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Original Communications.

The Endoscope of Dr. Cruise, of Dublin. By FRANCIS WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London, Professor of Physiology, Medical Faculty of Bishop's University, Montreal.

(Read before the Medico-Chirurgical Society of Montreal, August 8, 1878; also before the Alumni Medical Association of Bishop's University.)

It is an old adage, that every dog has its day. In medicine we may apply this to not a few remedies that have been ushered into notice with a flourish of trumpets, as if their power was sufficient to make them a panacea for all the ills to which the flesh is heir. Mechanical genius has given many aids to the surgeon, in pursuit of his calling. The laryngoscope of Czermack has brought that portion of the throat, previously beyond his sight, plainly into view; the ophthalmoscope of Helmholtz enables the oculist to examine the pathological changes occurring in the deep structures of the eye; while the revival within a comparatively recent period, by Recamier, of the long-forgotten speculum utero, has been a perfect mint of wealth to those who recognize in the uterus the *fons et origo mali* of nearly every ailment which occurs to the female subject. All these instruments are to-day in general use, principally, of course, because their employment has led to very great improvement in the treatment of the diseases, for the discovery of which they have proved so useful, but, also, because they are readily employed and do not take up a great deal of time. The endoscope, upon which I desire to say a few words this evening, has many claimants for the honor of being its discoverer. Upon the merits of these various claimants I do not propose to enter. I shall simply satisfy myself by saying that, early in the present century, there is evidence to show that an instrument, somewhat like an endoscope, and called "*a light conductor*," was in use. Any disposed to study out the early history of this question, I direct to an article in the *Philadelphia Journal of Medical and Physical Science*, 1827. Some twenty years ago, however, Desormeau issued in Paris a little work on the endoscope, which attracted some attention, but his instrument had many serious defects—one being insufficiency of light—and the opposition

he met with was so very great that its employment was limited. Still, his patient working paved the way for the improvements of later years. Twelve years ago the attention of the English profession throughout the world was directed to the endoscope, by the efforts of Dr. Cruise, of Dublin, who, at that time, produced an instrument far superior to any previously invented. It was said "to enable surgeons to see parts which, without its aid, were wholly beyond the reach of vision!" One year later, viz., in 1866, being in Dublin for two weeks, I had the pleasure of forming the acquaintance of Dr. Cruise, and see him use his endoscope in several cases. I had thus vividly brought before me the usefulness of an instrument which at that time was attracting great attention throughout the British Isles. To show the importance of this instrument, it is only necessary to contrast the position of a physician called upon to treat a malady which it is possible for him to see, and one hidden from view. As an example, let me take a diseased eye and a diseased urethra. He will not content himself by simply *looking* at the eye, and calling it an ophthalmia. Certainly he will not, if he be a conscientious and a careful physician. On the contrary, he will examine the lids, the conjunctiva, the cornea, sclerotic, anterior chamber, lens; and, if needs be, he will take his ophthalmoscope and investigate the vitreous humor and retina to ascertain what structures are engaged. I need hardly state the amount of information such an investigation would afford, both as to the seat of disease and its nature, whether traumatic, catarrhal, arthritic, syphilitic, or scrofulous. In fact, such an investigation will lay the foundation of a correct diagnosis, a truthful prognosis, and a rational treatment. In contrast, let me for a moment sketch the position of the surgeon in a case of ordinary gleet. In many, perhaps in most instances, he can only guess, by uncertain symptoms, and perhaps unreliable antecedent history, whether the discharge arises from simple catarrh, from chronic inflammation, from a relaxed mucous membrane, from syphilitic ulceration, from a granular condition of a portion of the canal, or from several other causes which might be named. In his uncertainty, his treatment must, as a necessity, be empirical, and his prognosis unreliable, for he cannot tell

whether the disease will be harmless in its results, or likely to lay the foundation of organic stricture. The endoscope, however, alters all this. By its aid the urethra can be seen and minutely examined from its orifice to the neck of the bladder, and after the eye has had some considerable practice in the use of the instrument, each single speck of disease can be seen, and, if need be, subjected to precise local treatment. My experience of the endoscope is almost confined to its employment in diseases of the urethra. I have a few times used the lantern for illuminating the ear, in which I have found it very useful, but having, within the last few years, sent my ear cases to Dr. Proudfoot, lecturer on diseases of the eye and the ear in Bishop's University, I have not had opportunity for its application in this way. There is, however, no portion of the human body into which a straight tube can be introduced, in which it will not be found of service. Dr. Cruise claims that with it the interior of the bladder may be thoroughly investigated; calculi examined, and information gained as to their size, figure and number, also whether loose or encysted. The rectum has been several times examined by me with the endoscope, far beyond the reach of the finger, upon one or two occasions, Dr. Drake, of this city, assisting me. The number of cases where I used it to examine the rectum was too small to give any great results, but it revealed considerable ulceration in one case, and I can conceive of its employment being useful in this locality. The instrument has also proved useful in examining the interior of the uterus. Let me now describe the instrument. In the first place there is a tube, or speculum, which is introduced into the cavity to be examined. At one extremity of this, a mirror of polished silver, perforated in the centre, is placed at an angle of 45°. The function of this mirror is to reflect the light which is placed laterally into the tube, so as to illuminate it to the end. As the tube is very small in calibre, a most brilliant light is required, and in order to obtain the best effect it is made to converge slightly on the mirror. This convergence is attained by interposing between the light and mirror a plano-convex lens of suitable focal length. The light being sufficient, the lens properly adjusted, the mirror bright and correctly placed with respect to the tube, it becomes a

matter of facility for the eye, looking through the perforation in the mirror, to see clearly to the bottom of the speculum. The description I have given in most particulars would serve almost as well to describe the endoscope of Desormeau, as that of Cruise of Dublin. But Desormeau's endoscope was deficient in illuminating power, and this is the point in which Cruise claims his instrument to excel. In experimenting with polarized light, he became aware that one of the brightest illuminations which can be obtained is that given off by the thin edge of the flat flame of an ordinary petroleum lamp. Moreover, the intensity and steadiness of the light he found much increased by adding ten grains of camphor to the ounce of petroleum. The camphor increases the quantity of carbon in the petroleum, but the draught being good its combustion is ensured. To obtain the best effects from the light, a few precautions are necessary. The room in which the examination is made, as far as possible should be darkened; the lantern must be held steadily in a vertical position, whatsoever the position of the exploring tube may be. A variety of specula are required for the exploration of the different regions of the body. For general use the urethral tube, which I now show you, is the one generally employed. It consists of a narrow portion, about the size of a large catheter, and just six inches in length; the remainder gradually dilates to form the part which fits into the receiving locket of the lantern. A wire stilette, surmounted by a plug, which can be inserted into the tube, is used to facilitate its introduction into such narrow canals as the urethra. At one side there is an opening, wide above and narrow below, intended to admit probes, carrying either cotton wadding or sponge to wipe the parts under examination, or to apply caustics if deemed necessary. Three or four sizes of these urethral tubes are required, and I have several sizes, as you will perceive. They answer very well for other situations, such as the uterine cavity and nasal fossæ. In the latter situation, the instrument has several times been enabled to locate exactly the attachment of a nasal polypus. A tube is also provided for examination of the rectum, which I now show you.

The most useful field for the employment of the endoscope is the urethra. By its aid diseases of this part, otherwise merely subjects of con-

jecture and empiricism, are rendered as clear as to diagnosis, and really nearly as satisfactory respecting treatment, as affections of the eye. Before using the endoscope on the urethra it is well to ascertain that it is free from constriction. This can easily be learned by passing a bougie. This being done, and the road known to be clear, it is best to examine it from the neck of the bladder to the glans penis. Place the patient reclining in an easy chair, with the buttocks near the edge of the seat, and the thighs well separated. Kneeling between the legs, introduce the tube with the plug well oiled until it has passed the triangular ligament of the perineum. Then introduce the index finger, well oiled, into the rectum, and guide the passage of the tube through the membranous portion of the urethra into the prostate region. As soon as it has traversed this region, withdraw your finger from the rectum, extract the plug from the tube and attach the endoscope, which has previously been made ready. Holding the endoscope in the left hand, gradually withdraw it, at the same time keep the eye closely applied to the eye piece. While withdrawing the tube it is well now and then to re-introduce it a short distance, and also to increase or diminish the light; in this way, it is said, various views are obtained. As the tube traverses each portion of the canal, the lining membrane comes into full view, bit by bit. If a difficulty occur in seeing any portion, it will generally be found to arise from oil, blood or mucus obscuring the surface. I need hardly say this can be easily removed by one of the stilllets covered by wadding.

In the introduction of the endoscopic catheter it is necessary to be careful not to enter the bladder, or a rush of urine will fill it up and stop the examination. This precaution may to some seem unnecessary, as the catheter is a straight one; but Dr. Cruise says that a straight instrument will enter the bladder with almost as much facility as a curved one.

Before attempting to discover morbid conditions of the urethra with the endoscope, it is best to study its appearance in its natural healthy state. To one unconnected with an hospital, this is a matter of much difficulty, as few would care simply to gratify a surgeon's curiosity to allow the introduction of the endoscope tube into their urethra. Still, the attempt

should be made. Those who have had opportunities of doing this describe the lining membrane of the urethra in a healthy condition as being throughout of a pale rose tint, its surface smooth and polished, and glistening with its coating of mucus—that portion near the glans being deeper in color. All this I have, from personal examination, been able to satisfy myself of. It would be quite beyond the object of this paper to enter into any details with regard to the numerous pathological conditions of the urethra which the endoscope has revealed; but from a moderate use of the instrument during the past eleven years I hesitate not to assert that in many cases of obstinate gleet it enables you to see the cause of the discharge, and seeing the cause, enables you to apply the necessary remedies directly to the part. An instrument so useful in a class of cases usually so troublesome and annoying to the surgeon would, one would suppose, receive a large amount of encouragement, and that it would be met with among the *armament* of all leading surgeons. Such is not the case. For a few years it was hardly possible to take up a medical journal without finding something regarding the endoscope in it. Now its name is seldom mentioned, and I have no doubt but that, like many another ingenious surgical contrivance, it has had its day. Till some one of an ingenious turn of mind still further improves the instrument, its use, I have no doubt, will be limited, confined to those, perhaps, who, having seen its use in the hands of its great master, Dr. Cruise, of Dublin, were impressed with its usefulness, and which experience has corroborated. Of this number I claim to be one.

Tincture of the Muriate of Iron in Diphtheria.—

By W. P. SHOEMAKER, M.D., of Elk City, Pa., U. S.

My apology for writing to a Canadian journal is, that I had the pleasure of making my home in the Dominion for a few years. I do not know your treatment for diphtheria in Canada at the present time, but I know that it used to differ from the course I mean to suggest. Here we have diphtheria almost all the time, and such a form of it as I never saw in Canada. In rural districts, where they get little help, whole families die. I have taken no notes of

cases, but will give you general results. I never swab the throat, nor use any local measures, but empirically give the following prescription:—

Tinc. ferri mur..... 3 ii.
Chlo. pot. 3 i.
Glycerine 5 i.
Aquæ ad..... 3 iv.

Sig. Teaspoonful every two hours.

Of about one hundred cases in the last two months none got seriously ill whom I saw before the formation of the membrane. The four or five deaths were all in-patients, whom I did not see until after the membranes had fully formed. This prescription does not much relieve the general symptoms, but the alarming symptoms caused by the tough thick membranes are universally prevented, by stopping the formation of membranes. They rarely get thicker than tissue paper under the treatment. Every physician in this part of the country will endorse my statements. The disease which I once so much dreaded has lost all its terrors to me. I occasionally give bromine in congestion, but not as a specific, which I believe iron to be.

Twin Birth: Extra Digits. H. CHIPMAN, M.D.,
Grand Pré, Horton, N. S.

Mrs. L., the mother of several children, was delivered of twin boys on the morning of June 15th, 1878, after a two hours' labor. They were delivered by a midwife, and one followed the other as quickly as possible. I arrived in time to deliver the placenta, there being two, with a cord attached to the centre of each, and each being as large as a placenta in a single birth. The children weighed fifteen pounds, one seven and the other eight. The smaller was perfectly normal, while his heavier brother had an extra finger on each hand, and toes to match. The extra finger on the left hand hung by a particle of skin, and I snipped it off with the scissors; the finger on the other hand and the toes were united with their fellows so as to represent a web-foot. This is the second time Mrs. L. has borne twins, one of the previous pair having the extra digits. The woman herself was born with them, and the toes were not removed, and she is obliged to place her foot on the floor, and have it chalked around, instead of the ordinary measurement, in having boots made. Her mother, also, had the extra digits.

Progress of Medical Science.

ON CONJUNCTIVITIS.

A CLINICAL LECTURE DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE IN THE CITY OF NEW YORK,

By D. B. ST. JOHN ROOSA, M.D.,

PROFESSOR OF OPHTHALMOLOGY.

(Reported for THE N. Y. MEDICAL RECORD.)

GENTLEMEN:—I will make this case before us a text for a few remarks upon *conjunctivitis*. The history gives us very little information as to the causes of the attack of inflammation of the conjunctiva. There was no exposure to dust, or cold, or wind, or any excessive use of the eyes; nor was there, so far as we can learn, any contact with other inflamed eyes. This woman spent most of one day ironing clothes. She has never had a previous attack of this disease. On the day previous to that spent in ironing, she read considerably, however. That was four days ago, and she now has inflammation of the conjunctiva, which has been treated, at the Manhattan Hospital, by the use of astringents and the sulphate of atropia.

