously impaired, so that there is often great difficulty in changing afterwards to ordinary milk-foods.

The Treatment of Infantile Diarrhœa and Constipation.—The diarrhœa of young children is most commonly due to the irritation of the mucous lining of the intestine by undigested and decomposing articles of food, aided, perhaps, by the influence of ptomaine poisons in causing paresis of the splanchnic nerves, undue stimulation of the vagus or derangement of secretion or digestive juices. It also caused apparently by irritation reflected from the dental nerves in teething, setting up increased peristalsis in the same way.

Now, in the first case, it cannot be wise to acquiesce in the condition by which nutriment is passed out, some of it partially digested and what is digested hurried on too rapidly to permit of absorption. There can be nothing curative or beneficial in the process.

In the second case, when the flux is due to reflected irritation in teething, there can be no advantage in the nutrient drain which the increased peristalsis involves. Many, although not all, of these attacks of diarrhœa during the period of teething, and attributed to reflex dental irritation, are in reality due to direct irritation of the alimentary canal, the dentition being merely a coincidence, or only subsidiary by rendering the mucous membrane more excitable. So far from diarrhœa being a safe-guard against convulsions, it is precisely those children who have been drained by diarrhœa and vomiting who are most liable to these.

Little children bear continued purging badly. Metabolism is active, and the loss of nutrient material tells heavily upon them. The mere drain of fluid is in itself alone a grave matter. Look how, in choleraic diarrhœa, they dwindle and wither rapidly, and, with pinched faces and sunken eyes, shrink to half their former size almost. Although the diarrhœa may not be severe,—three or four loose stools a day only perhaps,—the risk of permitting such flux to run on uncontrolled in a young child is a serious one. A diarrhœa which begins moderately, and which excites no apprehension, but is viewed perhaps with satisfaction, is apt to develop dangerous proportions within a very short period, and to reach a point beyond control of medicine. It is easy to keep it within limits if it is held in check from the first. But when it rages with full violence, drugs may have little or no effect.

In every case of diarrhœa in a young child, however slight, it is wise to get it under control at once. It is not necessary to induce absolute constipation, but to bring the action of the bowels to natural limits. The younger the child, the more important this becomes, the risk being in inverse proportion to age. An infant is very easily killed by vomiting and diarrhœa during the first few months of life.

In the first place, as to food. Usually, if the child is on cow's milk, it is stopped absolutely. So far, so good. If milk is given at all, it should be peptonized and diluted with a little barley-water.

Give nothing which is not sterilized, nothing but what is predigested or easily digested. Do not, however, commit the mistake often made of giving nothing but barley-water or veal-broth. These supply fluid, but little else; they do not yield sufficient nutriment. In the tendency to collapse, a meat essence is of great service, and ten drops of Valentine's juice should be given in a dessertspoonful of water every four hours.

With regard to the use of drugs. As a rule, astringents are given and opium carefully avoided, as being dangerous in the case of little children. Astringents, such as hæmatoxylum or catechu, are useless in the acute stage, and opium in some

form is essential in anything like a severe case. Gray powder with Dover's powder in small and frequently-repeated doses should be given if there is much vomiting. Bismuth, the insoluble nitrate, in doses of 5 to 10 grains with chalk, and $\frac{1}{8}$ or $\frac{1}{4}$ or $\frac{1}{2}$ minim liquor opii sedativus, according to age, are the most efficient remedies.

In the treatment of chronic constipation three devices only appear to be adopted as a rule :

1. The administration of more or less active purgatives from time to time, sometimes once or twice a week, the remedy being repeated as often as the bowels become confined again.

2. The use of enemata, sometimes regularly every few days, for lengthened periods.

3. The inclusion in the diet of coarse foods and fruits, oatmeal, cabbage, prunes, figs, and the like.

Adults are generally treated more sensibly than children ; they are given, perhaps, a daily dinner pill, or sent to drink laxative waters at some spa. But with children treatment is almost invariably limited to the three stock measures above named.

Now, if the constipation is only occasional,—an exceptional difficulty,—a free purge or enema may end the trouble and cure the complaint. And if the constipation is slight only, the use of stimulating foods containing insoluble *débris* may be sufficient to keep the bowels acting. But if they are not successful, remember they do positive harm by favoring hard accumulations and excretions.

If, however, the constipation is recurrent or habitual, and obstinate,—*chronic*, in a word,—none of these measures will be adequate to effect a cure. The relief given by a brisk purgative, if frequently repeated, tends to defeat its own end, and to retard, not hasten, the ultimate cure.

The purgatives lose their effect after a time; the frequent stimulation of the bowel renders it less sensitive. Stronger and stronger purgatives are required, the constipation grows more and more difficult to overcome; at last the bowels, rendered callous to stimuli, refuse to act, except in response to powerful irritant purgatives or enemata. The colon, its muscular wall in a condition of atony from over-stimulation, habitually distended by fæcal accumulation and evolved gases, and not unfrequently by repeated copious enemata, becomes largely dilated, and utterly inert. The last state of the patient is apt to become worse than the first. The attempts to cure have in reality aggravated the condition.

Now, this state of chronic constipation in children requires treatment, and treatment by drugs. It is productive of many evils. In many cases, cachexia and febrile disturbance from fæcal poisoning. Sometimes night-terrors, recurrent febrile or bilious attacks, sick headaches, anæmia, loss of appetite, feeble growth, sometimes emaciation and hysteria. Sometimes nothing but the inconvenience and discomfort and pain of passing hard and massive stools. These things require to be remedied, but not by the means so generally adopted.

Treatment, to be effective in such cases, must be *continuous*, not intermittent. The constant daily use of some mild laxative is essential to ultimate success.

Night-Terrors.— Children from two or three years old up to five or six, or even older, are liable to what are called "night-terrors." They wake out of sleep, or rather do not fully wake, but start up in a condition of great distress, calling out, screaming, or crying. They seem dazed, half-conscious, cannot be roused so as to take rational notice of the mother or nurse, and cannot be pacified. The state of screaming, crying terror may last for hours. This form of disturbance varies in degree from mere restlessness and crying in sleep to almost maniacal delirium.

Such cases occur usually, but not invariably, in delicate, sensitive, neurotic children, and they are, in most instances, cachetic or ill-nourished. The parents are filled with apprehension that some serious brain-disease is at the bottom of the trouble. The doctor, recognizing the neurotic element, and going no deeper, usually prescribes brmides, often with good effect for the time. Now, these attacks are simply childish nightmare. There is usually, but not invariably, a neurotic disposition underlying the disturbance. The actual disturbance itself is directly due to some super-added source of irritation, central or reflex, most commonly the latter. The administration of sedatives, such as bromide and chloral, only subdues the manifestations, does not cure the complaint.

The direct sources of irritation are undue stimulation of the brain,—as of the imagination, by exciting stories; the rough treatment and terrorizing of an unscrupulous nurse; a visit to the zoological gardens, and dreams of bears and lions; or over-work in school.

More frequently, however, the irritation is reflex,—sometimes, but not often, a round worm in the intestine; sometimes indigestible food at night. But by far the most common cause is constipation, often slight but persistent, the stools being hard, dry, and often light-colored.

The point especially to be enforced is the futility of the mere sedative treatment almost invariably relied upon; as a rule, nothing else is done; "it is all nervousness," doctor and parents agree.

Now, the great object should be to discover the cause of irritation and remove it. If the cause lie in overstimulation of the brain by exciting stories, or overwork, or terrifying threats, or other fears, these must be stopped. In such cases the bromides are, indeed, most useful aids. They do not suffice alone.

If the cause, as by far most often happens, is constipation, the daily administration of laxatives

with strychnine will cure the affection, bromides being administered for a short period at first until the exciting cause is removed.

Antipyretics in Acute Disease. — Among the drugs most heedlessly used at the present day are those which have the property of reducing bodily temperature, such as aconite, antipyrin, and antifebrin.

These remedies are extremely powerful, and in some cases dangerous and even poisonous. In certain extreme or special cases it may be necessary to resort to extreme and special means for bringing down the body heat. These temperature-lowering drugs are, however, too readily resorted to. Pyrexia is a symptom of disease, not the cause or essence of disease. The temptation to use such drugs is great: there is the morbid condition of raised bodily temperature attested by the thermometer, and the means ready to hand which will reduce it,—a result also absolutely demonstrable by the thermometer. It is a case in which an appreciable effect can be obtained by the administration of a remedy, and an effect which is apparently beneficial. But there is another side to the question. You cannot turn these agents on to influence the heat-centres only. Most of the drugs which have a marked influence upon the temperature are cardiac depressants. Aconite has such a powerful effect upon the circulation that even a few doses of a single drop of the tincture will perceptibly lower the pulse; sometimes a small dose renders it feeble and irregular. Indeed, grave consequences follow its too free use. Most serious collapse has resulted from a dose of 3 grains of antifebrin. Antipyrin, in the full doses required to produce marked antipyretic effect, not unfrequently causes vomiting, and occassionally collapse.

Drug Treatment of Debility, Anæmia, and Rickets.—One of the most universal mistakes, although perhaps not one of the most serious, is that of relying largely or chiefly upon drugs in the treatment of these diseases of defective nutrition. Children are apt to be dosed with cod-liver oil and preparations of iron and phosphates indiscriminately, without regard to the condition of their digestive functions and their fitness for the reception of these materials at the moment.

Thus, a delicate child, with feeble appetite, is drenched with cod-liver oil and syrup of phosphates because it is, flabby, ill-nourished, and anæmic. The tongue is coated, the bowels confined. The child is perhaps, over-fed already by rich foods. The chief cause of the anæmia and defective nutrition and want of appetite is the disordered state of the functions of digestion, absorption, and fæcal excretion. A few doses of calomel, or grey powder, followed by a tonic, with some saline laxative and judicious feeding, will do far more to remedy the anæmia and debility than cod-liver oil and syrups of iron. These are excellent remedies in their proper place; but, in these conditions of disordered function, they do more harm than good. They intensify the digestive difficulty, and take away appetite. When the disorder is rectified they may find their place again.

This habit of giving syrup of phosphates, or cod-liver oil, or both indiscriminately, whenever a child looks pale, or seems languid or deficient in flesh, has spread from medical men to the mothers and nurses; so that these drugs have become almost regular articles of diet in many families, to the detriment rather than advantage of health.