I happen to know that the patient has a chronic disease at the back part of the eye, for she was under my care for choroiditis at the Eye and Ear Infirmary some fourteen years ago. This condition renders her rather more liable to conjunctival inflammation than she would be were the back part of the eye sound. Such is my text, brief though it may be.

Conjunctivitis—Inflammation of the Conjunctiva. Conjunctiva, from two words, which mean to join together—the mucous membrane which joins the lids with the globe of the eye. Conjunctivitis is an affection which every practitioner of medicine is bound to know how to treat.

It is an affection which must not be confused with iritis, or rather, iritis should not be confounded with it. It occurs as frequently as pneumonia or pleurisy, and it may and does destroy eyes, and thus, sometimes, renders the state of the man or woman affected much more mournful than if the victim had been cut off by either of the inflammations of the chest.

Conjunctivitis is divided into three general varieties. Such divisions are somewhat arbitrary, however; you cannot always distinguish one from the other, any more than the United States can be distinguished from Mexico as we pass over the artificial boundaries between the two countries. In many cases, then, you will not be able to make the divisions, and, in others, they can be made with considerable satisfaction.

1. *Catarrhal Conjunctivitis*.—Under favorable conditions, this is a self-limited disease, as much so as measles, or scarlet fever, or pneumonia.

Its chief symptoms are: hyperæmia of the conjunctiva, the network of blood-vessels is injected, not particularly marked towards the ciliary region, but there is a general vascularity of the membrane. A pure catarrhal conjunctivitis is not attended by great lachrymation or photophobia. There is no sluggishness of the pupil, and there is no deep-seated pain.

The other characteristic symptom is increased secretion—hence the name catarrhal.

The patient's subjective symptoms are not important to the diagnosis, but they may be roughly stated as a feeling as if sand was in the eye, and a blurring of the sight. The sensation of roughness is due to the pressure of the enlarged blood-vessels, and the blurred vision to the presence of mucus and tears upon the cornea. All that this form of conjunctivitis requires in way of treatment, in many cases, is to keep the eyes clean. This can be readily done by bathing them in pure cold water. The patient should also wear a pair of protecting glasses—not goggles, which will keep the eyes free from dust and everything that may excite inflammation of the conjunctiva.

But a simple catarrhal conjunctivitis occurring in delicate persons, especially children, amid bad hygienic surroundings, and among persons who are not noted for habits of cleanliness, may run into phlyctenular conjunctivitis almost before you are aware of it. Then you will see, most commonly near the margin of the cornea, either little yellowish red elevations mounted by a vesicle, or a small ulcer which has been formed by the rupture of a previous vesicle.

This form of conjunctivitis, at its outset, requires a local anodyne—atropia—and a great deal of general care but to-day I only desire to speak of the three forms of pure conjunctivitis, catarrhal, blennorrhœal, and purulent. Again, catarrhal conjunctivitis occurs in persons who are exposed to any continued depressing influences, or who are obliged to work in places where they are exposed to mechanical irritants which are liable to excite new inflammatory action; and under such circumstances the disease may advance to the chronic stage, or go on to blennorrhœa. For example, catarrhal conjunctivitis occurring in a student who continues under the depressing influence of the dissecting-room, who goes on with his studying and note-taking, who continues to sit in the bad air of the lecture-room, is very apt to advance to a blennorrhœa, or, what is more likely, become a *chronic catarrhal conjunctivitis*. A mechanic with acute conjunctivitis will soon have a blennorrhœa, or a chronic inflammation, if he persists in his work.

With reference to *treatment*, it is perhaps safer to tell you that it is best to treat a simple catarrhal conjunctivitis by using locally some mild astringent, like the sulphate of alum or zinc, in solution of about two grains to the ounce of water, as well as washing the eyes with cold water and placing the patient under favorable hygienic influences. Besides this, cold water may be freely used on the closed lids, as a douche, or by means of small bits of cloth. It is well, however, for you to remember that the disease, like many others, has a marked tendency to get well, and that you are not to attack it with blisters, or nitrate of silver, or to place the patient in a dark room, and so forth, as though it were a case which demanded the most vigorous and heroic measures at your command.

But, let us suppose that the disease goes on to the next stage—to blennorrhœal conjunctivitis—in which we have to deal with something more than

mere hyperæmia, with very decided increase in the natural secretion. There is now a positive increase in the natural secretion of mucus; with this there is mingled more or less pus, especially at the corners of the eyes. There is also slight engorgement of the lids, and an engorgement of the papillæ of the lids; perhaps also a swelling around the margin of the cornea. Here you have to deal with a condition which demands a much more active and persistent course of treatment than that recommended in simple catarrhal conjunctivitis; you cannot trust alone to change in hygienic surroundings and the adoption of certain rules regarding cleanliness, but you must use astringents.

What does the astringent do? In the first place, it increases the hyperæmia, it increases the quantity of serous exudation; in short, it increases the inflammatory process in which the disease itself consists, but its secondary effect is to constrict the blood-vessels, and perhaps the adjacent tissue, and following this comes the relief for the hyperæmia and the inflammatory process. An astringent caustic does more than this. It actually causes an eschar, which is thrown off.

In these cases you will need to apply, not only simple astringents, but, perhaps, caustic astringents. Of these latter, nitrate of silver and sulphate of copper hold perhaps the first rank. Almost the only guide you can have with reference to the use of these astringents and caustics is the effect produced upon the patient.

If he suffers for more than half an hour from the increased severity of the symptoms caused by your astringent application, it is pretty good evidence that the astringent employed is too strong, and either a weaker solution, or a milder agent must be employed, or perhaps the astringent be given up altogether for a few hours, or a day or two.

If symptoms of corneal, or deeper-seated inflammation arise, an anodyne application of sulphate of atropia, two grains to the ounce, should be used three times a day.

It is a wise practice in ophthalmology to use as few applications, or agents, at any time, as is consistent with good care of the eyes. When a patient suffering from acute catarrhal conjunctivitis is pursuing an employment that of itself is likely to expose his eyes to injurious influences, very much will be accomplished by simply putting him under proper conditions of life until the attack be over. If this be not done, although there may be no advance to a higher form of disease, there may be a gradual sliding into a trachoma. When trachoma is reached, we have come to a very obstinate and sometimes incurable condition. For there is thickening and warping of the cartilage of the lids, the eyelashes may be constantly brushing upon the conjunctiva, and the patient has a sensation as if ten thousand grains of sand were in the eye. As a result of this constant irritation, the delicate structure of the cornea is very much injured. Its epithelium and deeper layers are involved in disease, and the case may become one of pannus, and perhaps one of ulceration. Then add to the

condition of affairs, eversion of the lids, so that the tears, instead of passing away through the natural channel, flow over the cheek and keep the face in a more or less constant state of excoriation, and you have one of the most distressing of conditions. It is a condition that cannot be permanently and thoroughly remedied by any operation or course of treatment, although susceptible of relief. Eversion and inversion of the lids may be corrected for a year or two by an operation, but the relief is usually only temporary and the condition returns; for the state of the parts is such that it is impossible to restore the lids to their complete functions.

To recapitulate: granular lids, trachoma, opacities, vascularities, and often perforation of the cornea, entropion, ectropion—all consequences of blennorrhœa; and many of them incurable conditions, which can only be alleviated, but never thoroughly cured. Hence it is that conjunctivitis, in its early stages, has its importance for the general practitioner.

We next come to the form of conjunctivitis which is the most important of all—the *purulent variety*. I could relate some very sad stories regarding children who have been born with good eyes, but to which, through the carelessness of nurses, little particles of pus have been transmitted from towels; or who have been inoculated with pus from the genitals of the mother, and who, within a few hours after birth, have had fully developed purulent conjunctivitis, and who, having their eyes improperly treated by poultices, have lost them. The conjunctiva is engorged with blood, and the lids become so swollen that it is impossible for the child to open the eyes, and pus wells up through the palpebral fissure.

Now, if by the application of a poultice, which has frequently been done, the disease is fostered, it will extend, and within forty-eight hours from the time of the commencement of the disease the child's eyesight may be destroyed. The cornea has been actually broken down by the poultices. But there is another story. A man or woman becomes affected with urethral inflammation, and through want of personal cleanliness, or by carelessness, pus is transmitted from the seat of disease to the conjunctival sac. Within a few hours you will see developed all the acute inflammatory symptoms which usher in an attack of purulent conjunctivitis.

Purulent conjunctivitis has a malignancy of its own, whether arising in the new-born child or in the adult, from urethral contagion and want of personal cleanliness, or whether it arises as a natural termination or advance of acute catarrhal blennorrhœa.

There is a popular idea that a purulent conjunctivitis arising from infection from a suppurating urethra is more severe in its course than the same form of disease arising from other causes: but this is probably an error.

Purulent conjunctivitis also occurs epidemically, especially in hospitals, in workshops, in armies, and in badly ventilated rooms where many people are crowded together.

There is another point to be mentioned. A drop or atom of material removed from a catarrhal conjunc-

tivitis occurring in my eye may excite a purulent conjunctivitis, if transmitted to a healthy eye. This shows that it is the same disease in both instances, the cases differing only in intensity.

Now, what is to be done when you meet with a case of *purulent conjunctivitis*?

There is one thing which it is very important *not* to do, and that is, to stand still with folded arms. You must know what to do, and you must do it with the very greatest celerity. If you are called upon to go into the country twenty miles, and upon your arrival find that you have to deal with an inflamed eye, the lids of which are so swollen that they are shut, and pus is streaming up between them, do not simply tell the friends to wash the eye out once or twice a day with alum-water, to put on a poultice to quiet the pain, and perhaps leave a two-grain solution of nitrate of silver to be introduced into the eye occasionally, with directions that the patient be placed in a dark room, with quinine or calomel to subdue the fever. If you do pursue this plan the patient will almost certainly lose his eyesight, and for that loss you should be held responsible, and no one else.

Instead of that, do just what your common sense would dictate should be done when a man comes to you with one or both of his eyes filled with cinders or dust. What would be the first thing suggested by the common-sense rule of practice? Certainly it would be to wash out the cinders and dust.

The first thing to do, then, when called to a case of purulent conjunctivitis, is to remove the pus from the eye. If necessary, the eye should be washed as often as every half-hour, and it will be your first duty to instruct the mother, the sister, the brother, or the nurse, so that this part of the treatment may be continued regularly and thoroughly, just as often, day and night, as may be necessary. When you have so instructed the attendants that the eye can be kept free from any accumulation of pus, you will have done your duty, and not until then.

Thorough cleanliness, then, is one of the most important elements in the treatment of this disease. This can be accomplished by syringing out the eye with tepid water, or, perhaps better, by wiping the eye with a piece of soft sponge or bits of soft cloth which have been dipped in tepid water.

Again I say, gentlemen, see that the eyes are kept clean, and for their cleanliness hold yourselves responsible.

In this early stage, if the swelling of the lids is very great and the temperature is increased, cold applications should be made, and that is best done by using bits of cloth which have been made cold by being placed on a block of ice or dipped in ice-cold water, such as one can get from the bottom of a well even in midsummer. These cloths must be changed sufficiently often to avoid any possibility of their becoming warm enough to make a poultice. This will sometimes be every two minutes. The application of cold should be kept up constantly, day and night,

until the temperature of the lids is reduced and the hyperæmia lessened.

When this has been accomplished, you may begin the use of astringents, and for children as good a one as any is a two-grain solution of alum in water, allowing the solution to pass between the lids. This should be employed about twice a day. There is some difference of opinion with reference to the astringent to be employed; some claim that nitrate of silver possesses peculiar advantages; but I feel satisfied with the effects produced by the alum solution, and I am sure it is a safer application for young children. Perhaps when you come to the treatment of adults you will not feel satisfied with the effects produced by the alum. If not, the nitrate of silver may be used in ten-grain solutions. If the nitrate of silver is used, it is important to neutralize any excess that may be applied with a solution of chloride of sodium. The mitigated stick (nitrate of silver and nitrate of potash) may also be used on adults. If the tension of the lids is very great you may be obliged to take your scissors and divide the external canthus, cutting through the conjunctiva, the muscle and the integument at the same time, so as to loosen the lids and relieve the pressure. This operation is called canthoplasty.

If that symptom is present, which is very likely to occur in the advanced stages, namely: engorgement of the conjunctiva about the margin of the cornea, or chemosis, the swollen ring of tissue may be snipped here and there with the scissors; in that way the hyperæmia and the tension may be somewhat relieved. If the patient is vigorous, leeches may be applied to the temples in the very early stages. Until the acute inflammatory symptoms have subsided, only mild astringents, not astringent caustics will be required.

Indeed, after their use has been commenced, it may be necessary to discontinue them because of the inflammatory reaction which they may produce.

While the inflammation is intense, attend thoroughly to cleanliness and the application of cold as the chief resources of treatment. With cleanliness alone you will be able to effect a cure in very many cases of ophthalmia neonatorum, although I should be unwilling to rely upon a treatment wholly without astringents.

What are the dangers in purulent conjunctivitis?

They relate chiefly to the cornea and they are very great.

For, if all the other parts of the eye are perfectly sound, and the cornea is completely opaque, the sight is lost, the world is nothing to the patient, and you will not be able to do anything to bring relief.

The object of treatment, then is to save the cornea; first, from the influence of the acrid pus, and second, from increased tension. At the same time, when you use an astringent caustic, you must use good judgment in order not to affect the cornea by it. You are always sailing between Scylla and Charybdis in the use of caustics in these cases. The caustic that I would advise you not to use is the *solid* stick of nitrate of silver. It is almost impossible to gauge its effects.

When once the disease has reached the stage in which the cornea is infiltrated with pus, you are to know that your case is in a dangerous condition, and you will need all the skill and judgment you can possibly obtain if complete loss of vision is prevented.

Under such circumstances you may tap the cornea, possibly do an iridectomy, use atropia: but I do not dwell upon these points at this time, because I wish especially to impress upon you the importance of proper treatment in the early stage of the disease. I wish especially to impress upon you the difference between the early stage of purulent conjunctivitis and the early stage of a simple catarrhal conjunctivitis. For, if properly treated during the early stage, you will succeed in saving a large percentage of eyes; but if poultices are applied and pus is allowed to remain under the lids, the cornea may be destroyed in less than a week, and, as a matter of course, vision is lost forever.

A word or two as to the prevention of conjunctivitis and its consequences. When you enter upon the practice of your profession and are called upon to take medical charge of asylums, county-houses, or any institution or place where large numbers are congregated, it will be your duty to guard against the occurrence of epidemics of ophthalmic disease; and, if purulent ophthalmia is developed, or catarrhal ophthalmia appears, or better, when the eyes are sound, to see to it that each patient has a separate place for washing the eyes, has separate towels, is not permitted to sit in a room while it is being swept; that plenty of fresh air is furnished, and that the patients are not permitted to strain their eyes by attempting to read by the aid of bad light. In other words, it is your duty to see to it that conjunctivitis is not caused or propagated through any neglect on your part. You are only exercising your highest functions as physicians, when you are guarding against the occurrence of disease. You must labor to impress yourselves upon the communities in which your lot is cast, as one of the directors of their sanitary condition, and not be content with being sent for when an epidemic is upon them.

I am here asked by one of the class, if diluted milk is not a good wash to be used in conjunctivitis.

Gentlemen: The good Lord has given us plenty of pure water for the purpose of securing cleanliness in the treatment of disease, as well as in health; but there seems to be a disposition to seek out mysterious and extraordinary agencies for simple purposes, while the study of the principles of treatment is neglected. Be not anxious about the details of prescriptions; be anxious only to know the general principles, and your application of them may vary from each other and yet all be correct.

Milk is well enough, but it is not so good as water; and water is much more accessible, and perhaps is less liable to act as an irritant to the eye, especially at certain seasons of the year.

I have spoken of alum as the astringent which I employ in conjunctivitis, but I am not wedded to that one, sulphate of zinc, or other astringents, indeed, I care very little, within certain bounds, what astringent

gents you employ. I have not been anxious to teach you what astringent you should employ, but rather to indicate in a general way the nature of simple conjunctival inflammation, and the principal which should guide you in its treatment.

ON CONSTIPATION.

THOMSON—*The N. Y. Medical Record.*

Constipation is due to deficient action of the small, and some portion of the large intestines. Of the small intestines, there are two operative causes: deficient secretion, and want of innervation, or muscular action. Deficient secretion in the small intestines may be due to some disturbance of the liver, and constipation, as a result, may date from some severe form of fever in which the liver was involved. In such cases there is not a preponderance of fecal accumulation and impaction, but rather, instead, a sluggish action of the bowels, recourse to medicines being necessary to bring about a movement once in four or five days. The symptoms of deficient action of the small intestines other than constipation, are usually negative; the one which gives the patient the most discomfort, is a dull indefinite headache, located in the posterior part of the head, and is best relieved by such remedies as will promote a free discharge of bile. The tongue is not usually large and flabby, but is reddened along the edges and tip. The secretions of the mouth are commonly viscid. The treatment should not consist of mild cathartics, or purgatives, as the condition of the case would be provoked by them, but what is necessary, is to increase the amount of fluid in the intestines by causing the patient to drink a great deal more water than is his custom. The laxative action of the water may best be insured by the addition of some mild saline; the reason of this is the mixture formed by the union of some saline with water does not readily pass from the intestinal mucous membrane into the general system,—water being retained in the intestinal tube by the saline, excites peristaltic action of the bowels, and so produces an evacuation of its contents. To increase the power of action of the intestines the author uses small doses of quinine, combined with sulph. magnesia, e. g. sulph. mag. ʒi., sulph. quin. gr. i., mixed and drank in a glass of water every morning. It takes, however, usually from one to two weeks before much effects noticed.

Deficient innervation of the small intestines, as a rule, accompanies constipation in elderly persons, and also in those whose habits are sedentary. The means to be employed to overcome this form of constipation are quite at variance with those used in the form of constipation just spoken of. If much water is given this class of patients, weakening of their digestive powers, followed by loss of appetite, and heaviness in the head, will be the result. To increase the innerva-

tion of the secretory apparatus, in those who are obliged to remain at their occupations, water is applied externally. A sitz bath, with the water as cold as the patient can bear it, and have good reaction follow will in very many cases work wonders. Sponging the spine and bowels with cold salt water, made as irritant as can be borne, on rising in the morning, is a very efficient method of using water externally. Some cases are benefited by giving the bowels a local shower-bath.

Of the large intestines, the same causes work the same results. Deficient innervation is by far the most common in this form of constipation. Large fecal accumulations, resulting from want of nerve power in the colon, or rectum, are usually present without the patient's knowledge, and rectal abscess may be the result. The treatment consists in keeping the rectum empty by means of enemata, but great care should be exercised against using the syringe every morning for any considerable length of time, as such a habit is likely to become fixed. After using the syringe to remove accumulations in the bowel, other measures for restoring lost innervation to the organ should be instituted. Strychnia used hypodermically into the sub-mucous tissue, often proves very efficient.

DIAGNOSIS AND TREATMENT OF PLEURITIC EFFUSIONS.

Dr. Thomas Barlow and Mr. Robert William Parker have just published some observations made by them at the Children's Hospital, Great Ormond Street, and at the East London Children's Hospital, on the diagnosis and treatment of pleuritic effusions in childhood. There is, say the authors, very little more difficulty in *discriminating* lobar pneumonia from pleurisy in children than in adults. It is when we have to do with bronchial catarrh and collapse, with broncho-pneumonia, or with the various forms of tuberculosis of the lungs, that difficulty constantly arises. They have repeatedly observed an amount of dullness due solely to collapse of lung quite equal to that produced by a localised pleuritic effusion. Although, too, broncho-pneumonia and tuberculosis are bilateral, the authors have seen three cases of bilateral empyema and three of bilateral serous effusion. With regard to the measurement of the chest, they have again and again verified Dr. Gee's observation (made with the cyrtometer) that "considerable increase in the sectional area of the chest may occur, and the length of the periphery remain the same, by the passage of the elliptical form into the circular." Rare forms of localised empyema were also met with confined to the root of the lung, or situated between the anterior edge of the lung and the pericardium, or limited to the middle third of the thorax, or localised in two different and widely-separated

parts of the same side. One case of diaphragmatic empyema closely simulated hepatic abscess. With respect to the latter fact, we may observe that even at its commencement diaphragmatic pleurisy of the right side may be mistaken for hepatic or abdominal mischief, inasmuch as children often refer their pain to the wrong situation, and the affection may be ushered in by vomiting and purging. There is often too, a good deal of tenderness about the upper region of the abdomen, and bilious vomiting is often a marked feature in cases of diaphragmatic pleurisy of the right side. Moreover, the authors say nothing about the frequency with which the first symptoms of an attack of acute pleurisy point more to the head than to the chest. Their observations are certainly confined to the stage of effusion, but their experience with regard to the above fact would nevertheless have been interesting to the reader.

Passing on to another point, the delusive character of friction *r le* did not escape the attention of our authors. "In one case," they remark, "we heard a typical friction *r le* over a spot from which immediately afterwards three ounces of pus were drawn."

The difficulties of diagnosis between *serous* and *purulent* effusion are generally acknowledged. Contrary to what is usually stated, in cases of serous pleurisy there is sometimes very marked hectic, whilst with empyema there is often a very moderate degree. The observations of the authors on this subject are very original, and worthy of attention. "It has appeared to us," they say, "that the aspect of the patient—a peculiar an mia, with an earthy complexion—and, above all, clubbing of the finger-ends, have been the most characteristic features suggesting empyema rather than serous effusion. We have never seen a case of serous effusion accompanied by clubbing, and we have seen very few cases of empyema where it has not been present to some degree, even when the illness has been only of a few weeks' duration. So frequent is the association that, we believe, if a child be seen with general pallor and clubbing of the fingers, one ought to think of empyema rather than of the other causes of clubbing, viz., chronic bone-disease, bronchiectasis, and congenital heart-disease"

With regard to the natural course of pleuritic effusion in childhood when unmodified by surgical treatment, the authors remark that retraction of the side is not to be taken as a positive proof that absorption has taken place—that no limit of time can be enunciated as to when a serous effusion will become purulent—that the effusion may continue serous for upwards of two months—that purulent effusion is extremely frequent in children—that the shortest period at which they were able to establish the presence of pus, was fourteen days—that in the great majority of cases empyema in children is

not secondary to tuberculosis—that of the various modes of spontaneous evacuation of the pus, rupture through the lung appears the least unfavorable—that with regard to evacuation by external opening their experience does not supply them with a single really good result, and that the issue of a large number of these cases when left to themselves is most disastrous.

On the subject of treatment we are furnished with advice that appears to be remarkably judicious. With regard to serous effusions, the value of the exploratory puncture is urged not only as a diagnostic but as a therapeutic measure, inasmuch as cases were seen in which it was impossible to resist the conviction that the removal of a very small quantity of fluid has been rapidly followed by absorption. If the effusions be considerable paracentesis should be performed at once, not only to relieve dyspnoea, but to give the lung a chance of re-expansion before adhesions bind it down. There is very little confidence to be placed in medicines; but the external application of iodine, combined with the internal administration of iodide of potassium, has in some cases proved beneficial. As to *purulent* effusions, if the exploratory puncture reveal the presence of pus, we are recommended to withdraw as much as possible with the hypodermic syringe. The possibility of multiple collections of pus should be borne in mind; and if the quantity of pus be incommensurate with the extent of the dullness subsequent punctures should be made, as experience shows the safety as well as the utility of the measure. If the hypodermic syringe does not remove all the pus present, it is better to introduce the aspirator trocar (especially that of Dr. Potain, made by Matthieu, of Paris) and to withdraw as much of it as possible. In most cases, aspiration was performed under an sthetics, in order to facilitate a thorough exploration, to avoid shock and collapse, and to avoid the troublesome cough that usually occurs after paracentesis thoracis. Chloroform preceded by small doses of brandy was the chosen an sthetic. The angle of the scapula was the chosen place for puncture when the effusion is general. A single aspiration is generally sufficient, but successful results have been obtained after repetition of the aspiration up to six times. If the pus should become fetid, or rapidly re-accumulate in large quantity, permanent drainage is recommended; and in all cases this should be by a double opening. If possible, the first opening should be made in front of the thorax, and the second below and internal to the angle of the scapula. A long probe, threaded with a piece of drainage tube, may be passed downwards and backwards from the first opening, and the second incision made over the point of the probe when it is felt through the integuments. The drainage tube should then be drawn through and secured by tying the two ends together.

Such are the most prominent points dwelt upon in the interesting pamphlet of Dr. Barlow and his coadjutor Mr. Parker. We have drawn particular attention to it as it represents, in respect of a very common and serious affection, the most recent practice and experience of a physician and a surgeon attached to the two largest children's hospitals in London.—*Dublin Med. Press, July 3, 1878.*

ON THE USE OF CURARE IN THE TREATMENT OF EPILEPSY.

BY

DR. C. F. KUNZE.*

My experiments with Curare (Woorara) in 35 cases had very different results. Nine of the 35 cases made a perfect recovery. In most of them the disease had not been existing for a long time, say one, three or five years; in two of the successful cases the patients had been epileptic subjects for over 20 years. Among those who recovered there were some cases in which the disease had produced a well defined influence on the mental condition of the patients. Two of the cases which recovered were undoubtedly cases of inherited epilepsy, the history of these (brothers) is given below. I could obtain no good effect in old drinkers. My experience with Curare leads me to say that *Curare is one of the most efficient remedies for epilepsy.* A case of epilepsy should not be regarded as permanently cured, until a long time after the occurrence of the last attack. A short time ago I saw the return of the disease after an apparent recovery, extending over a period of 4 years.

I made a solution of Curare according to the following formula :

R. Curare, grs. vii. ss. (7½)
Aqua. dest. m. 75.
Acid hydrochl. pur. m. i.

hypodermically, and I inject about 8 drops every 5 or 6 days.

The addition of this small amount of hydrochloric acid makes the solution a clear one, and by this slight modification of my former formula I have avoided almost entirely the severe abscesses at the point of injection, of which I spoke in the 1st edition of this book.

History—Edgar and Hugo Ufer are the sons of a subaltern officer in the Internal Revenue service at Botterfeld, Prussia. The father sustained a severe injury on the head, when, in 1846, during his service as a soldier he tried to stop the runaway of four horses attached to the carriage of the late King Frederick William IV. of Prussia. He was thrown down, dragged along for a distance and received a kick on the

head by one of the four stallions. In consequence of the injuries brain symptoms developed, and the man suffered for over a year from convulsions and very severe headache. Five or six years later the injured man married and became the father of two sons, both of whom were attacked with epilepsy, one in his 18th and the other in his 13th year.

Hugo, the elder of the two brothers, is now 25 years of age, and of sickly constitution. The first attack occurred July 6th, 1871, lasting for about one minute, another attack of somewhat longer duration took place the next day, being followed by three attacks on July 9th, occurring with intervals of from four to five hours. July 10th, again, three attacks; July 11th, a light, and three-quarter hour afterward a severe attack, lasting for about fifteen minutes. This last attack commenced with a disposition to weep, dizziness in the head, followed by a sudden unconsciousness. After the attack was over, there was a sensation of numbness over the entire body, the speech was heavy, the patient felt very tired and suffered from very severe headache. From July 11th to July 16th, generally, three attacks occurred daily. July 16th, 1871, the first injection of Curare was given. After the injection the patient felt slight symptoms of unconsciousness and dizziness, until, towards night, he felt perfectly well.