In the case of rickets, again, far too much reliance is placed upon treatment by drugs. Rickets is a diet-disease, at any rate in the main. Milk or cream, raw-meat juice, sun-light, and fresh air are better medicines than any to be found in the Pharmacopœia.

Local Treatment of the Throat in Diphtheria.—The cruel and useless practice of swabbing out the throat with caustic applications in diphtheria of the fauces has died out; but this method of applying astrigents, such as perchloride of iron, or antiseptics and solvents, still survives.

The diphtheria wards in the hospitals affords exceptional opportunities for observing the effects of various methods of local treatment; and, from long observation, Dr. Cheadle has no hesitation in condemning as injurious the system of brushing out. And this for several reasons. In the first place, on account of the distress it causes to the patient. In the case of a young child it involves a severe struggle; sometimes the help of two or three persons is required to overcome the fierce resistance, and to open the mouth and reach the fauces. It causes terror, excitement, heart-strain, and physical exhaustion,—conditions most inimical in a disease tending to death by asthenia,—and the distressing process has to be repeated frequently if it is to be effectual. Moreover, apart from this matter of the wear and tear involved, the rough treatment of the fauces probably does harm by causing abrasions of the surface, and thus favoring absorption of the local poison. We know how readily fresh raw surfaces of all kinds take up poisons which come in contact with them. Witness, for example, the communication of scarlet fever in surgical operations, the absorption of morphine from a blistered surface. If the diphtherial poison is rendered more available for circulation by the application of solvents, the infective absorption is liable to be still greater.

Not only are the patients saved great distress, and doctors and nurses much trouble and anxiety, by the abandonment of the brushing-out process, but the results generally have been more satisfactory. Insufflation with iodoform or sulphur, or spraying with boric acid or corrosive sublimate

solutions, are far more easy of application, and more effectual in antiseptic action.

Among other errors in treatment of which the author makes mention are oppressive poulticing of the chest in pneumonia, obstructive to respiratory movement, and tending to increase the body heat; the administration of emetics in diphtheritic croup, which is utterly ineffectual except to depress and exhaust the patient; their frequent repetition in bronchitis and whooping-cough when there is no extreme mucous obstruction of the air-passages to justify it; the too free purging of rickety children suffering from laryngismus and convulsions, under the belief that irritant matter in the alimentary canal is the sole cause of evil.—*Therap. Gaz.*

A THEORY OF SEX.

Some years ago I placed on record in the pages of the medical journals a short statement regarding a theory of sex which it seems advisable to recapitulate at greater length, if only by way of affording opportunity for the discussion of this interesting and fascinating topic. Regarding a theory as a guide to the elucidation of truth, and considering a correct theory as one which explains all the facts and is contrary to none, I submit my views for criticism on this rational basis. It may be proved that I have erred in my conclusions through the deficiencies of my premises, and that my notions of sex evolution are untenable altogether; but at the most and best I submit my views as constituting a provisional and tentative hypothesis only, and as one which subsequent research will either confirm or altogether refute. Beginning thus with a free hand, let me briefly state the gist of the theory in question. It is a tolerably safe maximum in biology, and in other departments of science as well, that we should not ascend into the clouds for explanations of things which lie at our feet. Sex should be, and is, no more mysterious as to its origin than, say, the nature of liver functions or of pancreatic duties. It only presents greater difficulties, perchance, in the way of solution, and is environed by more complex conditions than is the question of hepatic work. Yet to discover the conditions to which the causation of sex is due, we may not go far astray if we search among the common functions and actions through which life at large is maintained and conserved. Amid such functions, that of nutrition stands out in bold relief as one which exercises a very prominent influence on the development of living tissues. Sir James Paget long ago pointed out how nutrition affected development, and Herbert Spencer has emphasized this teaching in many ways in his biological discussions. In so far as the origin and determination of sex are concerned, it is therefore a perfectly just observation that nutrition is likely to play a very important part in its evolution. This primary consideration is important, because, if it may be suggested with a fair show of reason that nutrition lies at the root of sexual differentiation, we may claim to have at least paved the way for the further and scientific consideration of the whole subject.

Well-nigh every recent theory of sex which has had a basis of scientific nature, as distinguished from theories which are merely the outcome of isolated and detached ideas regarding sexual differentiation, has started from the stand-point of nutrition as the one factor of import in sex production. As an illustration of a recent theory of sex, that elaborated and illustrated by Messrs. Geddes and Thomson in their "Evolution of Sex," may be mentioned. These authors hold that a *catabolic* habit of body (or conditions in which there is a tendency to the predominance of waste over repair) favors the production of males. The opposite habit, that of *anabolism*, which favors constructive processes, on the other hand, tends to the production of females. Here it is evident, nutrition is regarded as the starting-point of everything. It is the general factor which acts upon the special phases of sexual development. Experimental evidence is called to aid the induction thus made. High-fed tadpoles turned out males in gross excess, while "left to themselves the percentage of females was rather in the majority." How far the case of tadpoles can be regarded as applying to the mammalia is, of course, a serious consideration with the critic of these facts. We must not forget that while the adult female is almost always the stronger and the best developed in lower life, the case is reversed among mammals. This alone is a biological fact worth bearing in mind; for if the male be the stronger in the human species, as he undoubtedly is, it seems illogical to conclude that the laws of sex-differentiation in lower life, with its bigger females, should apply to higher existence.

What help we obtain from embryology is naturally of great importance in the matter before us. Every one knows that the male and female generative organs are developed each out of a common or indifferent type, just as their adult homologies are plainly enough indicated. About the sixth week of intrauterine life the genital glands begin to appear. The male organs are formed by specialized developments of the common type, just as the female organs appear in their turn through equally specialized developments of the same type. If the development of an animal shows us the history of its race evolution—that is, if embryology be a guide to ontogeny—then it seems clearly enough demonstrated that the sexes of higher animals have arisen out of a once common or hermaphroditic type. To put the matter plainly, it would seem as though each fœtus at its outset

hangs or rests in equilibrium as regards it sex. Something occurs in its history which gives it a bias to the male or to the female side, and it is precisely the nature of that something which it is the business of exact science to determine, and of theory to provisionally indicate.

Like my predecessors in the domain of theoretical explanation, my faith is large in the influence of nutrition as the factor which determines sex. That subsidiary causes, heredity, temperament, and other influences may also operate to this end, I am far from denying; but to nutrition, even from the period of the ovum and its fertilization, I attribute the main cause of sex-differentiation. I take for granted that menstruation is really ovulation, and that the latter process consists in the development and extrusion of ova which are fertilized, in man, usually in the Fallopian tube. Now, prior to fertilization, there can, of course, be no question of sex. Fertilization alone determines the beginning of embryonic development, and shortly stated, my theory of sex therefore holds, that when an ovum is fertilized *before* the occurrence of the menstrual period it will develop a male embryo, while, conversely, if the ovum is impregnated *after* the menstrual period, it will result in a female conception.

These statements require further explanation. By pre-menstrual fertilization I mean the impregnation of an ovum which would have been given off and would have perished in an impending menstruation. Suppose a woman due to begin menstruation on the first of the month, and that coition and impregnation take place, say, during the last days of the preceding month, the impending period will of course be "missed." This I term pre-menstrual impregnation, and this I hold will result in a male birth. Contrariwise, let us suppose the woman menstruates from the first to the fourth of the month, and that intercourse occurs, say, on the fifth or sixth and is followed by impregnation—this I call a post-menstrual impregnation, such as I hold will produce a female birth.

I can anticipate many objections to my theory, of course, but I ask for its free criticism and for a practical investigation of its merits. I take it for granted that the old idea of a special proclivity to conception just before and just after menstruation is founded securely enough on common clinical experience, domestic and professional alike. At least I hold to the received notion (*pace* my friend Mr. Lawson Tait) that ovulation and menstruation, if not always concurrent or interdependent, still exhibit a close enough relationship to warrant my founding a theory upon their mere existence. Now, if there does exist this pre-and post-menstrual liability to conception (with the usual calculation of pregnancy from the date of the last menstrual period), is it conceivable that the time and circumstances of conception should be without a due influence on the product of conception? That which specially results in my opinion, is an effect upon the nutrition of the ovum. An ovum, we know, will live for a certain undetermined length of time in the Fallopian tube and uterine cavity. When first extruded from the ovary, it is reasonable to conclude the ovum is in the perfection of its development. It is ready and ripe for fertilization, and all its powers and tendencies are in the full flush of their vigor. I am purposely supposing that the extrusion of ova takes place prior to the appearance of the menstrual flow itself—a perfectly warrantable belief in its way—just as the life of the ovum persists after the flow has ceased, and fertilization at this early stage therefore finds a robust ovum ready whereon to operate. It is the reverse with the ovum at the post-menstrual period. The ovum has lain in the tube or uterus, and has lost vitality. Immeasurably small and insignificant may be the loss; still it seems reasonable to believe that the further off an ovum is from its entrusion, the less vital and vigorous must it be. Thus, I opine, if impregnation acts on an early and robust germ cell, it receives a nutritive bias which sends it (as the stronger ovum) to the male side; while if impregnation be delayed, we obtain a weaker ovum, or less vigorous germ, whose lessened nutrition swings it over to the weaker female side. Hermaphroditism, according to this theory, would result from fertilization of an ovum in stable equilibrium. If impregnation occurred at what we may call the "middle term" of its existence, when the ovum obtained no definite bias in either male or female direction, we may presume that an indefinite or mixed type of sexuality would result.

If any modification of my theory is admissible, I may here suggest that it is not necessary that we should bind ourselves absolutely to the terms "pre-menstrual" and "post menstrual" as indicating any rigidly defined periods of fertilization. I believe that such terms are actually represented in the phenomena of impregnation, and that, taking the occurrence of menstruation to represent a physiological epoch, as it were, we are justified in distinguishing between impregnation occurring before the establishment of the monthly crisis and that occurring after its cessation. Alternately it may be held that neglecting the menstrual period, the tendency of any ovum to develop a male depends on its early fertilization after its escape from the ovisac. The longer impregnation is delayed after the extrusion of the ovum, the greater is the tendency, on this view to the development of the less robust female side. According to this way of thinking, it is anabolism in mammalian ova which produces males, and catabolism which gives origin to females.

Such, briefly stated, are the results of my cogitations on the subject of sex. Manifestly crude

as my theory may be, I venture to think it is worth the attention of obstetricians especially. It has been possible now and then for me to obtain information from married friends who have been sufficiently interested in the topic to note the results of their family increase, and one or two of a scientific turn of mind have been able, as they say, to verify my conclusions. Obviously, proof is difficult of collection, but obstetricians at least may be asked to note and observe facts as they stand, and may possibly take the trouble to place on record evidence for or against my belief. It is as a proviisional hypothesis alone that I advance these views. The only justification they require is that they should not travel outside biological probability, and I would fain hope that, in this respect at least, they conform to the rules of reasonable speculation.—Andrew Wilson, F. R. C. S., in *Lancet.*

"THE SUPPOSED CURATIVE EFFECT OF OPERATIONS *PER SE.*"

Of something more than passing interest is a paper by Professor J. William White, of Philadelphia, which has recently appeared in the Aug. and Sept. numbers of the *Annals of Surgery.* The subject of the paper is, perhaps, best conveyed in the author's own opening remarks. He says:—"For some time I have had the idea of collecting and analyzing the various cases recorded in the journals and elsewhere, in which intelligent surgeons, having operated for the relief of symptoms depending upon a supposed pathological basis, have found no such condition, and yet the patient recovered, not only from the operation, but from the original ailment." The author then passes on to consider—first, the recorded cases, and, secondly, the possible explanation of the phenomena observed.

There can be but few surgeons who have not, in the course of their experience, had cases which recall results similar to many that are referred to here. To operate and find nothing, and yet the patient to be relieved of his symptoms, is sometimes strange enough; but, more mysterious still, are those cases where something is found, and where the surgeon honestly feels that nothing that he did seems sufficient to explain the cure that has been effected. After reading such a paper as that here referred to, the temptation almost lingers in the surgeon's mind that no protracted case, either obscure in its symptoms, or even obvious in its signs, should be allowed to pass without some tentative surgical measure. There is something as mysterious almost in contemplating many of these results as there is in considering the cases which are now said to result from the therapeutical use of hypnotism. It is, of course, quite possible that many results obtained in both cases are effected through similar internal agencies, and with this Professor White deals more extensively later. But the difficulty of explanation can hardly be said to be easier in the one case than in the other. For while certainly the distance between cause and effect seems often far enough in hypnotism, it cannot be said to be any closer in cases where one epileptic is cured by castration and another by tracheotomy.

The major part of the first portion of Professor White's paper (August number) is mainly taken up with a consideration of these epileptic cases. From various sources the author has collected 154 cases where operations were performed, and in which little or nothing was found to account for the symptoms, but either marked benefit or cure followed. The operations performed were various. The larger proportion, however, were cases of trephining; thus, in 56 cases where this operation was performed, and nothing abnormal was found to account for the symptoms, 25 were reported as cured, 18 as improved, and only 3 showed signs of relapse later. It should be noted that in nearly all these cases the cause of the fits had been some injury to the head, although, from the tables given, it also appears that some were idiopathic in character.

The operation of ligating large arteries, as the vertebrals and the carotids, was performed in 30 cases, and, judging again from the tables, these apparently were mostly of an idiopathic character. Fourteen of these cases were reported as cured, and 15 as improved. Castration was performed in 10 cases and tracheotomy in 9, and cures were effected in each instance. Many other operations are given, both severe and simple, and with results as difficult to explain as those above indicated.

Following upon these epileptic cases is a series comprising cases of abdominal and pelvic disorders. Of these, it may be said that diseases of the most diverse character have been relieved, if not cured, by apparently ineffectual operative measures. Thus, we find simple laparotomy (*i.e.*, nothing more than opening the abdomen) performed with success for tubercular peritonitis, pain in the stomach with persistent vomiting, distressing renal symptoms, intestinal obstruction, severe localized pelvic pain, supposed pyosalpinx, large fibroid tumor of uterus, pelvic adhesions, obscure hepatic symptoms with jaundice, and many other conditions. As a sub-division of this class are operations upon the genito-urinary tract. Of these, the most striking are operations for supposed kidney calculus, where nothing has been found to account for the symptoms, and yet the result of the operation has been their entire disappearance.

In attempting to offer some reasonable explanation of the phenomena observed in the above cases, Professor White considers those conditions which

were common to all, or nearly all, of them. These were:

1. Anæsthesia.
2. Psychical influence, or so-called mental impressions.
3. Relief of tension.
4. Reflex action, or the "reaction of traumatism."

The first is briefly dismissed from the fact that it was tried experimentally on numerous cases with negative results.

In considering the second influence—that of psychical influence or mental impression — the author pertinently asks—"Is it possible, through influences acting upon the emotional or intellectual nature, to effect the organic processes of secretion, nutrition, etc., and, if so, is it conceivable that through the same influences pathological changes may be arrested and reparative or curative action established?" The reply he gives is in the affirmative. But its application as a complete and satisfactory explanation, in the present instance, is to some extent insufficient from the fact that it is impossible to make it—*i.e.*, psychical influence, account for the curative effect of operations *per se* on imbeciles; that healthy-brained people should be influenced by operations is only reasonable to assume, as there is abundant evidence to show that they are effected by numerous other influences. In these purely psychical effects, then, there can be but little difference between the internal agencies brought into play to produce a cure, on the one hand, by a surgical operation, or, on the other, by the subjective influence of hypnotism; and any explanation which can be found to throw light on the one must similarly elucidate the mode of action of the other.

The third condition — relief of tension—can only be said to exist in certain of the recorded cases. Where tension has by operation been unquestionably relieved, it is quite reasonable to assume—as the author does—that such relief must be accompanied by other changes in the surrounding parts, and that these changes may result in a return of the parts to a normal condition. The only question which may fairly be asked here is—whether it is right to include such cases in the category of those especially under consideration? To relieve tension is a most common and important surgical procedure; and, where such relief entails a cure, the operation, however simple, must be considered in the light of any other well directed surgical measure. This theory, then, while it reasonably explains many apparently mysterious results, cannot be said to throw any light on the epileptic cures by trephining. Gowers appears to think that the good result obtained in these cases is due to the escape of pent-serum; but the escape of serum is but a rare concomitant, and if a cure result where no such obvious cause of reduction of tension exists, it can hardly be accepted as a likely explanation. A more reasonable, although it must be confessed a by no means clear, explanation is possibly to be found in the fourth condition which the author describes—that of reflex action. Under this head is included the "reaction of traumatism," as well as the effects of revulsion and counter-irritation. This theory is based on the reciprocal influence which is frequently seen of one portion of the body on another in both health and disease. Thus the inexplicable relationship between mumps and orchitis —between a burn and a duodenal ulcer. The one condition is not unfrequently associated with the other, but what constitutes the connecting link is an unsolved problem. So it seems reasonable to suppose that the influence of an operation on one part may so influence the pathological condition of another as to bring about a curative result. To produce an injury to cure an injury forcibly suggests to one's mind the homœopathic dictum, *Similia similibus curantur*. In further support of such an explanation, that certain unknown influences can bring about curative changes, the author adduces cases reported by Drs. Gairdner and Coats and Sir James Paget at the London Pathological Society, in April, 1879. These were cases of the disappearance of tumors, in some instances of an undoubted cancerous nature.

While thus endeavoring to offer some explanation for the otherwise inexplicable good results of an operation *per se*, Professor White concludes with a caution regarding the possible danger of considering as mysterious what really can be accounted for by the operation itself. Thus, in many abdominal operations, what is called a simple laparotomy may unknowingly comprise in its performance manipulations which may break down some slight adhesion or empty a pyo-salpinx into the uterus, etc. But, with all precautions to exclude such class of cases, there still remains a very large residuum which must be relegated for the present to the realm of mystery.

Professor White has had an arduous task in collecting the material which he has made such good use of; but the interest, not to speak of the intrinsic value, which attaches to the subject must have rendered it no unpleasant duty, and the result will be highly appreciated by all who read his valuable paper.—Ernest Maylard, B.S., in *Glasgow Med. Jour.*

SORE THROAT.—For a sore or raw throat without much inflammation an excellent, soothing, emollient application is vaseline. A mass size of a hazlenut should be taken into the mouth, and as it melts, which it does almost instantly, it should be allowed to trickle slowly back and down the throat.—*Exchange.*

TOBACCO AND INSANITY.

There is no narcotic, either in modern or ancient times, which has been, and still is, so universally in use, as tobacco, and there is none about whose action on the human body there is so much difference of opinion among the laity and the profession.

Whereas by some it is looked upon as an unmitigated evil, it is claimed by others that its use is not without advantage. Hence, it has been praised, ridiculed and condemned in turns. Its friends have, so far, carried the day; the triumphal march over nearly the whole civilized and uncivilized globe has been continuous.

Without entering into preliminaries and details, I will state at the outset that I side with those who, looking at the injurious effects collectively, consider it more harmful than alcohol, from the simple fact that its use is more general, its effects more gradual and less obvious, and that, from a moral point of view, it is in better standing.

The breath of tobacco is held permissible, and will be condoned by all classes; that of alcohol is looked upon as odious, and exposes its bearer in some quarters to social ostracism.

It is this connivance on the part of public opinion, at this kind of luxus-consumption, as it is euphoniously styled by modern physiologists, that fosters its spread, especially among those who can least afford to offer any insult to their nervous systems. And unfortunately it is just this class of persons who delude themselves into the belief that tobacco is indispensable to them. With advancing civilization it is considered necessary by many to use a sedative or a stimulant of some sort as a kind of safety-valve for the growing nervousness of our age.

Thus, by many smokers it is thought that after bodily or mental exertion an equilibrium of the mental and bodily energies is re-established by the pipe, cigar, or plug. Its action, therefore, is somewhat like that of coca in its pleasant effects.

This is the case in the healthy smoker as long as he keeps within certain limits. But it is quite different with the vast and ever-increasing army of neurasthenics and psychopaths of our days.

Our ancestors were evidently not so deleteriously affected either by alcohol or tobacco, as modern man is, with the strain of the requirements of a more complicated life weighing upon him, and handicapped, as he frequently it, in his nervous and physical make up.

It is especially of the effect of tobacco on this latter class that I wish to speak in the following remarks, and I want to state, right here, as a broad assertion that, whereas the robust and healthy, especially if he lead an active outdoor life, may use tobacco in its various forms with apparent impunity, *i.e.*, without experiencing any demonstrable damage to body or mind, the neurasthenic and the psychopath have no business either to smoke or chew.