No more epileptic attacks occurred after the first injection. Once every week I gave the patient an injection. After three weeks the prodromatic symptoms, indicating the coming attack, became prominent, but disappeared soon after the prompt injection of Curare. After I had, during the period of six weeks used about 3 grs. of Curare I omitted the injections, and until to-day (end of 1877) no more attacks have occurred.

Edgar' the younger brother, is now about 21 years of age, and is also not very strong. The first severe attack occurred March 21, 1870, the second in June, the third in November, 1870. The duration of the first attack was not quite an hour, with the second one the patient was unconscious from 4 p. m. until midnight. The attacks came on without the outcry, and commenced with the sensation as if a stream of cold air was flowing from the mouth. Between the large attacks small ones of a few minutes duration always occurred. The first injection of Curare was given July 20th, 1871. From July 21st to July 25th there was some dizziness, and the patient felt as if an attack was coming on. This sensation, however, disappeared before long, and not a single attack occurred since that up to date (1877). The quantity of Curare used also amounted to 3 grs.; the injections were first given every week, afterwards every second week.

Hugo Noack, in Halle, Y. S., suffered since infancy from convulsions, which first commenced when he was only ½-year old and returned about

* Practise of Medicine, I, page 204.

once in four weeks. No other member of the family ever had epilepsy. The attacks always were complete. As to the cause of this disease, the mother of the patient states, that she once nursed the child shortly after a time of great anger. She says the attacks first made their appearance two hours later, and never disappeared since. The unfavorable influence of the disease on the patient's mental faculties, was well defined during the age of school-years, he did not learn well at all, and especially his memory, was gone almost altogether. The attacks occurred so frequently, that hardly a day or night passed by without convulsions. Noack came under my treatment in his 23rd year. After from six to eight injections the convulsions disappeared, and since then, for about eight years, no attack has occurred. Noack is now 31 years of age, married, and is the father of two children, none of whom have suffered from convulsions, up to this time. His mental faculties, and especially his memory, have greatly improved since his recovery. Noack is employed now on one of the large railroads and fulfills his duties satisfactorily to his superiors.—*Paul H. Kretzschmar, M.D.*

CLINICAL LECTURE UPON THE TREATMENT OF
CHRONIC DISEASE OF THE NASAL PASSAGES,
EUSTACHIAN TUBE, AND MIDDLE EAR.

By GEORGE STRAWBRIDGE, M.D., Professor of Clinical
Otolaryngology, in the University of Pennsylvania Medical
School, Phila.

[REPORTED FOR THE N. Y. HOSPITAL GAZETTE.]

As far as therapeutical remedies for the treatment of these diseases go, they are very few in number. Among those which are sometimes employed may be named the muriate of ammonia and iodine vapor. The latter I have given up entirely as it has never had the least beneficial effect in my hands. If the Eustachian tube and middle ear are filled with mucus it must of course be at once removed either by means of the catheter or by Politzer's bag. Of the two, I prefer the bag. The introduction of the catheter must always of necessity be a great source of irritation to the patient, and its effect is no better than that which may be had from the use of the bag.

How then are we to set about the removal of a chronic catarrhal condition of the above passages? If the catarrh began in the pharynx it will be sufficient to treat it there, and when it leaves the pharynx it will also leave the Eustachian tube and middle ear. There will always, however, be a few cases in which the condition will continue in the ear after the disease has been entirely expelled from the pharynx. In such cases I am accustomed to make use of a solution of zinc. This of course must be applied through the catheter, for Politzer's bag will not at all answer the purpose. I am in the habit of

first introducing the catheter and dropping into it three or four drops of a solution of zinc, (3-5 gr. to the f. ʒ j.) then by means of the bag I force the zinc through the cavity of the catheter into the ear. In a large number of cases such as the above, I have also treated the disease by solutions of the nitrate of silver applied by means of a post-nasal syringe introduced behind the soft palate.

In other old cases of chronic catarrh of the middle ear where the secretions have ceased and the function of the mucous membrane has become depressed, it is often of great benefit to stimulate by some means the membrane to re-secretion. In such instances there is commonly a marked tendency to peeling of the skin, and slow atrophic degeneration. A number of vapors have been recommended as local applications here. Dr. D. B. St. J. Roosa, of New York, places great confidence in the use of steam for the cure of these conditions. The vapor to be thrown through the catheter into the Eustachian tube. He claims for this agent a double effect upon the parts, first stimulating and then relaxing. The method of application is very easy. It is of course necessary to use a gum instead of a metal catheter. The steam is generated in a boiler and conveyed to the catheter by a connecting gum pipe.

Four years ago I used steam very largely, but of late I have given its use up entirely, and for too most excellent reasons. (1) Because I found that it did absolutely no good in my hands and, (2), because I discovered something far more useful and beneficial to my patients. After I gave up the application of steam I used for a long time the vapor of the muriate of ammonia. This vapor was generated in an apparatus made particularly for the purpose, and was conveyed to the catheter through tubing. After making trial of this vapor for a year I gave it up likewise.

Now, in chronic thickening of the middle ear I use ether, my method of applying it is by means of Politzer's bag. I drop 8-10 gts. of the ether into the bag. The patient takes some water in his mouth and holds it there. A nose piece is put in his nose, and just as he is swallowing the water I squeeze the ether through the nose-piece into the passages. I have had a very large experience in the use of ether in these cases. I hold that ether is the very best application that has ever been tried, and I offer as my proof the following reasons: (1) Ether is very highly stimulating. (2) It has a powerful anodyne effect, particularly in cases where tinnitus aurium is a symptom. (3) It is an absolutely harmless remedy. I have never had any bad effects from its use. In one or two cases there was a momentary nausea or giddiness, but these symptoms at once passed away. I have often used as much as 30-40 gts. of the ether at one time. Drs. Politzer and Grüber, of Germany

recommend a mixture of one part of chloroform and two parts of ether as a topical remedy, but I cannot divest my mind of the idea of danger in such a use of chloroform; and what is more, the ether alone, I think, does just as much good. It is usually thought that Dr. Toynebee, of London, the great authority on diseases of the ear, killed himself by the introduction of chloroform into the Eustachian tube and middle ear. At any rate he was found dead in his laboratory with his instruments and open bottle of chloroform lying beside him at a time when he was known to be experimenting in the above mentioned way with the drug.

You will very often be asked for your opinion with regard to the use of electricity in obstinate cases of the above diseases. Many years ago I sent abroad and purchased a seven hundred dollar electric battery—one of the very best to be procured in the European markets. I tried my battery upon my patients for four or five years, and I do not think I ever saw one case which was in the least benefited by the electric treatment. With regard to the proper way of applying the electric current, it may either be applied with one pole introduced through the catheter into the Eustachian tube and the other pole at the outer ear, or, if this way be not convenient, one pole may be held in the hand and the other introduced into the outer ear.

One or two gentlemen have made use of bougies where there was narrowing of the calibre of the parts, thinking thus to dilate the stricture. In no recorded case has any benefit been derived from this treatment.

With regard to constitutional measures. In those cases to which I have just been directing your attention there is no regular constitutional treatment necessary. Where, however, the disease has been hereditary and has run through many generations the case will only go on from bad to worse unless something be done to bring up the general tone. In this connection I have used two or three remedies with decided advantage. If there be any taint of strumous diathesis I order the bichloride of mercury internally for a long time, and in small doses. A number of high authorities are agreed upon the value of the bichloride of mercury.

The following is a good form of administration.

℞ Hydrarg. chlo. corrosivi. gr. ʒss
Elix. cinchonæ. f. ʒ ss.

M. S: Two or three times a day after meals.

Iron is also an excellent drug in this connection. A small amount of strychnia may, with advantage, be joined with the iron in pill form. In old people where there is very decided lessening of the secretions I give ten grain doses of the muriate of ammonia thrice daily. In ordering this drug I leave directions to have it dissolved in f. ʒ j. of cinch. elixir, and this again suspended in half a pint of acid water. Muriate

of ammonia, like iodide of potassium, should never be admitted to the stomach unless in a highly diluted state.

I spoke to you early in the hour of the value of ether in cases in which tinnitus aurium is a prominent symptom. Here are two cases whose history I wish to relate to you. This young man has had the tinnitus for seven years. The noise goes on all the time. It worries him horribly at night. In the day time he seems to be constantly followed by some one who wishes to speak with him. His mind is not as yet affected. The noise is like the sound of water falling, and leaves stirring. In this other case the symptom has been prominent for sixteen months. The noise is like escaping steam. The trouble is diminished by the use of a light diet. This disease is very common in every day practice. The agony it entails is often altogether intolerable. Quite recently a cultivated and wealthy gentleman in New York was driven by it to commit suicide. Life was no longer bearable for him.

Here is a patient the drums of whose ears are perfectly white. I will force 8 gtt. of ether into the passages and now let me show you the result. The drum is all of a bright pink color. The man does not feel any the worse for the application.

MOLES ON THE FACE.

Dr. Llewlen Thomas writes as follows to the *British Medical Journal*:

"I strongly advise the acid nitrate of mercury in removing moles from the face. The acid should be applied with a splinter of wood, and gently rubbed into the part for several seconds, according to the thickness of the growth. Great care should be taken to prevent the acid from reaching the surrounding skin. There is absolutely no pain attending the application, and the growth gradually shrivels away, and the slough falls off in about a week. I treated a small warty growth in this manner, which existed on the chin of a lady of considerable personal attractions, some two years ago. She was rather alarmed as to the result, as the acid appeared to be working somewhat deeply; and I also myself feared that a scar would be the result. The growth has not returned, and a very faint depression alone remains like a very indistinct small-pox mark. The growth had been repeatedly nipped and cut off, and always grew again, to the patient's great disgust. I have frequently removed small sessile growths from the external ear with the scissors; but there is usually very free hemorrhage, requiring the use of strong styptics, or even the introduction of a needle. These growths usually contain cartilage, and I should in future employ the acid for their removal. The ligature is certainly efficacious, but it is painful, and by no means neat in its results."

INHALATIONS IN LARYNGITIS.

In a late number of the *London Medical Times and Gazette*, Dr. T. Whigham says—

In all cases of local inflammation—and this remark applies equally to local treatment, either by the laryngeal brush or by inhalation—any treatment which can be directed at once to the seat of the disease has a more immediate, and usually a more lasting effect, than that which operates by the medium of the general circulation. Inflammation of any portion of the skin, for example, due to *external* cause, is far more successfully treated by poultices, lotions, such as lead and opium, or even by cold water, than by diaphoretics, diuretics, or depressants alone.

Now, inhalations have this decided advantage over the laryngeal brush, that they are less alarming to the patient—a matter of no slight importance when the aperture of the glottis is diminished either by swelling or by paralysis of its muscles; that by them the topical treatment can be maintained for a much longer period, and can be repeated at frequent intervals; that in the case of vapors the soothing effect of heat is combined with the specific action of the drug.

Various drugs have proved beneficial when so administered; but it must suffice on the present occasion to mention one or two of those which have brought about the more satisfactory result. Of medicated inhalations, perhaps the most grateful to the patient are those of benzoin and acetic acid, the formulæ for which are given in the "Throat Hospital Pharmacopœia," viz.: for the former, a drachm of compound tincture of benzoin in a pint of water at 140° Fahr.; for the latter, half an ounce of acetic acid and of glacial acetic acid are to be mixed together, and of this mixture two teaspoonfuls are to be poured into a pint of water at the same temperature, of which the vapors should be inhaled, either from a narrow-mouthed jug or from an ordinary inhaler. The sedative action of these drugs in many cases gives speedy relief to the symptoms. If much spasmodic cough trouble the patient, the vapors of acetic ether, hydrocyanic acid, and conium produce excellent results. These preparations may be used at frequent intervals during the prevalence of the more urgent symptoms, due caution being exercised with regard to that containing hydrocyanic acid. In the event of there being great irritability of the fauces; etc., in consequence of which any application by means of the laryngeal brush is distressing to the patient, local remedies, such as chloride of zinc, may be employed in an atomized form in Siegle's inhaler, or the hand-ball spray producer. A solution of this salt or of the sulphate may be employed in the proportion of two to five grains to the ounce of distilled water, but should be used more sparingly than the above-mentioned inhalations. One caution should be given to the patient in

this method of treatment, viz., that he should avoid all undue exertion in the act of respiration. As a rule, a person who is directed to inhale literally sets to work to perform as many deep inspirations as possible during the time the inhaler is before him. In the first place, this is unnecessary in laryngitis, where the application is merely required for the upper part of the air-passages; and in the second, he adds greatly to his trouble by wearying himself in the process.

In the intervals between the inhalations, topical remedies may still be continued by means of lozenges, but this method can only be employed when the patient's breathing is, comparatively speaking, tranquil. If there be any dyspnoea, it is obvious that the lozenges would be utterly out of place, and probably dangerous as being liable to be drawn into the larynx. Those composed of extract of lettuce as a sedative or of citrate or tartrate of potash as a sialogogue, in cases where a dry, hot condition of the mucous membrane of the mouth or throat is a prominent symptom, I have found extremely serviceable. Being made up with black-currant paste, they are more or less pleasant to the taste. Should the patient be harassed by constant cough, efforts should be made to allay it, as it tends to keep up the existing hyperæmia; in such cases the morphia-ipeacacum lozenge (B. P.) frequently has the desired effect.