But it is just this category who, by the way, are often not all aware of their morbid condition, that become such absolute and powerless slaves to the habit. They fall, as a rule, victims to it early in life. While the healthy human organism revolts against the drug as intensely as that of a dog or cat, and has to gradually accustom itself to and overcome the unpleasant sensations accompanying the first attempts at using it, the born neurasthenic often takes to it as the young duck does to water. Only in this manner can the peculiar phenomenon of infant smokers be explained, if one does not prefer to look upon a perverted appetite as a species of moral insanity from parents who are not only excessive tobacco users, but evidently mentally defective.

Now, I do not believe that, with approaching maturer years, I am one of those who eye through pessimistic spectacles the rising generation, but I simply repeat the every-day observation, which I have never seen doubted or contradicted, that there is an alarming increase of juvenile smokers; and, basing my assertion on the experience gathered in my private practice and at the St. Vincent's Institution, I will broadly state that the boy who smokes at seven will drink whiskey at fourteen, take to morphine at 20 or 25, and wind up with cocaine and the rest of the narcotics at 30 and later on.

It is like a pathologico-moral version of Hogarth's "The Rake's Progress.

It may look like overstating and exaggerating things, when I say that tobacco when habitually used by the young leads to a species of imbecility, that the juvenile smoker will lie, cheat and steal, which he would not had he left tobacco alone. This kind of insanity I have observed in quite a number of cases at the St. Vincent's. The patients presented all the characters of young incorrigibles. They had exhausted the patience and indulgence of their parents, who saw no other way to protect them from their insane pranks than to commit them to the institution.

I do not know whether a lasting improvement was effected in any of them. There was not one of them that was able to comprehend that tobacco was injuring him; they were constantly on the lookout for obtaining it, by begging, stealing or bribing, and looked upon the deprivation of the drug as a punishment. The sense of propriety, the faculty of distinguishing right from wrong, was lost. The father of one of them, who regarded his son only as an aggravated case of bad boy, told me that he himself had been smoking ever since his tenth year and it never had affected him.

In reality, being only 45 years old, he was a wreck, physically and mentally, though he came of healthy stock. He could or would not comprehend that tobacco was gradually undermining his mind and body, although his wife and his friends knew it.

But it is not only in the young that tobacco exerts such disastrous effects. Smoking or chewing, when commenced in the period of manhood, and even at a time when it generally does least harm, after middle age, will tell on the mind, if excessively indulged in. Is it to be wondered at that a drug which, until tolerance is established, has such potent and palpable effects as to produce loss of co-ordination and unspeakable malaise, and after the organism has become used to it, is capable of setting up the well-known heart disturbances, amblyopia, and even amaurosis, which, in short, possesses the characteristic qualities of a powerful nerve poison? Is it a wonder, if such drug when, in spite of the warnings on the part of various organs, excessively and persistently indulged in, finally produces one or the other form of insanity? A drug that can, as has been de monstrated, set up organic changes of the optic nerve which, I hardly need mention, is in reality not a nerve, but a protrusion or elongation of the brain itself, must certainly be capable of injuriously influencing other, and functionally higher, parts of the organ of the mind.

Dr. Kjelberg read before the section of Neurology and Psychiatry of the last International Congress a paper in which he described a nicotine-psychosis, well marked by definite symptoms and stages. I have never seen the clinical picture as drawn by this observer, but it always seemed to me that whenever tobacco entered at all as a factor in a case of insanity, it was the immediate cause, vivifying, uniting, and condensing, as it were, the dormant morbid elements which predisposed the individual to mental disturbance. Thus, I have seen melancholia, more often mania, and very frequently general paresis hastened and precipitated by excessive use of tobacco.

That the majority of the insane smoke or chew is too well known to deserve special mention. Some alienists have been of the opinion that this habit ought not to be discouraged, that it has a calming and pacifying effect especially on the chronic insane. I believe this to be the case in some of the secondary dements, but ordinarily though calming, it has an exciting effect later on. True, if the temporary contentment resulting from the gratification of the craving of the patient is looked upon as the action of tobacco, I agree that its effects are calming. But this quieting down, in my opinion, takes place on the same principle that a child gets quiet and stops crying when its wish, even the most unreasonable one, is gratified. The rule is, that smoking causes or prolongs excitement in the insane. Many become absolutely unmanageable as soon as they touch tobacco. They get quarrelsome, tease and molest their fellow patients and render themselves obnoxious generally.

That tobacco really does cause insanity is evidenced by the magic effect seen in some cases after the discontinuance of the drug, when the patient's condition is still such that he is not wholly inaccessible to reason and has will power enough to abandon the habit. Thus I have seen that beginning melancholia with suicidal impulses, hallucinations of various kinds, forced actions, besides the precursory symptoms of insanity, such as insomnia, crying spells, præcordial anxiety, impotency, vertigo, beginning impairment of memory and judging power, and even the lowering of the moral tone, all of which, and a host of other symptoms, were attributable to tobacco intoxication, disappeared sooner or later after freedom from the habit was established.

But whenever a case has gotten so far, that commitment to an institution has become necessary, the prospects are not so good, because such persons as a rule cannot be convinced that tobacco is or has been the cause of their mental trouble. Their argument is that almost everybody smokes, that all their friends and acquaintances chew or smoke, without showing symptoms of insanity. The alcoholic insane, when leaving the institution to enter active life again, generally knows and admits that alcohol has been the cause of his mental breakdown; the nicotine victim does not admit anything.

There has beeh a movement on foot in the medical press and to some extent in the daily papers, which latter chronicle the few cases that come to public knowledge under the head: "Gone insane from cigarette smoking," etc., to counteract the spread of this fatal habit, fatal to the individual himself and pernicious to the coming generation; but so far, apparently without any appreciable result.

French medical observers are of the opinion that one of the factors causing the depopulation of France is the excessive use of tobacco by its inhabitants; for the offspring of inveterate tobacco consumers is notoriously puny and stunted in stature and lacks the normal resisting power, especially on the part of the nervous system; again, in our country it is a significant fact that an alarming percentage of the candidates for admission to West Point and other military schools are rejected on account of tobacco hearts; from all countries and from all classes of society come reports in increasing numbers of the baneful effects of the tobacco habit.

But the consumption goes on and will do so until an example is set by those who, above all others, can estimate the disastrous effects of the habit.

If teachers, preachers and doctors would pronounce the anathema on tobacco by abstaining from it themselves, others would follow. But here is the difficulty. It is only exceptionally that a smoking pedagogue, clergyman or physician, can be convinced that he would be a better man, physically, intellectually and morally, if he would give up tobacco, and that he had no idea what capabilities of well-being he possesses, if he only could muster up moral courage enough to abandon the use of a drug which, in nine cases out of ten, produces, to say the least, a vague sensation of uneasiness and restlessness, which only too often calls for a remedy that will do away with these effects, and that is alcohol. Some are aware that tobacco alone is responsible for a continuous malaise or misery, especially when they are reminded of it by others; but like the cocainist who asserts that the effects of cocoaine are horrible, and still goes on using the poison, so the tobacco slave is bound as by fate, to again and again indulge in a drug which he knows causes him to suffer.

Some, however, labor under the delusion that it increases their working power, that the flow of thought becomes easier, and that without tobacco they are unable to do any mental work. Instances are cited by them of great men, inveterate and excessive tobacco consumers, who left their mark in the history of civilization as savants, artists, etc. They do not consider the possibility that these men accomplished what they did in spite, but not in consequence of, or aided by, their habit.

Students of the chronic nicotine intoxication are convinced that the great men among the tobacco slaves would have been still greater had they never used the drug. Thus Kant, the most eminent of German philosophers, is said to have written such an obscure and unintelligible style, because he smoked and snuffed to excess. I myself know of a medical man who wrote a great book which labors under the same defect as Kant's works, because of his slavery to tobacco.

But these things are trifles when compared with the degenerative influence the drug exerts on the broad masses. There is only one way to lessen the evil: it is a general crusade against the weed, initiated and sustained by the three professions mentioned above. But is there much prospect of such a movement at present? I believe not. I know of schools conducted by the clergy in which smoking is not only permitted to fourteen years old and even younger boys, but more or less encouraged. I believe that its well-known anaphrodisiæ effect on account of which it was very popular among the monks of Italy several centuries ago, has something to do with this connivance on the part of the clerical gentlemen.

Again, I know of physicians who not only smoke to excess themselves, or still worse, indulge to a morbid extent in the unmannerly habit of chewing, but permit and encourage their own children to smoke. One of them was in the habit of awarding his thirteen year old son by extra good, *i.e.* extra strong, cigars, for high numbers in school. It is hardly necessary to add what became of this boy. He is now a periodical inmate at various sanitariums for a combination of bad habits.

In view of such discouraging facts I hardly expect much good from this contribution and testimonial to the evil effects of tobacco, because the truth has not dawned upon the multitude yet. As in the body politic evils will run their course, until there is a general uprising of common sense which disposes of them, so with the irrational and excessive use of tobacco, which will probably go on increasing until a limit of endurance is reached, until the disastrous results of the abuse are patent enough to impress even the dullest mind. Only too often does the physician hear the words: "I will give up anything but tobacco." This shows the intensity of fascination exerted by it over its slaves. Therefore, like many a one before me, I shall, in presenting this paper, probably only re-enact the part of the preacher in the desert.

Perhaps, however, my remarks may strike a sympathetic chord here and there and serve the purpose they were written for—to avert bodily misery and mental degredation.—L. Bremer, M.D., in *Med. Mirror.*

TREATMENT OF CHRONIC NEPHRITIS.

We have first to consider the progressive tendency to destruction of the kidney, either by primary degeneration of the epithelium or by its destruction under the contracting interstitial substance. In the first place, there should be avoidance of all the causes which would provoke the diseases—exposure to cold and wet being among the most important dangers; flannel should be worn; overwork, bodily and mental, given up. A climate free from both coldness and dampness sought if possible. As it seems highly probable, from many researches on the subject, that some of the symptoms are due, not to the simpler and more familiar products of nitrogenous decomposition, such as urea, but to the more complicated ones with which we are becoming acquainted, as ptomaines and toxic albumens, it is desirable that the nitrogenous foods should be presented in a form least likely to undergo abnormal changes. Hence, a heavy meat diet is not desirable. The amount of actual loss of albumen is, in most cases, not great, and it is not necessary to push animal

food with a view to making up the deficiency. The vegetable proteids are capable of fully maintaining the nitrogenous equilibrium. More than this, it is not only necessary, but throws increased and entirely avoidable labor on the kidneys, either as albumen or as excess of urea and uric acid.

The amount of meat should be regulated with reference to anæmia, and also the digestion of the particular patient in question, but should never be excessive.

Milk is an excellent food and, in some cases, an exclusive, or almost exclusive milk diet can be employed, for a time with great advantage. Of course it cannot be prolonged indefinitely without additions and modification.

Tonics, especially iron, may be used. The preference is sometimes given to some of the ether-containing preparations, like the tincture of the chloride; but if any other form is more easily borne, the ether (say spirits of nitrous ether) can be added if necessary.

Water is of great importance. The value of a great number of spring waters, which have a reputation in such cases, depends mostly on the ingredients of which least is said—*i. e.*, on the water itself, and not on the trivial amount of sulphate of soda, carbonate of lime, or infinitesimal trace of lithia dissolved in it. If there is a tendency to excess of uric acid, an alkaline water should be selected.

In *interstitial nephritis*—the cirrhotic kidney—we have to consider not merely the state of the kidney, but the condition of the circulation which so frequently accompanies and precedes it.

A great deal of use has been made of the nitrites, especially nitro-glycerine, with a view to diminishing the arterial tension. It is very doubtful whether the slight and temporary diminution produced by the doses usually given could be expected to be of great value. Certainly the results have not seemed to give decisive proof of it.

The alternative metals—mercury, silver, and gold—have been used.

Bright was certainly right in warning against mercury. The constitutional action of this drug is exceedingly inimical to the renal epithelium. This need not prevent the administration of calomel as a cathartic if considered specially desirable.

Gold appears to the writer to be as futile in controlling the formation and contraction of new interstitial tissue in the kidney as its sister, silver, has been found in similar conditions of the nervous centers.

Among the complications.—Œdema being of long duration and often extreme, is likely to call for decided treatment. This may be of the eliminative kind, remembering, however, that in this case it is water, and not especially the urinary solids, we wish to carry off. Hence, drugs, requiring the ingestion of much water should be discarded for those that may be given in small bulk, like the resinous cathartics.

Rest in bed often diminishes the œdema, but is much more likely simply to change its location. Mechanical relief, by tapping the great cavities, as in hydrothorax and as ascites, or the subcutaneous cellular tissue, is often called for. Punctures and incisions, if made with clean instruments, are not to be dreaded as causing local inflammation. They often drain for hours or days with advantage.

Œdema of the lungs demands similar but prompt treatment, together with stimulation of the heart. The writer considers that, under these circumstances, the diffusible stimulants, alcohol, ether, and ammonia, are of more value than digitalis. Some physicians consider musk and castoreum as valuable stimulants to the flabby and dilated heart. Bleeding may be useful, especially in terminal uræmia.

A word may be added as to the *use of morphine in the headaches* of interstitial nephritis. It is said by some persons that morphine should be given with great caution if there is any albumen in the urine; and the writer cordially subscribes to this sentiment, and is willing to add that it should never be given to anybody under any circumstances (except perfect familiarity with the patient and his idiosyncrasies,) without great caution. This caution, however, should not be so great as to deprive such patients of the great relief which may be obtained by quite a small dose subcutaneously for the relief of intense headache. There are few circumstances under which it displays its powers more favorably than in these. Its use in convulsions was before spoken of.

Caffeine is often extremely useful.—Edes, *West. Med. Reporter.*

ÆTIOLOGY OF CANCER.—Schuchardt, reviewing Hauser's monograph on *Cylinder-celled Carcinoma of the Stomach, etc.*, considers the various theories which have been adduced.

He agrees with Hauser in setting aside the infection theory and hypothesis of a still undiscovered cancer bacillus. In all "infective tumors" produced by micro-organisms, and all other new tissue formations brought about by parasites, we have to do merely with a growth of the local tissue, and the metastases of such infective tumors are never found proceeding from a growth of cells which have escaped from the primary mass. On the contrary, the metastatic formations arise solely by the action of escaped micro-organisms upon the tissue in which they come to rest, just as in the case of the primary mass. The successful transferrings of carcinoma from one animal to another (Hanau) are to be regarded merely as transplantations with further growth of the transplanted tissue, and show nothing more than that the can-

cerous epithelial cells may, under favorable circumstances, continue to grow after transplantation to another organism. Of a true communication in the sense of the infectious theory, it were only possible to speak when by inoculation of a micro-organism, or the implantation of a living tissue containing it, the tissues of the new host were themselves incited to cancerous growth.

Cohnheim's inclusion theory considered by Hauser now as untenable has for Schuchardt this recommendation, in the first place, that it was the first truly universal theory of tumor formation, although it consists neither with the irritation theory nor with Thiersch's hypothesis of a disturbance of the histogenetic balance between the epithelial and connective tissues—namely, by senile alteration on the part of the connective tissues with persistent formative activity on the part of the epithelium. Cancer is, however, by no means a disease peculiar to old age—developing, as a matter of fact, most frequently in the 10 years between 40 and 50. Such a disturbance of balance, if it be present, must alter the whole surface of contact (be present, that is, all along the line), and can at best only serve as a predisposing cause to favor the development of a cancerous tumor. The local causes it has long been customary to find in chronic inflammatory processes which sometimes precede cancer for years, and then suddenly or gradually develop into it.

For Schuchardt, however important these things may be as conditioning causes, it is not to be forgotten (1) that they are only demonstrable as such in relation to certain well recognized and defined types of the carcinomata; (2) that by far the greater part of the carcinomata, and especially most of those occurring in the stomach and intestine, arise without precedent chronic irritation. Most internal cancers come like a thief in the night, without warning.

The irritation theory, then, is not one of universal applicability; but even in the cases where chronic inflammatory processes have been in existence, the chronic irritation can only be regarded as a local predisposition to cancer formation. The actual cause, the unknown *x* (Volkmann), which must accompany the atypical epithelial proliferation is not brought one step nearer to our knowledge by the irritation theory.—*Centrallblatt. f. Chir.—Glasgow Med. Jour.*

EARLY CURETTING IN PUERPERAL INFECTION.—M. Charrier discusses (*Archives Générales Médicine*) early curetting as a prophylactic and therapeutical measure in puerperal infection. It is only of recent years that the uterus after delivery has been looked upon as a wounded surface, and the difficulty of keeping this wound healthy and aseptic is shown by the not inconsiderable number of women in whom delivery, and more especially abortion, has been the starting-point of a number of more or less serious accidents. The fever may be of short duration, and the infection an attenuated one, but as soon as the patient returns to her ordinary life the trouble begins. Most often the operation of early curetting is one of urgency, and there is little time for preparing the patient. M. Pozzi looks upon repeated shivering, a temperature of over 30° C. in the axilla, the general state of the patient, the pulse, etc., as affording pressing indications. The curetting is done in much the usual way with strict antiseptic precautions and with great gentleness, a blunt and non-cutting instrument being used. The uterus is washed out, and the cavity tamponed with iodoform gauze. Anæsthesia is not necessary. The amount of fœtid *debris* brought away may be extraordinary. The author says that this treatment is indicated in cases of slighter infection, when abdominal tenderness, less marked fever, and fœtid lochial discharge are present. Antiseptic injections may render the *debris* powerless from a bacteriological point of view, but such patients do not thoroughly recover. The objections raised against this treatment are, that intra-uterine washing out is most often sufficient; and, secondly, the supposed gravity of curetting the uterus after delivery. But if anything remains behind in the uterus these injections cannot be counted upon; and, again, if the operation is done with care, it is never followed by evil consequences. Puerperal accidents, rare nowadays, will no longer be feared if washing out the uterus and curetting be used. If this treatment of puerperal infection has not as yet passed into practice it is because it has been adopted too late in the case, or has not been carried out with the necessary precautions. If this be done, the maladies of the uterus and appendages appearing later will be diminished in numbers. M. Charrier gives details of five illustrative cases.—*Brit. Med. Jour.*

AN EXCELLENT WAY TO MAKE STEEL INSTRUMENTS AS BRIGHT AS NEW.—Clean the instruments by scrubbing with wood ashes and soft water, to remove all rust and grease; then soak them in a weak solution of hydrochloric acid in water (about ten to fifteen drops to the fluid ounce), for a few hours, to remove the remaining rust and grease; then wash them all in pure soft water. The next step is to place them in a bath, consisting of a saturated solution of *tin chloride*. Let them remain ten to twenty-four hours, according to the coating desired. When removed from the bath, wash them clean in pure water, and dry well. When the job is well done, the steel will appear as if nickle-plated. The technique of the process is so simple that no one should fail to make a good job, the main points being to remove all rust and grease, and have the bath a *saturated* solu-

tion of chloride of tin, the immersion being continued long enough to insure a good coating of metallic tin.

I present this to the *Brief* readers as a good thing. I published it in another journal, but it was botched up so badly by the printer as to be intelligible.—Joseph Adolphus, M.D.—*Med. Brief*

DELIRIUM IN PNEUMONIA.—A recent observation by Castelain (*Archives Médicales Be ges*) seems worthy of some attention. His observations relate to the delirium which commences just before the crisis and lasts for several days thereafter. While not ignoring general conditions, alcoholism, debility, the condition of the heart and circulation, of the brain and nervous system, of the kidneys and other organs, he has directed especial attention to the condition in the lungs. During the period of complete hepatization the lung is impermeable to air; the exudation is abundant, but coagulated and compact; the alveoli are filled with fibrine and young cells mixed with red corpuscles. Next comes the period of liquefaction, and absorption of the great mass of the liquefied products.

Castelain's observations at this period of the disease lead him to the following conclusions:

1. The appearance of the delirium coincides with the beginning of the period of liquefaction, and is its first indication.

2. The curve of the delirium is parallel with the curve of liquefaction and of the abundance of the exudation The delirium increases during and after defervescence of the fever, in proportion as the râles become more moist and more numerous, and as they extend over a greater area. The delirium diminishes and disappears, little by little, in proportion as the fine râles become less numerous, occupy a less extensive area, and give place to coarser râles and finally to dry râles.