DEATH IN THE DISHCLOTH.

A lady correspondent of the *Rural World* having been startled by *typhoid fever* in her neighborhood some time ago, gives the following good advice about dishcloths:

If they are black and stiff and smell like a barnyard—it is enough—throw them in the fire and henceforth and forever wash your dishes with cloths that are white, cloths that you can see through, and see if you ever have that disease again. There are sometimes other causes—but I have smelled a whole house full of typhoid fever in one "dishrag." I had some neighbors once—clever, good sort of folks; one fall four of them were sick at one time with typhoid fever. The doctor ordered the vinegar barrels white-washed, and threw about forty cents' worth of carbolic acid in the swill-pail and department. I went into the kitchen and made gruel—I needed a dishcloth and looked around and found several, and such "rags!" I burned them all, and called the daughter of the house to get me a dishcloth. She looked around on the table. "Why," said she, "there was about a dozen here this morning," and she looked in the wood-box and on the mantelpiece and felt in the cupboard. "Well," I said, "I saw some old black, rotten rags lying around and I burned them, for there is death in such dishcloths as those, and you must never use such again."

It took turns at nursing that family for weeks, and I believe those dirty dishcloths were the cause of all that hard work.

Therefore, I say to every housekeeper keep your dishcloths clean. You may only brush and comb your head on Sundays, you need not wear a collar unless you go from home—but you must wash your dishcloths. You may only sweep the floor when the sun gets right; the windows don't need washing, you can look out of the door; that spider's web on the front porch don't hurt anything—but as you love your lives wash out your dishcloth. Let the fox-tail grass grow in garden (the seed is a foot deep anyway), let the holes in the heels of your husband's foot-rags go undarned, let the sage go ungathered, let the children's shoes go two Sundays without blacking, let the hens set four weeks on one wooden egg—but do wash out your dishcloths. Eat without a tablecloth, wash your faces and let them dry, do without a curtain for your windows and cake for your tea—but for heaven's sake keep your dishcloth clean.

LESSONS IN OVARIOTOMY.

Mr. K. Thornton, of London, read, in February, before the Harveian Society of London, a paper on *Unsuccessful Ovariectomy*. He said he had learned more from his ten unsuccessful cases than from his more numerous successful ones. Septicæmia was the great cause of mortality to be dreaded; and the adoption of the antiseptic treatment had improved the chances of life. Of the ten unsuccessful cases, seven occurred in his first twenty operations; two in the second twenty; and one in his third twenty cases. He had only had one death in his last thirty-three cases. He then gave an account of these ten cases. In one there was fullness of the remaining vascular area, from the ovarian tumor becoming bloodless previously to its removal. The same thing was seen, but to a less extent, after tapping. In these cases venesection, full and free, was often most effective. In another case, the adhesions to the liver and spleen caused injuries to these viscera, but the hemorrhage ceased when the abdomen was closed; and, on *post mortem* examination, the injuries were found glazed over with lymph. In another case there was hemorrhage which might have been avoided. The pedicle was broad and spread out; and, when transfixed and ligatured, such pedicles are apt to split, and bleeding to result. His last case had died of acute pleurisy. His conclusions were as follows. 1. Avoid tapping, if possible, as it clouds the prognosis. 2. Operate early. 3. Examine every organ as thoroughly as the one to be operated upon. 4. Never operate without perfect antiseptic precautions, perfect in Mr. Lister's sense. Every student ought to be compelled to study antiseptic treatment.

DYSMENORRHOEA—ITS TREATMENT.

By H. E. WOODBURY, M.D., Washington, D. C.

The practitioner often meets with cases of this disease of a distressing and troublesome type. Numerous remedies and modes of treatment have been proposed, but these often prove inefficient. As this painful and injurious condition may result from different causes, no single plan of treatment will be applicable to every case.

A successful treatment of several obstinate cases prompts us to give the profession the benefit of our plan, which we hope may be deemed worthy of a trial. Believing that constriction or occlusion of the cervix—the result of sub-acute inflammation of displacement—was frequently the cause of the trouble, we have pursued the following method in all cases in which it was not contra-indicated.

About one week before the time for the menstrual flow to commence, we introduce into the cervix a very small tent made from the bark of the elm (*Ulmus Americanus*). We prefer this material because it is safe and cleanly, and never causes inflammation, as the sponge sometimes does. In most of these cases, we have found it very difficult to pass a small tent, moistened, more than half an inch into the cervix, on a first trial, and those used at first are only about one inch in length. After the tent is introduced, a plug of cotton, to which a cord is attached, is passed through the speculum to keep the tent *in situ*. The plug is saturated with carbolic acid and olive oil or glycerin, parts 1 to 7. By means of the cords attached to the tent and plug, the patient removes them the next morning, and uses an enema of warm water and castile soap. In an obstinate case, we use a tent every day up to the day on which the flow should commence, unless it is established sooner, substituting longer and larger ones as the cervical cavity becomes dilated. So much for the mechanical part of our treatment.

According to the indications of the case, we use one of the following remedies internally:

Concentrated tincture of helonias (false unicorn) Keith & Co's.

Fluid extract of ergot (Squibb's).

Tincture of gelsemium.

Syrup of the iodide of iron.

The patient commences taking one of the above at least three weeks before the regular date of her flow, and continues it until this is fully established. She then suspends it for a week or ten days, after which she resumes it. Sometimes we get better results from using two of the above-named remedies alternately, as the helonias and the iron, or the ergot and the iron. A gentle current of electricity is passed through the uterus once a day for two or three days before the period. The results of this plan of treatment may be stated briefly, as follows:

During the first period after this treatment, the patient suffers less pain, and the flow is somewhat increased in quantity. If it be persevered in, there will be improvement every month, and after three or four months, the cure will most likely be complete.

In all cases of dysmenorrhœa resulting from the causes we have herein set forth, we have found this plan a practical and successful one. The tent used is bland and unirritating, owing to the amount of mullage it contains, and by means of the plug, a gentle pressure is kept up against it. As soon as the tent, on removal, is found to be freely stained with blood, we cease to use it until a week before the next period.

This treatment, it will be perceived, is especially adapted to that class of cases in which some eminent practitioners have recommended and practised incision of the cervix. We vastly prefer the method here described to incision.—*Virginia Medical Monthly.*

TREATMENT OF CROUP BY INJECTION OF PERCHLORIDE OF IRON INTO THE TRACHEA WITH A HYPODERMIC SYRINGE.

In the spring of 1877, Dr. Palvadeau was called to see a child, four or five years old, who was suffering acutely from dyspnoea and had quite a high fever. The little patient frequently put his hand to his throat as if to remove some obstacle which was choking him. On examination of the back of the throat, no false membrane was to be seen on the tonsils or pharynx; his cough was dry and ringing. Auscultation showed only a slight diminution of the respiratory murmur. In view of these symptoms and signs, the case was diagnosed as one of true croup. Dr. P. determined to pursue a mode of treatment which had suggested itself to his mind some time previously.

Simple "angina of the throat," and croup, are affections which differ only in the seat of the morbid manifestations, the diphtheritic membrane being formed in the two cases at different places.

In simple angina of the throat the remedy which Dr. P. states has given him the best results, and which has been found most satisfactory by many other physicians, is perchloride of iron in solution, which should be applied locally or used after the method of Aubrun—fifteen or twenty drops being placed in a glass of water, and a tablespoonful of this being taken every ten minutes, and held in the mouth a little while. Being struck with the success of this mode of treatment in simple angina, Dr. Palvadeau sought for some means by which the same remedy could be utilized in croup. In this disease the diphtheritic membranes are situated in the trachea and larynx, and cover the epiglottis; hence it is almost impossible to apply the medicine by the mouth so as to bring it in contact with the diseased surface. It was determined to use the hypodermic syringe.

A mixture was made of equal parts of solution of perchloride of iron and water, and this mixture was drawn into the syringe. The child was then held quite still upon its back, and the needle of the syringe was forced into the trachea below the thyroid cartilage to the depth of about a centimetre and a half. About five or six drops of the iron solution were then injected in such a way as to come directly in contact with the diseased surface.

In the evening the patient was seen again. Some membranous shreds had already been detached. The same operation was repeated. The next day the child had expectorated a number of pieces of false membrane. The respiration was very much easier, and an emetic was given to cause the expulsion of other pieces of membrane. The child recovered rapidly.

Dr. P. states, in answer to any objection which might be urged, that the operation is certainly much less hazardous than tracheotomy. He urges that the operation be performed early, and says that if he does not succeed, tracheotomy can then be resorted to. This is the only case which Dr. Palvadeau has treated himself, but he reports another in which the same treatment was pursued by Dr. Régi, of Toulouse. The result in this case was equally successful, three injections being made, and on two of the occasions fifteen drops were injected each time.—*La Tribune Medical.*

HICCUGH CURED BY COMPRESSION.

A case is cited from a French journal, in which hiccough, which had been "incessant for fifty days," was cured in five minutes by powerful compression over the epigastrium. All other conceivable means had failed.—*Pacific Medical and Surgical Journal*, August, 1878.

FIFTY-TWO CONSECUTIVE SUCCESSFUL CASES OF LITHOTOMY.

Dr. Alan P. Smith, of Baltimore, recently Professor of Operative Surgery in the University of Maryland, as a part of the Report of the Section on Surgery (*Transactions of the Medical and Surgical Faculty of Maryland*, 1878), says: "Up to the present time (April 9th, 1878), I have performed the operation of lithotomy fifty-two times, and in each instance without the loss of life. Of these, 16 were below five years of age, 13 between five and ten years, 11 between ten and twenty years, 5 between twenty and forty years, and 7 between forty and seventy-five. Four were below two years of age, the youngest being twenty-one months. The oldest patient was seventy-one years. Of the whole number, only two were negroes; these, curiously, were the youngest, of twenty-one months, and the oldest, seventy-one years.

The ordinary grooved staff and knife were employed in only six of these cases, while in the remainder, the operation was performed with the lithotome, devised by my father, the late Prof. N. R. Smith. To the use of this instrument I attribute the fact, in a very great measure, that all of my operations have resulted so satisfactorily. My cases have not been selected, as I have operated in every instance where the opportunity offered, except one, in which the patient was brought into the hospital moribund, the man dying soon after admission. A *post mortem* revealed two stones in his bladder. In all but four cases the calculus was found to be single, in three there were two; in one case four calculi were extracted.

I have always observed certain rules, which have possibly been of some assistance in determining the result. I never operate when the barometer is low, preferring to postpone my work from day to day until the weather is bright and clear. This rule, I believe, applies equally to all grave surgical operations which will admit of delay. I have never used, except in some of my earliest cases, the drainage-tube passed into the bladder through the wound to facilitate the flow of urine, in the first twenty-four hours after the operation, because I have found that the presence of the tube gives rise to violent irritation of the already sensitive bladder. Instead of employing it, I prefer seeing my patient several times during that period; and if I find that the urine does not pass off freely through the cut, I introduce a gum catheter through the wound, and permit it to remain only sufficiently long to empty the bladder. This is rarely necessary in young subjects, but in adults there is almost always retention during the first twenty-four hours; rarely after that period. I always make my first incision—that is, through the skin and subcutaneous cellular tissue—very free, so that there may be no pocket in which blood, urine or pus may collect. After the operation, I anoint the parts adjacent to the wound freely with carbolized oil.

I have stated that I attribute most if not all of my success to the use of the instrument conceived by my father. I have said so, because by its aid the only two difficult features in the cutting part of the operation are made perfectly easy and mathematically certain. I refer to the first incision made through the skin and cellular tissue down to the groove in the staff, and afterwards to the passage of the knife along the groove into the bladder. Dr. Smith, in referring to these two steps of the operation, says: 'I know not how it may appear to other operators, but to me the cutting with the scalpel for the groove of the staff, the introduction of the gorget or knife into the groove of that instrument, the anxiety which is felt in regard to its being properly fixed, and the means which are necessary to determine with certainty whether it may be pushed forward with safety, constitute the most painful and perplexing part of the operation.' * * * * The instrument seems to me to be as nearly perfect as possible, and the only objection that I have ever heard urged against it fell from the lips of a distinguished professor of surgery, who rather complainingly said that 'with it any one could operate.'

Some of my friends say that luck has helped me much, and the following illustrative case would seem to prove the truth of the assertion. Several years since a little boy with calculus was brought from Virginia to my father; and he not feeling well on the appointed day requested me to do the operation for him. Chloroform had been administered, and I was about to proceed, when the father of the child interrupted me, saying that he had brought the case to Dr. N. R. Smith, and desired that he should do the operation. I, of course, at once made way for him, and he, with his accustomed skill and dexterity,

soon removed the calculus. The patient was placed in a bed and left doing perfectly well; but in the course of two or three hours, was seized with convulsions, and died before either of us could reach him. * * * *

Almost the only trouble that I have experienced after the operation has been from hæmorrhage, and that only in a few instances. I have always used opium freely in my after treatment. In every instance, but one, the patient was placed under the influence of an anæsthetic; in that case there were reasons why nothing of the kind could be used, and upon assurance being given that the operation would be done quickly, the patient submitted; the operation from the first incision to the extraction of the stone was accomplished in a few seconds less than a minute. In two instances, partial non-retention of urine was the result, and in one case there remained a small fistulous opening in the perineum, through which the urine occasionally dribbled. These occurred in ill-nourished and weakly children, who did not receive proper nursing or care, and who were allowed to be up and about before the wound had properly healed."

PLAN FOR ALLAYING IRRITATION OF THE MAMMARY GLANDS.