3. The duration of the delirium is in relation with that of the liquefaction of the great mass of the exudate. If the latter is liquefied rapidly and disappears immediately from the alveoli, the delirium is of short duration, but is more violent than when resolution occurs slowly or in different regions in succession. Delirium may even be entirely absent when liquefaction is slow or the exudation slight.—*Jour. Am. Med. Assoc.*

HOW TO LAUGH AT THE MOSQUITO.—I notice that some one recommends the use of camphor against the mosquito nuisance. I have used camphor for this purpose for some time, though I have not found it necessary to burn it. I take a piece of camphor fully an inch square and half an inch thick; this I lay on the bureau—always exposed—in daytime, and on or near the pillow at night. This is the only remedy I ever tried that afforded thorough relief. Even a mosquito bar lets the mosquitos in and bars the air out. Have two windows and door of the room wide open, no bars, and draft through. Have not been annoyed by mosquitoes since using the camphor, except to a very light extent for a night or two in case of storm and unusual draft through the room. I think then an additional piece or two of camphor would have prevented that. The mosquito has been a great annoyance to me, but I feel that I can now laugh at him. If others find the remedy as effectual as I have it will be a boon.—*Exchange.*

SULPHATE OF MAGNESIUM IN EPITHELIOMA.—The treatment of warts by the internal administration of small doses of sulphate of magnesium is said to have been attended with a considerable amount of success, even large growths disappearing under the remedy when persisted in for a sufficient length of time. It is now claimed, according to the *Medical Press and Circular*, that epitheliomatous warts may be dispersed by the same means, a paper on this subject having been read before the New Hampshire Medical Society, by Graves. Three drachms of the salt are added to a pint of water, and a teaspoonful of the mixture taken four times a day. The author gave an account of eight cases in which the treatment had been adopted with success; but he admitted that the possibility of erroneous diagnosis had to be considered. It was, however, a fact that growths of an elevated character with round or oval bases and ulcerated summits discharging an ichorous fluid were transformed by the treatment into perfectly healthy spots, which exhibited no signs of diseased structure, and his conclusion was that the result was obtained by the remedy employed. —*St. Louis Med. and Surg. Jour.*

A NEW ALBUMEN TEST.—In *Fresenius' Zeitchrift fur Angewandte Chenue*, Dr. A. Jolles gives the following test for albumen in urine, which he claims to be sensitive to within one one-hundredth of one per cent. of albumen. To 10 cm. of the suspected urine add an equal amount of strong hydrochloric acid. Do not agitate the mixture, but immediately add with a pipette two or three drops of liquor calcis chlorinatæ. If albumen is present, a white turbidity will at once show itself in the upper part of the tube.—*Med. add Sur. Rep.*

CARBOLIC ACID is removed from the hands by bathing them for a sufficient time in alcohol and then anointing them with lanolin (*Pharmac. Central*, in *Med. Record*, Nov. 7, 1891). After the use of corrosive sublimate solution the hands should be bathed in a solution of common salt, one to fifty, then washed with soap and water, and finally rubbed with lanolin.—*Coll. and Clin. Record.*

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A LITTLE LEARNING, ETC.

The writing of popular articles on medical and surgical subjects seems to be on the increase of late, particularly in American circles. A late issue of *Harper's Monthly Magazine* contains a paper by Drs. B. Farquhar Curtis and Wm. T. Bull, on "the Treatment of Cancers and other tumors."

And the custom seems to exist among respectable and even leading practitioners, especially perhaps those who have sanitaria or private hospitals of their own, of having printed for private circulation among not only their professional brethren but their patients, papers which they have read perhaps at medical or surgical society meetings. The writer was presented recently by a lady acquaintance with two such papers, printed in pamphlet form, after having been read at the Nashville meeting of the Medical and Surgical Association, and given her by one of the leading New England gynæcologists, who has a well-known private hospital near Boston. She had been a patient in his institution, had been operated upon for fibriods, and though a maiden lady, and by no means old, displayed the utmost freedom in discussing her own case and others under circumstances and in company that could by no stretch of imagination be called professional. Just why she should have been allowed to be an onlooker at other operations in the hospital, or why she should have been given these purely professional disquisitions by her surgeon, and been taught her almost literally *intro*spective mental habits, are difficult questions to answer. The truth is probably that the *Harper's Magazine* people were animated by the same spirit, more refined certainly, but identical in genesis if not in degree, with that which prompts the "penny dreadful" to print harrowing accounts of accidents, murders, and executions. The plea that it is a means of educating the public in subjects of which they are woefully and harmfully ignorant, is scarcely worth advancing. A little knowledge is, inmedical matters, a pre-eminently dangerous thing, and even with the educated class that read such periodicals as *Harper's Magazine*, the inevitable result would seem to be the formation of false ideas on medical subjects, such as may work mischief to their entertainer in some future time of illness, by causing him to set up his own opinions against the more intelligent judgment of his medical adviser, or even to fall into the Charybdis of the man who, being his own doctor, has a particular kind of a fool for a patient. It is not mere desire that the public should be kept in ignorance that prompts these remarks, for ignorance provides dupes for quacks; but a natural aversion to seeing harm done to the laity and the profession depreciated in the minds of the public by having the *arcana* of medicine and surgery displayed to the gaze of those who must misunderstand them unless initiated by an arduous course of scientific study. The knowledge of preventive medicine, and of the mispler hygienic precautions, is well taught, the more widely the better, but any attempt to explain in a popular way the principles of diagnosis, or pathology, or treatment must be in the nature of things only quasi-scientific, and end in the formation of erroneous conceptions. As to the medical men who write such articles, if they were modest enough to withhold their names, one could refrain from ugly suspicions as to their deepest motive. Probably the code of ethics varies in different communities of physicians, all the more probably because it is in large part unwritten and to be observed rather in the spirit than in the letter, but we beg leave to deprecate as unworthy any willingness to parade one's self in a professional way in any non-professional journal.

LA GRIPPE.

It looks as if our old friend La Grippe, influenza, or whatever name may be applied to it, is going to pay us another visit, if it be not already in our midst, the American and Continental papers being full of accounts of an epidemic resembling that which swept our country last year, though in a slightly milder form. Many have been the surmises as to its true identity. In many of its features it resembles what was formerly known as the Influenza, which name was given by the Italians to a disease which occasionally visited Europe from remote periods, travelling rapidly from east to west, and supposed to be due to some influence of the planets upon poor suffering humanity. Authorities differ widely as to its nature and etiology, one eminent English surgeon giving it the grotesque name of "Bastard Pulmonary Rheumatism," while the unscientific name La Grippe, is supposed to be derived either from the French verb "gripper," to seize, or the Polish "crypka" (hoarse), from the nature of its onset and symptoms. The majority of medical men regard it as bacterial in origin, but the fact that such eminent investigators as Klebs, Kowalski, Kollman, Tomaso Crudeele, and others, all describe an essentially different microbe as being found in connection with the disease, indicates clearly that the specific germ has not yet been discovered. One theory as to its etiology was that La Grippe was a new disease started by a miasma arising from the thousands of rotting bodies left after the great flood from the overflow of "China's sorrow," which took place two and a half years since—at all events, the disease seemed to come from Asiatic Russia in the first place; and caravans constantly carrying tea and other Chinese products overland might account for its propagation.

It would seem as if atmospheric conditions had little effect upon the disease, although moist damp weather seems to be more favorable for its rapid spread than when the opposite state of things exist.

La Grippe has been divided into three forms, according to its action upon the different systems, viz.: nervous, pulmonary, and catarrhal and gastric, and this division seems justified by the peculiar course of the disease in various individuals.

In the nervous form there is intense headache of a peculiar throbbing character, with a sensation of great tension in the head; the eyes burn and ache, while muscular pains fly from one part of the body to the other; flashes of heat alternating with chilly sensations add to the patient's discomfort; the pulse-rate and temperature rapidly rise, and great prostration ensues, often followed by delirium or tinnitus aureum. In a few days, or a week, these symptoms usually ameliorate, although meningitis and other cerebral complications occasionally ensue, adding greatly to the gravity of the disorder.

The convalescence is usually slow, and a condition of nervous exhaustion is frequently left, characterized by great muscular debility and a tendency to an almost irresistible drowsiness and mental hebetude, which yields very slowly to treatment. In those cases which terminate fatally and post-mortems have been made, congestion of the spinal arachnoid and certain degenerations in the cord were found, but no pathological appearances of a specific nature.

The gastric form is characterized by muscular pains simulating closely those of rheumatism, with rise of temperature and the onset of nausea and vomiting, the ejected matter being of a peculiar greenish color, almost pathognomonic of the disease, and scarcely to be forgotten if once seen. Constipation and tenderness in the region of the spleen and liver is frequently found, and is some cases the disease assumes a typhoid form, but without the characteristic temperature record of that disease. The convalescence is more rapid than in the nervous form, although chronic weakness of the digestive system results in a certain proportion of the cases.

The catarrhal form, which has the greatest mortality, owing to the frequent onset of pneumonia in the aged or debilitated, is characterized by chilliness, intense frontal headache, sore throat with swelling of the tonsils, acute rhinitis with cough, tightness of the chest, and other symptoms of a severe attack of bronchitis. If pneumonia does not set in the patient usually recovers in the course of a couple of weeks. One of the most troublesome features of this form of La Grippe is the fact that acute otitis media sets in very fre-

quently, characterized by intense earache followed by perforation of the membrana tympani, and subsequent deafness of a greater or less degree.

The pneumonia which supervenes rarely proves fatal except in the case of the aged or those debilitated by concomitant disease and does not usually exhibit the typical symptoms of pneumonia, such as rusty sputa, etc. Abscess of the lungs and pleurisy sometimes follow, while a chronic laryngitis of a very intractable nature occasionally results.

The treatment of La Grippe, like that of most self-limited diseases, is rather unsatisfactory, no specific having been found for it. A long list of antipyretics have been highly extolled, and of these antipyrine and phenacetine give the best results. Antiakmnia has been highly spoken of, bu as it is merely a mixture of antifebrine, soda bicarb, and tartaric acid, the less said about it the better. The intense headache is greatly benefited by Brown-Sequard's anti-neuralgic pill, one twice daily. Careful nursing and careful attention to diet are the principal things to be attended to, and the various symptoms arising are to be treated as each practitioner think best.

THE TRANSMISSIBILITY OF DIABETES.

Great discoveries in science usually disturb somewhat the judgments of enthusiastic followers in the train of the pioneers. The *Berlin Klin. Woch.* some time ago contained a paper by a German *savant* named Schmitz, the title of which probably out of deference to already accepted opinion was modestly put in the interrogative: "Is diabetes transmissible?"