Dr. Hugh Miller, of the Glasgow Lying-in Hospital, says, in the *Edinburgh Medical Journal*:—

"For some time I had been dissatisfied with my management of the breasts where an active treatment of them had to be employed. I had used the various liniments and ointments, and I was satisfied that frequently only an imperfect trial was given to the remedy, since complaints were made that repeated frictions could not be persevered in, owing to their increasing instead of relieving the pain; and in those cases where rubbing in the remedy was an essential to the treatment, I thought the objection, when urged, was a reasonable one. With a view to avoid friction and to secure the full therapeutic effect of the belladonna, I had an alcoholic extract prepared, of double the strength of the emplas. belladonnæ, but kept fluid by collodion. Camphor was combined with it, for the purpose of aiding to arrest the natural mammary secretion. This preparation, now shown, is painted on the breasts much in the same way that you would use blistering fluid. No rubbing in is necessary. The fluid dries quickly, is much more cleanly for the patient, has a less offensive odor than the ointment, and, in my experience, it is more reliable in its action.

This liquid preparation is painted over the affected parts of the breast night and morning, until the acute symptoms give in. Indeed, it can only be of service as a good local sedative when the free and frequent application of it to the affected part has been persevered in until decided results are secured. During the past year

I have used this preparation with very satisfactory results. Whether the inflammatory irritation accompanying the onset of the lacteal secretion had for its exciting cause exposure to cold, inflamed nipples, or obstruction in the lacteal ducts, the preparation has always seemed to be of value. I have also used the preparation beneficially, by applying it to both breasts every day, when the mother did not intend to suckle her child; and from the frequent opportunities I have had of observing the result, I am satisfied that it may safely be relied upon for restraining the secretion of milk, and acting on the walls of arterioles so as to prevent engorgement. It has the advantage over the old plan of evaporating lotions, in that it is more cleanly, and is more comfortable to the patient.

FORMULARY.

[From Fothergill's Hand-Book of Treatment.]

One difficulty has always been felt, and it is this: even cod liver oil is not always digested, and therefore something else was wanting. Dr. Balthazar Foster, of Birmingham, conceived the idea of utilizing Bernard's hint, and so combined ether with cod-liver oil. The increased flow of pancreatic juice so induced led to assimilation of the cod-liver oil, and thus another step forward was made in practical therapeutics. Another effect noticed by Dr. Foster was the return of a liking for fat under this plan of treatment, where previously a strong distaste to it had existed. One method is to give from ten to thirty drops ether (sulphuric) in the dose of oil; or the ether may be given in water immediately before the oil. In private practice Dr. Foster prefers to give the following mixture.

- Potassæ bicarb 3 jss, 3 ij ;
 - Acidi hydrocyan.dil..... M m. xij-xvj ;
 - Spt. ætheris..... 3 jss-3 iij ;
 - Aq ad..... 3 viij. Misce.
- 3j ter in die sumat.

This method of adding to the usefulness of a course of cod-liver oil deserves wide and general attention.

Much difference of opinion exists as to the best forms of iron for common use. Some advocate iron in powder; others as haloid salts; while some prefer what are called the lighter preparations, as the ammonio-citrate and the potassio-tartrate. Personally, I prefer to commence in convalescence with the lighter preparations, and then go on to stronger forms. Much will depend on what it is desirable to combine with it. For instance,

- Amm. carb..... gr. v ;
- Ferri. am. cit..... gr. v ;
- Inf. quassiæ..... ʒj.

is a capital form in early convalescence, or in the treatment of amenorrhœa. After a time the following may be substituted for it with advantage:

- Cit. fer. et quiniæ..... gr. v ;
- Liq. strychniæ..... m. iv ;
- Inf. calumbæ..... ʒj.

This forms a beautiful tonic, effective, agreeable, and pleasing to the eye.

A common form, much used in both public and private practice, is the following:

- Quin. sulph gr. j ;
- Tinct. fer. perchlor..... m. x ;
- Ac. hydrochlor. dil..... m. iij ;
- Inf. quassiæ..... ʒj.

Often the iron is felt to be heating, and then a little sulphate of magnesia is of service. The following is a typical prescription:

- Quin. sulph..... gr. j ;
- Mag. sulph..... ʒj ;
- Liq. fer. persulph m. v ;
- Ac. sulph. dil..... m. v ;
- Inf. quassiæ..... ʒj

If this lies cold on the stomach, a few drops of the tincture of capsicum may be added.

For a permanent prescription, requiring to be continued for months, a pill is the best form. It admits of a large supply of material in a small space; the nausea of the disagreeable taste daily for months is also avoided; it does not affect the teeth; and it can be taken after food without attracting the attention of others, often so trying to persons in weak health. The following is a very favorite form with me:

- Ac. arsenic..... gr. j ;
- Fer. sulph. exsic..... ʒj ;
- Pulv. capsici..... ʒj ;
- Pil. al. et myrrh..... q. s.

In pil. lx, div. i semel aut bis in die.

Taken immediately after a meal, this is a digestive and tonic pill of the highest value.

One beautiful preparation of iron should not be forgotten. It is often well borne when other forms are not tolerated, and consists of the recent addition of the tincture of iron to acetate of ammonia:

- Tinct. fer. perchlor..... m. x ;
- Liq. am. acet..... ʒj.

It is beautiful to the eye, palatable, and, in consequence of the decomposition produced, readily assimilated.

TREATMENT OF TYPHOID FEVER.

Dr. William Pepper (*Boston Medical and Surgical Journal*).—Beginning with the second week of the disease, when the abdominal symptoms of pain and diarrhœa have fully set in, one-quarter of a grain of nitrate of silver with one-twelfth of a grain of belladonna, and from one-sixth to one-half of a grain of the watery extract of opium are exhibited in pill form three times a day after meals. He thus reduces the diarrhœa and tenderness. He uses very little stimulus, and allows only beef-tea and milk as articles of food. Quinia is given with

other tonics. Fever is reduced by frequent sponging of the skin of the entire body. When the high fever resists sponging, he employs cool baths. The best time for the use of the cold bath is in the early stage, during the first week or ten days, in cases where the temperature rises above 103°, and is not controlled by frequent spongings, large doses of quinia, dia-phoretics, etc. The high fever of the subsequent stages is to a certain extent of a sympathetic nature, largely dependent on the amount of intestinal lesion; hence cold baths are then less available and attended with more risk. Nitrate of silver is used both with the hope of limiting the amount of specific follicular catarrh of the intestines, and with the intention of favorably modifying the secondary sympathetic symptoms. Dr. Pepper has cured *thirty-nine* out of the *forty* cases of typhoid fever in which it has been employed, by this nitrate of silver treatment.

EXTRAORDINARY SEXUAL PRECOCITY.

M. Lefebvre (*Jour. des Sci. Méd.* No. 5, 1878; from *Bull. de l'Acad. Roy. de Méd.*) gives a note on Molitor's case of a girl eight years of age who became pregnant and aborted at four weeks. The case is pretty fully described, and appears to be authentic.

CHLORAL IN DYSENTERY.

MILVILLE, N.J., June 25, 1878.

PROF. H. C. WOOD:—My dear Doctor,—An invasion of dysentery in our midst reminds me of a conversation with you some time since, wherein I promised to write you the details of my manner of treating that disease with hydrated chloral injections.

A weak solution of that valuable medicine on chronic ulcers manifested such favorable results in my hands that I conceived the idea of using it locally on the inflamed and congested bowel in dysentery. The first case had been under the usual treatment for three days without relief. The child, aged 11, was tormented with thirst, pain, and tenesmus, with twenty-five or thirty dejections in twenty-four hours. In connection with other treatment I ordered five grains of chlor. hyd. dissolved in 3ij starch gruel thrown up the bowel with considerable force from a hard rubber syringe. It remained three hours, during which the child slept. Many of the other symptoms were modified, and the injection was repeated, which remained seven hours, when it came away with some fecal matter, but without tenesmus.

The child asked for food, which was given in form of mutton tea thickened with boiled wheat flour. All treatment ceased in forty-eight hours from first enema, four being given in all.

The case seemed so satisfactory that I mentioned it to my confrère Dr. J. S. Whitaker, who has pursued the same treatment with the most happy results in every case, aborting the disease within a few hours.

I may mention that he used ten grains instead of five with a lady aged 25, who had twenty or thirty calls in twenty-four hours, with complete repose for eight consecutive hours, with permanent abatement of all other symptoms, without other treatment. The number of aggravated cases of dysentery we have treated with the chloral hyd. warrants us in the assertion that if early and properly used it is *almost* a specific.

Very truly and courteously yours,

WILLIAM L. NEWELL.

—*Philadelphia Medical Times.*

A STRANGE CASE.

BY W. D. ROBB, M. D., WOODBURN, KY.

'Tis an old saying that "truth is stranger than fiction;" and certainly the case I am about to relate is the strongest evidence of its truth. The case in question has reference to the little daughter of Mr. Samuel B., who resides in North-East Simpson county, Kentucky. As far as I know, both parents of the child are healthy, there being nothing in either to indicate the hereditary transmission of the disease. In March, 1877, she reached her fourth year, and at that time had attained the unprecedented weight, for that age, of one hundred pounds. She measures eighteen inches across the chest and nearly five feet in height. Her mammæ were as fully developed as they are at puberty, and she menstruated regularly. Up to February, 1876, though, as shown above, she was remarkably developed, she had given no indication of the following phenomenon. At that time her person became suddenly warmer than normal, and hair soft and downy, in color like that of her head, commenced growing all over her body. In a short time it had completely covered her body with the exception of her face, palms of her hands and soles of her feet, and the skin was entirely hid from view. From the entire surface of her body there is a constant and profuse perspiration, of a very offensive odor, which is easily distinguishable at some distance from her. So profuse is it that half an hour after being cleanly washed and dressed, her person and clothing will become saturated as thoroughly as if a bucket of water had been thrown over her. The perspiration is characteristic, being of a dark yellow color and of greater specific gravity than usual. Her voice is coarse like a man's and sounds as though she was speaking in a barrel. Her strength is equal to that of a full grown man. Her intellect is much beyond her years. Her form is perfect. These things all together go to make up the most wonderful case I ever heard or read of, and I think will be read with interest by every one. I will not attempt to account for its causation, but leave to the medical philosophers to solve the problem.

SEVEN GOOD RULES FOR PRESERVING THE EYE-SIGHT.

Dr. H. C. Angell, in his little book on How to take Care of our Eyes, recently published in Boston, gives the following rules to be carefully observed by all persons who have a tendency to weakness of sight, or who experience unusual fatigue of the eyes in reading or other occupation requiring close use of the eyes:

1. Cease to use the eyes for the time being, and look away from the work, when sight becomes in the least painful, blurred, or indistinct. After perfect rest for a moment, or longer, work may be resumed, to be discontinued as before when the eyes feel again fatigued.

2. See that the light is sufficient, and that it falls properly upon your work. Never sit facing it. It is best that the light should fall upon the work from above and behind; failing this, it may fall from the side. Never use the eyes at twilight. Any artificial light for the evening is good, if it is brilliant enough and steady. When artificial light is at all painful, it is safer to read or write only during the day.

3. Never read in the horse or steam cars. It requires too great an exertion of the accommodative power to keep the eyes fixed on the letters.

4. Never read when lying down; it is too fatiguing for the accommodative power. Many a tedious case of weak sight has been traced to the pernicious habit of reading in bed after retiring for the night.

5. Do not read much during convalescence from illness. Before the muscular system generally has quite recovered its healthy tone, we ought not to expect the muscles of accommodation to bear the continuous use to which they are subjected in reading or writing. We cannot be sure that the delicate muscles of the eye are in a condition to be used until the muscles of the leg and the arm have regained their strength and firmness.

6. The general health should be maintained by a good diet, sufficient sleep, air, exercise, amusement, and a proper restriction of hard work.

7. Take plenty of sleep. It is a sovereign balm for those who suffer from weak sight. Retire early, and avoid the painful evening lights. Ten hours' sleep for delicate eyes is better than eight.—*Boston Journal of Chemistry.*

A CURE FOR BONE FELONS, CARBUNCLES AND BOILS.

By I. J. M. Goss, M.D., Marietta, Ga.

As bone felons, carbuncles and boils are very painful, I propose to give a remedy for each, which, if used as directed, seldom fails to cure the above evils in a few days.

When a bone felon first begins to appear,

take strong tincture of iodine, three drachms; specific tinct. (Merrell, Thorp and Loyd's) of aconite; tinct. of arnica; tinct. of cantharides, each two drachms. Apply by wetting a cloth in this mixture, and keep it wet and apply until the pain ceases. I have used this frequently with entire success. In some cases, where the felon was two or three days old, I applied a bandage, evenly and moderately tight, from the end of the finger affected up to the hand, and then wet the bandage in this mixture three or four times a day, and, if matter is already formed, it causes it to come to the surface, so it may be let out without splitting to the bone, as is required without this treatment.

For carbuncles and boils I use: iodine, two parts; aconite, one part; and arnica, one part. Apply four times a day. This causes the carbuncle or boil to shrink away at once, if applied the first day; if, however, they are two or three days old, it causes them to shrivel and mature at once. I have used this treatment in several cases very recently with success, and now recommend it to the profession with entire confidence.—*Medical Brief.*

A PREVENTIVE TO PITTING IN SMALL-POX.

By H. V. HURLBUT, M.D.

The following is a perfect preventive to pitting in small-pox, and as pleasant to apply as so much water. For the last eleven or twelve years, I have used the application in all cases I have treated, and among them the babe of twenty months, and so on, up to the old lady of fifty-five years, in confluent and distinct cases, and in not a single instance has it failed when faithfully applied:

R. Aqua Font. 1 pint.
Acet. plumbi..... 8 to 10 grains.

M. Sig. Keep the parts wet by frequent application of the above; it prevents the itching as well as pitting.—*Medical Brief.*

CHLORAL HYDRATE IN LARYNGISMUS STRIDULUS.