Arguing from the fact that more than fifteen years before the discovery of the *bacillus* Dr. Hermann Weber (London) had drawn attention to the transmission of tubucle in married couples. Dr. Schmitz makes bold to advance an idea, with certain statistics. Up to 1880, 600 diabetic patients passed through Schmitz's hands, and of these, eight cases were those of man and wife affected with the disease, there being no reason (either of inheritance or of fondness for sweets), why the disease should attack each in succession. This was suggestive, and when in 1890, there were 26 such cases out of 2,320 patients (diabetic) the obvious suggestion was that diabetes is trans missible.

The scientific attitude of mind proper to an the more so when almost all the twenty-six investigator of such a subject, seems hardly to prompt such a statement, nor the further one that "the number of cases, even one per cent. almost puts chance out of the question, and occurred under similar circumstances." One would think that such cases could be more easily explained, under the present theory of a trophoneurosis, by considering the *irritans* to have been some identical circumstance in each case, such as some article of food or drink, or some unhygienic condition, to the action of which both patients were long exposed, or mere chance would surely be a sufficient explanation. The brother enthusiast who champions Schmitz' theory in a recent issue of the *Medical Chronicle* actually adds the foot note that "as regards the female being far more liable to infection from proximity than the male, one may suggest that as in cattle a male of impure breed will contaminate the future offspring of the cow, so in diabetes, the constitution of the husband might so influence that of the wife that the diabetic tendency is produced." A statement whose parallelism we quite fail, and not out of mere wilfulness, to see.

DISINFECTION OF THE HANDS.

The Brooklyn *Medical Journal* in a recent issue contains a summary of a paper on the above subject, by Dr. Franz Boll, recounting certain experiments in which the cleanliness or otherwise of the surgeon's hands was demonstrated by the methods of the bacteriologists, gelatine cultures being made from the suspected members. The efficiency of simple soap and water was found to be absolutely *nil.* The best known practical means of thorough antisepsis was found to be first a vigorous brushing of the hands, for not less than three minutes, with potash soap and water, "after which they are immersed, for a half minute each, first in a three per cent. solution of carbolic acid, and then in a 1-2000 sublimate solution. Finally the subungual spans and folds are thoroughly rubbed and cleansed with ten per cent. iodoform gauze which has been dipped in a five per cent. solution of carbolic acid."

Correspondence.

FOREIGN BODY IN THE RECTUM.

To the Editor of the CANADA LANCET.

SIR,—The following case being somewhat out of the ordinary run, and also exemplifying a morbid psychosis, may be of interest to your readers.

Pæderasty is a well-recognized vice, and although exceedingly difficult to demonstrate, cases like this one occasionally crop up which make a diagnosis with considerable certainty.

I was called upon, one afternoon, by an elderly gentleman of some 80 summers, who appeared to be in a very uneasy frame of mind. I had long been acquainted with him, and his manner was so unlike his ordinary self that it must have been apparent to even a casual observer. However, after a long beating about the bush, and adjuring him to confide his troubles to me, he announced, in a very shame-faced way, that he had been "up to" a school-boy's trick, and had got into trouble. Then after another period of beating about, he said he had been suffering for a long time from constipation of the bowels, and in order to obtain relief therefrom he had been in the habit, every day or oftener, of introducing a little bit of stick *per anum*, in order to break up the fæces and allow the mass to be expelled. This was his daily custom, as "he didn't like salts or pills." Finally, one morning in the course of his manipulations, the little bit of stick eluded his grasp and disappeared, within. That was five days before. He had taken repeated doses of pills, salts and castor oil They had acted freely, but the little stick was very obstinate and refused to be dislodged from its hiding-place by such nauseous means. Besides which, it evidently took these attempts upon its comfort none too kindly, and had begun to make itself so very unpleasant in consequence, that the dear, good old gentleman thought it best to see if I could prevail upon his little Zaccheus to "come down." Placing the nice old gentleman in the lithotomy position, I explored his rectum, in vain, for the little stick. However, as he positively assured me it was still within, and was moreover causing him a great deal of pain, in the region which the bashful Turk designated as his "little tum," I persisted. Pressure on the abdomen demonstrated a hard body in the left iliac region. This was somewhat movable, and by pressing this firstly upwards and backwards, and afterwards downwards and backwards, I was able to get the finger in the rectum in contact with a hard and rounded body. This became impinged against the posterior wall of the rectum. Then by introducing a placenta forceps, I managed to grasp the end of the stick, and relieved the festive manipulator of his troublesome guest. It proved to be a section of an ordinary basswood broomstick, ten and one-quarter inches extreme length, and of the ordinary diameter. It had been neatly whittled at each end into a rounded extremity, and was, no doubt, a very gratifying little instrument for the purpose to which it was put. The stick was crusted with fæces and the ends had both blood and pus upon them. A free evacuation of the bowels took place shortly afterward and the patient recovered without any trouble.

In this case the folds radiating from the anus were deficient, and the fundament itself exceedingly loose and flabby. These points and the admitted use of the little stick, point, I think, to the old boy's desires having outlived his sexual powers.

This gentleman is a highly respected old party, and is looked upon by a circle of admiring female relations and friends as such a "dear, sweet old man—so good you know."

The one pleasant circumstance about this otherwise very malodorous case was, that the old gentleman in his excess of joy at being extricated from his perilous predicament, gave me a very handsome fee. At the same time he most earnestly and anxiously adjured me not to tell "on him," for he would not "for anything" his family or "the women" should know about it. After giving him a lecture on morality, which he took very meekly, I obtained his promise "never to do so any more." Upon which basis I, in turn, promised not to divulge his secret to his friends; and, needless to say, I never did.

Yours, etc.,

W. FRED. JACKSON.

Brockville, Ont., Dec. 16, 1891.

ALBUMINURIA.—The salts of strontium, particularly the lactate, are said by Drs. Dujardin-Beaumetz and Paul to diminish albuminuria about one-half.

OSTEOMALACIA WITH CASTRATION.—Dr Thorn of Magdeburg (*Centralb f. Gyn.*) reports two cases of osteomalacia, one treated with iron, arsenic, phos., etc., with no apparent result, and the other, of which we give a brief abstract, upon which castration was performed. Patient, age 32, six years married, when one year old had rachitis and walked first in the fourth year. Three children, the last eleven months before castration. After the birth of the first child appeared the first symptoms of osteomalacia, increased after the third, which ended in a difficult forceps delivery, after which it was impossible for her to walk and she began to grow shorter.

Condition on examination: Patient exhibited to a marked degree all the characteristics of osteomalacia, especially in the pelvis. The promontory was easily reached, the symphisis bill-shaped, the pelvic outlet narrowed, uterus retroflexed with posterior perimetritis. The pain in the bones was intense and the least pressure on the sternum gave great annoyance. No albumen and, all the organs in good condition, save a slight bronchial catarrh. After coming to the clinic, and through all the usual treatment, the patient grew constantly worse and castration was decided upon. The ligaments, tubes and ovaries were very vascular, uterus of normal size with no cystic degeneration, but especially note-worthy was the extreme macies of all the tissues, such as one finds only in a puerperal condition. The posterior wall of the uterus would not bear the slightest pressure and even the cut arteries had to be tamponed. The first silk ligature cut through the left tube.

The convalescence was rapid and in twenty days the patient was dismissed. The pain in the limbs ceased and by the third day the sternum could bear pressure and the patient learned quickly to walk. She continued to improve in every day; the perimetritis was relieved and two months after the operation, there occurred, without any accident, a normal flow of blood from the uterus.

COMPLICATIONS AND SEQUELÆ OF SCARLET FEVER.—Dr. J. Lewis Smith, of New York, read a paper (*Dietetic Gaz.*) on "How to Prevent Complications and Sequelæ in Scarlet Fever," in which he called attention to the fact that in scarlantina various bacteria abound on the faucial surfaces, the predominating variety being streptococci. These may enter the circulation and cause some of the complications. The rheumatism and nephritis of scarlet fever have by some authors been ascribed to bacterial infection. In view of these facts the application of antiseptic solutions to the nasopharynx is serviceable in preventing entrance of germs into the body. To disinfect the fauces he employs a lotion composed of two drachms each of boric acid and borate of soda and one drachm of chloride of soda to the pint of water. The mixture after warming is injected in amounts of one drachm into each nostril every hour. A solution of peroxide of hydrogen of a strength of one part to four of water may be applied to the throat, and one to eight to the nares, or a solution of corrosive sublimate, two grains to the pint, may be used for the same purpose. In sthenic cases these measures may be supplemented by cold applications to the throat. Eclampsia, if of early occurrence, is due to hyperpyrexia, later in the disease to uræmia. Restlessness, jactitation and delirium should arouse suspicions of possible eclampsia, and the prompt employment of cold-water treatment, in addition to local antisepsis and the administration of the bromides, may forestall this serious complication. To reduce hyperpyrexia in cases not markedly adynamic, phenacetine and aconite are of value; other drugs are either unreliable or harmful. The rheumatism and nephritis occurring in the course of scarlatina may be due to cold besides bacterial infection, and it is therefore necessary to avoid exposure of the patient, especially during the stage of desquamation.

PROTECTION OF THE PERINEUM.—Wm. S. Gardener (*Jour. of Gynecol. Univ. Med. Mag.*) writes that the value of a complete perineum is so great that the gynecologist spends much time inventing new methods for its repair. What he has to offer on this subject is only the method of applying the principle that time is the great perineal protector, bearing in mind that almost any perineum will distend sufficiently to allow the safe passage of the head, if only the head can be prevented from advancing with too great rapidity just during the last portion of the second stage of labor. The two great forces driving the child toward the outer world are the contractions of the uterus and the contractions of the abdominal muscles. There comes a time in the labor when the perineum has

become so weakened by distention that it can no longer bear the great pressure of these combined forces a time when a few minutes' delay means the prevention of a rupture. Uterine action is beyond our control; the contraction of the abdominal muscles can be controlled either by complete anæsthesia or by the will of the patient. She is instructed in the interval between the pains that when she feels a pain coming on she is at once to open her mouth and breathe through it as rapidly as possible. In addition the head is held back by pressing against the perineum in the direction of the pubes. The perineum should be as carefully guarded during the passage of the shoulders as during the delivery of the head.