Mr. William Stewart (*Lancet*, May 25, 1878,) has found chloral the remedy *par excellence* in laryngismus stridulus. The spasms recur at longer intervals and in a slighter form, ceasing in two to three weeks after beginning its use. He gives two grains to a child of six months, two and a-half grains at twelve months, and three grains at three years. It acts by calming the high nervous excitability. For the constitutional cachexia, he uses powders of the phosphate of lime night and morning, or a few drops of syr. hypophosphite of lime to assist in the development of the teeth and promote the general growth of the bones.

ACNE AND ACNE ROSACEA.

Clinical Lecture delivered at the Medical Department of the University of the City of New York.

By H. G. PIFFARD, M.D., Professor of Dermatology.

ACNE—ACNE ROSACEA—CAUSES—TREATMENT FOR ACUTE AND CHRONIC STAGES.

GENTLEMEN,—The first patient whom I present to-day is one who has an eruption upon the face. It is an eruption with which you are all more or less familiar, because it is not by any means unfrequent or uncommon. The question is, from what form of skin disease is this man suffering? He has had it continuously for about two years, but for about every alternate week these little points which you see get larger. In the first place, there is a general redness of the surface. In addition, you will notice a large number of elevations; some of these are red and solid, others are mounted by little yellowish points; and here is one which is rather soft, but at the same time you do not see any yellowish point at its summit. When this soft elevation is punctured, it is, as you see, filled with pus.

On the face of this second patient there is an eruption which is very similar in appearance to the one just described, yet the eruption in these two cases differ from each other considerably. The eruption upon this woman's face is of two years standing. Her general health is very good. The first is a case of pure *acne*; the second is a case of *acne rosacea*.

ACNE ROSACEA.

Acne rosacea is a skin affection which is always located upon the face: it is never found elsewhere, and it usually commences in the following manner; at the very beginning it will be found that there are present little reddish *rosy* spots; sometimes these little spots are accompanied by slight circumscribed infiltration of the surrounding skin. These spots are almost invariably situated upon the summit and sides of the nose, and extend from the nose to the cheeks. The small reddish spots, *guttæ* as they are sometimes called, last for a few days, perhaps for a week, and then disappear, to return in the course of a few weeks. As time goes on, for the disease is exceedingly chronic, the number of these spots increases, and they remain upon the skin longer than at first, but as they disappear they are apt to leave a slight thickening of the skin. After a time, the new spots which appear are seen before the older ones have disappeared, so that at the end of one year, perhaps, you will find a pretty uniformly diffused redness, with a slight amount of thickening of the skin. This redness disappears in a measure under pressure, but returns as soon as the pressure is removed. The color, however, does not disappear as rapidly as in acute congestion.

In addition to the redness of the surface, we now find that the veins upon the side of the nose are increased in size. When the disease has lasted for some time, the veins become prominent, especially about the alæ of the nose. When it has had a duration of perhaps three or four years—in some cases it occurs much sooner—the thickness of the skin covering the nose, the enlargement of the veins, and the redness are very much greater than in health, and the same changes, to a less extent, are manifest upon the cheeks.

The skin of the nose may perhaps be increased in thickness three, four, or five times, thus giving the organ a very uncomely appearance. Formerly this caution was regarded as the opprobrium of skin diseases, because it was one of the most difficult to relieve. But as we have gained a better knowledge of its causes we are, in many instances, able to remedy the cause upon which it depends, and then by appropriate local treatment to diminish very decidedly the amount of the lesion.

CAUSE OF ACNE ROSACEA.

First, with regard to causes. The disease rarely occurs in young persons; it occurs most frequently between the ages of thirty-five and forty-five years. In men it depends most frequently upon some derangement of the digestive function. This derangement of the digestive function may be the result of functional or organic disease of the stomach and liver. You are all aware that habitual indulgence in the use of alcohol produces this rosaceous condition of the skin of the nose. That is not due so much to direct congestion of the face produced by the liquor, as to dyspepsia and congestion of the liver, which, by reflex action, disturbs the circulation of the face, and thus tends to produce congestion. Any cause whatever which is capable of congesting the face acts as a predisposing cause of *acne rosacea*. The face may be kept almost constantly congested by following certain occupations. It has become proverbial that cooks are more subject to *rosacea* than any other class of persons. Next to them come blacksmiths and forgers of metals. You all know that a full meal will produce more or less temporary congestion of the face. As digestion goes on and the stomach becomes empty, this congestion passes away. Now, if these causes of congestion are in constant operation—if, for example, a man lives too high and habitually drinks too much alcohol, and thus keeps his face in a constant state of congestion—the *rosaceous* condition is apt to develop.

In women, however, there is another class of causes which, in a majority of cases, operates in the production of *rosacea*. In them, the *rosaceous* condition is not so often due to derangement of the digestive function as to derangement of the uterine function. Certainly

more than one-half the cases of rosacea occurring in the female have their origin either in functional or organic diseases of the ovaries or uterus. You have already learned of the intimate relation which exists between the generative organs and the circulation of the face.

When these organs are diseased, we find that the skin of the face very often makes it manifest by congestion during the time the uterine disease exists. If the uterine disorder is chronic, there is a tendency to continued congestion, and ultimately a rosaceal condition is developed.

As causes of acne rosacea, therefore, we may look to occupation, derangement of the stomach or liver, and derangement of some portion of the generative apparatus, more especially of the uterus and ovaries.

TREATMENT.

You can readily perceive, as we come to speak of the treatment of these skin affections, that, if the causes of a constant, or almost constant, congestion of the face can be removed, we have an opportunity to treat the case successfully. But if we cannot remove these causes, if they are in constant operation, all that we can do in the way of treatment is simply palliative. At the very outset, therefore, we should inquire regarding the general health of the patient, especially with regard to derangements of digestion, disorders of the liver, irregularities of the bowels, etc. In the female special inquiry should be made with reference to the uterine functions. We should never forget to make close inquiry with reference to the habitual use of alcoholic stimulants, and determine as nearly as possible the quantity consumed daily. In the case before us there is quite recently an accession of the rosaceal condition. He says he has been in the habit of using alcoholic stimulants in considerable quantities, but has given them up: he has not taken very much during the past two weeks. He has been in the habit of taking sometimes as many as *twenty* drinks a day, but not sufficient to get really drunk. His former drinking has probably affected his liver, and in consequence congestion of the face has been induced, and the two or three drinks which he now takes daily are sufficient to maintain this congestion. The damage done by a single potion is not overcome before another is taken, and in that manner there is kept up a constant tendency to congestion.

In our other case the patient doubtless has some uterine disorder, and this is to be suspected from the location of the eruption about the mouth.

The man has, in addition to the slight rosaceal condition, papules and pustules of acne. The two diseases, as I have already stated, are distinct, but in the rosacea we very frequently find acne in addition.

Both the acne and the rosacea are dependent

upon the same class of causes. The first thing this man must do, if he wishes to get rid of the eruption upon his face, is to stop using alcoholic drink. We should next examine with reference to hepatic congestion, and endeavor to correct all disorders to the stomach, liver, and bowels. When that is done, we should consider what is best to be done in the way of local treatment.

LOCAL TREATMENT OF ACNE.

We have here pustules, papules and a certain amount of redness. Our first effort should be to remove the congestion as quickly as possible. The pustules should all be punctured; and in opening them we should cut pretty wide and reasonably deep. The papules should be treated in the same manner, and in putting your knife through them, make the incision sufficiently deep, so that they will bleed quite freely. In other words, make local depletion.

Next in order, the best application to reduce the congestion would be a poultice. If more convenient, the face can be held in hot water. To do this, let him take a basin of hot water, immerse his face, withdraw it, breathe, immerse it again, and so go on bathing the parts for some time every evening. Another method is to cover the face with pieces of muslin kept constantly wet with water as hot as it can be borne. As means for relieving local congestion, therefore, use local depletion and a poultice, which induces resolution by stimulating the circulation.

In the course of a week, if this plan of treatment is followed out faithfully, a very decided bleaching of the parts will be produced. If there is very much congestion of the skin not invaded by the pustules and papules, little scarifications may be made wherever it is most marked. Although the color at the end of a week, perhaps, may be very much improved, still there will remain a certain amount of thickening of the skin. That infiltration must be reduced, as you have often been told, by the use of alkaline applications. The face should be thoroughly rubbed three or four times a week with green soap. The soap will cause an active inflammation that will soon subside, and leave the skin yet red, but with the thickening very much reduced. The skin then usually has a polished, shining appearance.

When the infiltration and thickening have been removed, and nothing remains but the red color and polished appearance of the skin, this is most readily removed by the application of sulphur. For this purpose a wash, prepared according to the following formula, may be employed.

R. Lac. sulphur,
Glycerine,
Rose-water,
Bay rum, a a ,

This should be applied every night.

In this manner, if the exciting causes have been removed, a pretty good cure can be effected in the course of two or three months.

When a varicose condition of the veins is present, the veins must be destroyed. This can be done either by dividing them crosswise, or, still better, by dividing them lengthwise, throughout their entire extent, with a thin, sharp knife, and then, if you choose, rubbing into them a small amount of the persulphate of iron. The veins can also be obliterated by touching them with a white-hot needle. The point in this item of the treatment is, by some means, to obliterate the veins.

For the thickening of the skin, present later in the disease, you will be obliged to institute an entirely different course of treatment. In the third, or last stage of the disease, the redness which characterized the earlier stages may have in great measure faded, and the principal lesion will be a marked hypertrophy of the skin. Internal medication will have little influence upon this condition. It may be diminished, although I have never seen it entirely removed, by the use of the constant galvanic current applied directly through the nose. In other cases red-hot needles will destroy more or less of the thickening, and the punctures on healing will induce a certain amount of contraction in the neighboring skin. When the thickening is excessive, excision of portions of the integument may become necessary.—*N. Y. Medical Record*, Aug. 31, 1878.

TREATMENT OF UMBILICAL HERNIA IN INFANTS, BY ADHESIVE PLASTER.

The *Philadelphia Medical Reporter* says:—The treatment of umbilical hernia in young children is rendered in many cases unsatisfactory and futile, because of the difficulty in retaining a compress over the umbilicus. The reason of this is in great part due to the continued mobility of the abdomen, either from crying, coughing, or other motions of the body, and any of the varieties of truss or bandage often illy serve their purpose. To remedy these difficulties, a device has been recommended, which, although quite simple, has proved exceedingly effective. It consists in binding a compress over the umbilicus by means of a strip of adhesive plaster; this method prevents the chafing, which is an unfortunate result in nearly all hernial devices for infants. A compress of requisite size, and composed of a pledget of lint, is placed over the reduced hernia, and then a strip of adhesive plaster, two inches wide, and of a length corresponding to two-thirds of the circumference of the body, is applied over it. After being once applied, the mother of the child will be able to renew it as often as it becomes necessary.

HOT MUSTARD BATHS IN CATARRHAL PNEUMONIA IN CHILDREN.

Dr. Leonard Weber (*Am. J. Obs.* April, '78) testifies to their great value when other remedies have failed. "As soon as pneumonia develops in cases of capillary bronchitis, the temperature rises to 103°, or more, in a few hours, the pulse beats fast, the face becomes flushed, the child is exceedingly restless, wears an anxious expression of countenance, but soon becomes apathetic and somnolent." The course of the disease is rapid and ends fatally by cyanosis. He immerses the patient in a hot mustard bath (105°), prepared by diffusing a pound of mustard in a baby tub full of hot water, keeping the child in ten minutes, making thorough friction all over the surface until the skin becomes pinkish. Then the patient is put in a warmed bed. If necessary repeat in four hours. Its *modus* of action is "ubi irritatio, ibi affluxus,"—it relieves the congested lungs and overburdened heart by increasing the amount of blood in the peripheral circulation; also by stimulating reflexly the vaso-motor centers.

THE CANADA MEDICAL RECORD

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EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND

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MONTREAL, SEPTEMBER, 1878.

TO OUR SUBSCRIBERS.

Once more we have been permitted to reach the close of another volume, as with this issue the seventh year of the RECORD is completed. We are thankful for the support which we have received from the profession, which although not so great as we are vain enough to think our Journal deserves, yet large enough to establish it upon a permanent basis. We have endeavored to send out each month a Journal freighted with valuable practical information, and from the many flattering letters we are constantly receiving we believe that we have been successful. Very few of those who started with us seven years ago have deserted us,—a proof, we think, that our monthly visits are still appreciated. We have no promises to make for the future, we simply ask to be judged by the past, believing as we do that it presents a record of which we need not feel ashamed. We would, however, ask one favor from our Subscribers, and that is that they would recommend the

RECORD to their fellow practitioners. Will not each subscriber procure an additional one?

We again direct attention to the fact that each subscriber can see how his account stands by looking at the address slips. The date on them is the period to which the subscription has been paid. Those in arrears will kindly remit at once.

We have determined to extend the time for receiving subscriptions at the rate of two dollars a year up to the 1st of November. All who remit up to that period for the present volume will be charged only the regular rate. *Positively after November 1st, all in arrears for Volume seven will be charged three dollars a year.*

COLLEGE OF PHYSICIANS AND SURGEONS OF
" THE PROVINCE OF QUEBEC.