METHYLENE BLUE IN NEURALGIA. — Dr. Immerwahr (*Deutsche Med. Woch. — British Med. Jour.*) has recently studied the action of methylene blue in alleviating neuralgic pain, and is of opinion that under certain circumstances the drug is a valuable agent. Thus, in two cases of facial neuralgia and in three attacks of migraine complete relief was speedily obtained. Nervous headache, alcoholic depression, muscular rheumatism, and herpes zoster were also found to be benefited by the drug. Hence, although Immerwahr has not yet been able to try it on a large number of patients, he is satisfied with this new antineuralgic agent, and recommends further trials. In sciatica, methylene blue appears of no value, nor is it suited to other than nervous pain, for example, that due to ulceration of the stomach or cancer. Dr. Immerwahr administers the drug a as dry powder enclosed in gelatine capsules (2 to 5 grains for a dose), three times a day. No ill affects have attended its administration, except that after prolonged use some strangury occasionally sets in, which soon yields to small doses of powdered nutmeg. The urine assumes a blue color, which may frighten the patient unless he is forewarned of its occurrence.

RHUS AROMATICA FOR INCONTINENCE—Krauss, (*Buffalo Med. and Surg Jour.*) thus sums up a paper an this subject: Incontinence of urine, due to slight disorders of the genito-urinary or the nervous system, is amenable to the rhus treatment, which gives most favorable results. Incontinence due to destructive lesions of the spinal cord, complicating the vesical center or its reflex arc, is not amenable to the rhus treatment, which gives negative results.

If there be any cause of irritation within reach, it is removed. He then gives the rhus in doses of 5 to 10 drops of the fluid extract, encreased to 20 drops, four times daily. He prescribes it in glycerine. In anemic cases he combines rhus with iron:

℞.—Ext. rhois aromat. . . . . fℨv.
Syr. ferri iodidi,
Elixir calisayæ . . . āā. q. s. ad ℨii.
M.—Sig. ℨss four times a day.

The prescription is incompatible pharmaceutically, as the iron and cinchona precipitate; but it does not follow that it is therapeutically incompatible; and tannate of iron probably forms a useful ingredient.

POINTS ON SYPHILIS.—The glands above Poupart's ligament are (*Times and Reg.*) the immoral glands. If you find them enlarged, examine the penis, and in nine-tenths of the cases you will find the cause there. If the swelling is in the glands below Poupart's ligament, the cause is probably in the foot. In syphilitics a heavy chill and high fever, followed by sweating, will be followed by marked secondary symptoms. Secondary symptoms beginning with a papular or tuberculous eruption show a very severe attack. Syphilitic eruptions are polymorphous; that is, many forms of eruption are present as the same time—the roseolous, erythematous, papular, etc. This is not the case in non-syphilitic eruptions, a point of diagnostic imporance. The reason the hair is lost in syphilis is that there is a poliferation of connective-tissue cells, which press on the hair-bulbs and cut off the bloody-supply and cause the hair to die. As soon as the patient is put on treatment, and these cells are absorbed, the hair again grows if the bulbs have not been destroyed. It is by means of the skin that the poison of syphilis is eliminated, as we see by the eruptions.

EXCISION OF THE APEX OF A TUBERCULOUS LUNG.—*La Gazetta Médica de Granada* reports a case of the successful excision of the apex of a tuberculous lung by Dr. Tuffieri, who, prior to the operation, had satisfied himself on its safety by a

series of experimental operations on the lower animals. Cutting through skin and some fibres of the pectoralis major, Dr. Tuffieri laid bare the intercostal muscles of the second intercostal space, and cutting through these he exposed the parietal layer of the pleura which he detached from the thoracic parietes. Opening the pleura, he found the lung apex studded with tubercle and slightly shrunken. Round the apex he passed a ligature, which he attached to the second rib, and then excised five centimetres of the tuberculous mass. The patient was, on his recovery exhibited before the Surgical Society.

CHLOROFORM IN LABOR.—Dr. Rulison, *Med. Surg. Rep.*, concludes an article on the above subject as follows :

1. No pain—hence no nervous shock—consequently the " inevitable chill" does not appear.

2. It reduces the number of perineal tears to minimum.

3. It shortens labor and in several ways greatly relieves the attendants.

4. Childbirth being robbed of its chief terror, the tendency to resort to criminal practices is reduced and population consequently increased.

5. Brings increased respect for the medical attendant. The gratefulness depicted upon the countnance of the woman when informed by her attendant that she is a mother (having become so without pain) can not fail to arouse in him thoughts so pleasing that he is apt to forget, for a moment, that a doctor has any trials.

HOW FAR WEST WAS IT.—The following answers were given to the questions of a State Board of Medical Examiners : Symptoms of the œdema of the glottis are that the patient feels husky and has sore throat. I would amputate it, if necessary. I would do the operation within three or four months, if it was a bad case.

The dose of morphia sulph. for a child of five years, hypodermically, would be one-fourth grain, and if that doesn't give relief, I would give one-half grain.

The dose of antipyrin for a child five years old is fifteen grains every three hours. The kidney is a muscular formation, in shape oblong, color quite dark, weight about one pound to one and a half, but may vary considerable. The sympathetic system is composed of all the filament of nerves that start from the spinal cord, and are distributed to all parts of the system, especially the brain. The cervical portion ramifies the encephalon in general. The dorsal portion ramifies the anus.

Extra-uterine pregnancy may be fungoid growth or tumor fibroid in its character or any extra growth in the uterus would be called extra-uterine pregnancy.

A breech presentation may be known by the sense of touch, the buttox being different in formation from the cranium. The anus is different from the mouth, absence of tongue and nose. Get your finger in the inguinal region soon as possible and assist your patient by firm but gentle tension.

The normal temperature of the human body is from 112 degrees to 140 degrees.

The temperature of the system is variable. In health the cuticle stands at 70 degrees. The average respirations are 70 per minute.

The best way to facilitate the expulsion of the placenta is to let the woman get up and walk about the room, allowing five minutes to elapse after delivery before requiring her to get up and walk.

Phimosis is the result of old age.

THE PHYSICIAN'S VISITING LIST FOR 1892, published by T. Blakiston, Son & Co., is gotten up, as usual, very neatly. This is the forty-first year of its publication, a fact which goes to show that it must meet with all the requirements of a visiting physician, hence its large sale. It is more than an ordinary visiting list, as it also contains valuable information and tables. For completeness, compactness, and simplicity of arrangement, it is excelled by none in the market.

Books and Pamphlets.

DR. CANNIFF'S " HISTORY OF THE MEDICAL PROFESSION IN UPPER CANADA."

To the annalists of Canada, and to all interested in her social life, the absence of any work of an historical and biographical character, dealing with the medical profession in the early days of the Province, must hitherto have been a matter of keen regret. Luckily, the lack is now about to

be supplied, and supplied by one admirably fitted to do justice to the theme. The historical narrative treating of the medical men in Upper Canada from the foundation of the Province, which Dr. William Canniff, of Toronto, is now passing through the press, ought to be hailed with satisfaction, if not with delight. The beginnings of the professions in Upper Canada necessarily introduce to us many of the men who were the makers of the Province. Of these, the physicians and army surgeons who settled in Upper Canada after the Revolutionary War, form no inconsiderable portion of that element in the community which gave substance to the national fabric and contributed to its integrity and stability. It adds no little to present-day interest in these early medical practitioners to know that not a few of them were U. E. Loyalists, and identified with the cause which led many of the then inhabitants of the Province to sacrifice their all for the sake of living under the grand old Red Cross banner of Britain. These and other interesting facts in the public and professional career of these men may be looked for in the goodly volume which Dr. Canniff has now in preparation. The volume, I take it, will primarily be of value to present-day members of the medical profession; but its interest will by no means be confined to such. In its scope much, I believe, will be treated of which will make the work of inestimable value to the historical student as well as to the general reader. In this it will commend itself to every lover of Canadian annals, and to every well-wisher to the native literature. Coming from the pen of so devoted a student of Canadian history, and enthusiastic member of the medical profession as Dr. Canniff, the subscription list should be eagerly filled, and the work thereby hastened in its appearance. A youthful community like Canada owes too much, in many ways, to its medical men of a past generation to be indifferent to their fame or heedless to their memory.

G. MERCER ADAM.

TORONTO, November 20th, 1891.

The above criticism by Mr. G. Mercer Adam is sufficient to show the value and great importance of Dr. Canniff's work to the medical profession. There is still needed a certain number of subscriptions in order to satisfy the publishers before the work will appear, and we trust the doctor's able effort will meet with the hearty and generous support at the hands of the medical profession, which it so richly deserves. The work will be illustrated by the wood cuts of a considerable number of prominent doctors of this province, among which are Drs. Widmer, Rolph, Workman, also a picture of the first medical school building in Upper Canada, erected for the medical department of King's College. The names of those willing to subscribe may be sent to Dr. Canniff, care THE CANADA LANCET, Toronto, and will be duly acknowledged.

ESSENTIALS OF BACTERIOLOGY: Being a concise and systematic introduction to the study of Micro-organisms, for the use of Students and Practitioners, by M. V. Ball, M.D., late resident physician, German Hospital, Philadelphia; with seventy-seven illustrations, some in colors. Philadelphia: W. B. Saunders. Toronto: Carveth & Co. 1891; pp. 158. $1.

A useful book for students and practitioners of medicine who are devoting any attention to the study of this important subject. The work is practical and should be in the hands of every medical student for reference, as the many allusions in current medical literature to bachnological terms, must render reading unsatisfactory without some such guide.

A MANUAL OF PRACTICAL OBSTETRICS: By Edward P Davis, A.M., M.D., Clinical Lecturer on Obstetrics in the Jefferson Medical College; Professor of Obstetrics and Diseases of Children in the Philadelphia Polyclinic, etc., etc.. One hundred and forty illustrations. Philadelphia: P. Blackiston, Son & Co. 1891; pp. 198.

The anthor has given in this work a concise statement of modern *practical* obstetrics as taught by Parvin, Lusk. Winckel, Galabin, and others. He has omitted details of anatomy and physiology, and devotes his pages to obstetrics alone. The book contains much needful information in a small compass, and might well supplement the student's notes taken in the lecture room.

CALOMEL IN THE TREATMENT OF GALLSTONE, COLIC AND ICTERUS.—Von Sacharjine recommends (*Med. Chir. Rundschau*) calomel in doses of five grammes, at first hourly, later every two hours. The medicine is continued until the copious, greenish fetid discharges appear. The author usually gives not more than 12 doses, after which he finds no more copious stools. The patient is then given a dose of castor oil. Under the influence of this treatment there is disappearance of pain, the appetite returns, and the urine clears up.

Sometimes, unfortunately, this improvement is only temporary. In these cases the author goes back at once to the first dosage, and generally has the satisfaction of a complete cure.