The semi-annual meeting of the Governors of this College took place in the medical department of Laval University, on the 25th of September, the following Governors being present: Doctors J. P. Rottot, President; C. E. Lemieux and R. P. Howard, Vice-Presidents; Alfred G. Belleau and A. Dagenais, Secretaries; L. LaRue, Registrar; J. A. Sewell, E. A. De St. George, W. Marsden, M. J. Ahern, P. Wells, F. W. Campbell, E. H. Trudel, A. H. David, E. P. Lachapelle, A. T. Michaud, J. Marmette, L. Tetu, C. Gingras, L. J. E. Rousseau, P. A. A. Collet, J. B. Gibson, J. Prévost, A. Rivard, L. D. Lafontaine, E. Laberge, Hon. A. H. Paquette, F. X. Perrault, P. E. Mignault, N. H. Ladouceur, Hon. J. J. Ross, M. G. E. Badeaux, F. D. Gilbert and F. Paré. Doctors W. E. Scott, of McGill College was appointed a Governor in place of Dr. Fenwick, resigned; Eli Ives, of Coaticook, in place of Dr. Worthington, resigned; and Henry St. Germain, of St. Hyacinthe, in place of Dr. —, deceased. The following gentlemen took the license of the College, on presenting their respective diplomas: LAVAL UNIVERSITY—Aurèle Noël, M.L., Edward Morin, M.L., Arthur Vincelette, M.L., Jos. Etienne Bolduc, M.L., Alphonse Méthot, M.D., Hypolite Sirois, M.D., Arthur Watters, M.D., Achille Gauvreau, M.L., Henri Trudel, M.L., L. O. M. Bellemare, M.L., Patrick P. Delaney, M.L. MCGILL UNIVERSITY—John K. McKinley, M.D., C.M., Chas. N. Stevenson, M.D., C.M.; Messrs. Charles M. Draper, of

Eaton, and Lyman H. Annable, of Sawyerville, passed with success the professional examination and obtained the license. Dr. E. P. Lachapelle, of Montreal, was appointed Treasurer. The Examining Committee for next meeting is composed as follows:—*Anatomy*, Dr. C. E. Lemieux; *Surgery*, Dr. F. W. Campbell; *Medical Jurisprudence*, Dr. F. Paré; *Physiology*, Dr. E. P. Lachapelle; *Practice of Medicine*, Dr. F. D. Gilbert; *Materia Medica*, Dr. L. J. E. Rousseau; *Midwifery*, Dr. E. H. Trudel; *Botany*, Dr. M. G. E. Badeaux; *Hygienics and Chemistry*, Dr. M. J. Ahern. Candidates for the next preliminary examination can secure the necessary information by applying to Dr. Howe, of the Montreal High School; Revd. Mr. Verrean, of the Montreal Jacques Cartier Normal School; Revd. Doctor Laflamme, of the Quebec Seminary, and Professor M. Miller, of the Quebec High School.

PERSONAL.

Dr. George Ross and Dr. William Osler, of Montreal, returned from Europe on the 25th September.

Dr. Donald Baynes, of Montreal, sailed for Europe last month.

Dr. Latour has resigned his position of Demonstrator of Anatomy in the Medical Faculty of Bishop's University.

THE LATE DR. BENJAMIN WORKMAN.

The death of Benjamin Workman, Esq., M.D., in Uxbridge, Ont., on the 26th inst., has been announced. He was the eldest son of a large family, and was born at Lisburn, Ireland, on 4th of November, 1793. He emigrated to Canada in the spring of 1819, and settled in Montreal, then a very small city. At a meeting which took place on St. Patrick's Day, about thirty years ago, he said that "a carpet would have covered the Irish congregation when he came to the country." He opened a school, and educated several who have since taken an active part in the politics of the country. In 1820 he became a teetotalter, and continued so for the remainder of his life, publishing a newspaper and advocating the doctrine of abstinence. He took his degree of M.D. at McGill College in 1852. In 1856 he left Montreal, and became assistant medical superintendent to his brother Joseph in the

Lunatic Asylum in Toronto, where he remained till 1875. His life was simple and unostentatious, and he departs this life full of honors and years.

GRAY'S ANATOMY.

We direct the attention of students to the fact that a new edition of Gray's Anatomy has just been issued, and can be had at the usual book stores in the principal cities in the Dominion.

REVIEWS.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., Lecturer on Anatomy at St. George's Hospital Medical School. With five hundred and twenty-two engravings on wood. A new American edition from the eight English editions, to which is added "Landmarks, Medical and Surgical," by Luther Holden, F.R.C.S., Surgeon to St. Bartholomew's Hospital, London. Philadelphia: Henry C. Lea, 1878.

The position which this work has attained as the standard authority on the subject of anatomy renders it all but unnecessary to place its merits before the Surgical and Medical public, so well are they known. Its appearance in a revised form just previous to the opening of the Medical Schools is very opportune, enabling those commencing the study of the profession to supply themselves with this work in its latest and most perfect edition. Gray's Anatomy has advantages peculiarly its own, and which render it especially valuable to practical Surgeons; among these is the introduction, in small type, under each subdivision of the work of such observations as shew the necessity of an accurate knowledge of the part under examination. The Osteological portion of the work shows much careful preparation. The engravings of this section are, if not artistic to a degree, plain, and so distinct that they can be well understood by the very beginner. The attachments of muscles are shown in dotted lines copied from recent dissections. The remaining portions are equally well prepared and profusely illustrated. The care which has been bestowed upon this work by Mr. Gray and his assistants promises for it the position, for years to come, of being the standard authority on Anatomy.

LITERARY ITEM.

Amongst the interesting items of literary intelligence in Paris at the present time, it may be mentioned that Madame Durand, better known to the world of readers under the name of Henry Greville, has made a contract with Miss Helen Stanley, a correspondent of the *New York Evening Post*, whereby she will hereafter translate all of Henry Greville's novels from the original manuscript in French, into English, for their publication in America simultaneously with their appearance in Paris. By this arrangement they will retain all their flavor, Miss Stanley having both the ability and conscientiousness requisite for doing them justice. She has just finished translating "L'Aimee," or, "A Friend," and the manuscript of it has been forwarded from Paris to T. B. Peterson & Brothers, Philadelphia, who will publish it in America, simultaneously with its appearance in Paris, in uniform style and price with their editions of "Sonia," "Saveli's Expiation," and "Gabrielle," by the same author, issued by them.

The scene of the story of "L'Aimee," or, "A Friend," is laid in Paris, at the present time, and shows eminently Henry Greville's great talent for analyzing character. She draws her pictures in a way she possesses above all others, and this story of French home life in Paris will touch many hearts, as it shows how the love of a true and good woman will meet with its reward and triumph at the last. Had Henry Greville never written another work, this one alone would establish her fame.—*American Register, published in Paris.*

A NOVEL URINAL.

Dr. Packard, of Philadelphia, has lately attended a lady suffering with a large abscess, where the use of the bed pan for micturition was impossible, and catheterism annoying, when the patient herself suggested the following expedient: She had a large coarse sponge enclosed in an oiled silk bag, and applied to the parts; it absorbed the urine perfectly, kept the bed dry, and contributed greatly to the comfort of the patient. He has since used the plan in other cases, with much satisfaction.

DIED.

At Uxbridge, Ont., on the 26th inst., Benjamin Workman, M.D., aged 84 years and 11 months.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D, Editor.

CHEAP DRUGS.

By HENRY R. GRAY.

Montreal.

In several medical journals published in the United States, very caustic and, at the same time, very true remarks have been made about the sale of inferior drugs and chemicals. Country practitioners appear to have most to say on the subject. It must not, however, be forgotten, that if there were no country practitioners to buy these cheap drugs, there would be none sold. The selling of inferior drugs to the general public is not here alluded to. One can hardly conceive a man so base as to knowingly supply a customer *unable to judge for himself* with a useless and inefficient drug. When the matter is limited to buying and selling, as between druggist and physician, one scarcely knows whom to blame most, the physician eager to buy the very lowest grade of medicine *merely because it is cheap*, or the druggist equally eager to sell it.

"An' if a man did need a poison now,
Here lives a caitiff wretch would sell it him."

There are numbers of men in the United States, poorly educated as a rule, with no technical training whatever, who embark in the drug business, allured with the prospect that "there's millions in it," firmly resolved by fair means or foul to pocket some of those *enormous profits* popularly supposed to be the druggist's perquisite. These men look upon everything they handle in a purely commercial light, and the lowest grades of drugs and chemicals are purchased by them wherever obtainable. Low prices tempt the average country practitioner and patronage soon flows in, for no other reason than because *the drugs are cheap*. The purchaser makes no enquiry as to the maker of the chemical, nor makes any examination into the purity of the drug. Price is the only object sought.

That businesses, built up on such a reputation, are stable, is open to grave doubt, but that there is a large demand for inferior drugs in every city of the American Union is only too painfully evident. Almost every price current teems with chemical and pharmaceutical preparations at prices which effectually preclude the possibility of their being up to the standard of the Pharmacopœia. Let us hope this wave of business trickery or dishonesty has not reached our fair Dominion. Reports which have occasionally appeared at the annual meetings of the Pharmaceutical Association of the United States have alluded very favorably on the whole to the class of drugs to be found in Canadian pharmacies.

A fact or two will unfortunately show that, even in Montreal, purchasers should seek more

after quality than price. A druggist of this city supplied an institution with a certain powdered bark, for which he charged the moderate price of 80 cents per lb. What was his astonishment when informed, and proof given, that a contemporary had offered an article under the same name at 25 cents per lb. A country physician ordered from town an ounce bottle of ferri et quina citras. He was charged 60 cents per ounce, including the bottle. Quinine at the time was worth \$5 per ounce. Comment is unnecessary. The remedy appears to be for practitioners who, from locality or class of practice, are obliged to furnish their own medicines, to be extremely careful in purchasing, and to invariably order all preparations *according to the British Pharmacopœia*, thus steadily setting their faces against cheap drugs and chemicals of indefinite strength and unknown manufacture. A little liberality on the part of the purchaser, and a little closer scrutiny as to quality, will soon cure the evil.

NOTES ON APPRENTICESHIP.

By H. R. GRAY.

Montreal.

Pharmacists are frequently applied to by young men of twenty to twenty-three years of age, and even older (allured doubtless by the fabulous profits with which the drug business is popularly credited), desirous of being taken as apprentices or pupils to learn the drug business.

Any one at all conversant with the immense amount of daily practical experience required to make a man an efficient pharmacist will readily be impressed with the absurdity of any one beginning to learn the art of pharmacy at such an advanced period of life. The best age to begin an apprenticeship, and all authorities agree on this point, is fifteen or at latest sixteen years, and experience has shown that a youth who commences his pharmaceutical education at this age is immensely more efficient than one beginning later in life. There is a certain enthusiasm in early youth which surmounts all the drudgery of the first two or three years in a drug store, and a young man who has not gone through the drudgery has not learned the rudiments of his occupation, and without the rudiments all after experience and theoretical knowledge is built on a false foundation. The clerk who is well ground by years of gradually acquired experience in the *practice* of pharmacy is worth double the salary of one possessed only of the theory. A man experienced in both *from early youth upwards* is the most valuable of all. In England apprentices are usually indentured at fifteen, and five years is the usual term. A premium is paid in every case, and when the apprentice resides with his employer no salary is given. In the United States and Canada, apprentices are very rarely indentured, but a

verbal arrangement is made for four years, and a small salary given from the commencement, the apprentice, as a rule, residing with his parents. There can be no doubt the English system is the most thorough, and has many advocates; nevertheless, in this country, where changes of proprietorship are so frequent and business men not so firmly established, the American system is the most practicable.

The Introductory Lecture of the coming session of the Montreal College of Pharmacy will be delivered by Joseph Bemrose, Lecturer on Chemistry and Pharmacy, on Wednesday, October 2nd, at half-past eight, p.m. The public is invited to attend. Intending students should send in their names at once.

To the Editor of the *Pharmaceutical Department* of the CANADA MEDICAL RECORD.

DEAR SIR,—I was much surprised to see that there still existed any medical man who was willing to oppose the chemists of Quebec in raising the standard of their profession. The chemists do not wish to infringe upon the "rights and privileges" of the medical profession, but they have a laudable desire to secure all that properly belongs to them. It is absurd to talk about hospitals, convents and dispensaries, and even with regard to them it would be much better for such institutions to have a regularly qualified pharmacist. It would do two things, save expense and give greater confidence. Drug stores carried on by medical men are notoriously ill-managed, and I can positively affirm, from my own personal knowledge, difficult prescriptions are carefully shunned and sent to other stores. As far as I can learn, the profession generally is in favor of the ground taken by the Pharmaceutical Council, that physicians who secede from their own profession and open drug stores should pay the annual license as druggists. If the Pharmaceutical Council contemplated anything in the way of examination of licensed physicians, I should then certainly oppose them.

I remain, yours very truly,
PROGRESS.

REVIEWS.

On the Therapeutic Forces.—An effort to Consider the Action of Medicines in the Light of the Modern Doctrine of the Conservation of Force. By THOMAS J. MAYS, M.D. Price, \$1.25. Philadelphia: Lindsay & Blakiston, 1878.

The author having firmly espoused the belief that the action of medicines in the animal body is, like everything else, amenable to unchanging

laws, and that it is our duty to unravel and elucidate these laws, he proceeds to give a brief outline of the principles which underlie the action of some of the most important therapeutic agents in the light of the modern doctrine of the conservation or persistence of force. Viewed from the present standpoint of physical science, he thinks we have great reason for believing that every phenomenon in nature must be viewed as the effect of force, and can only be interpreted intelligibly when reduced to the terms of the latter; and he further thinks that the claims of therapeutics, as being a part of the grand chain of natural phenomena, are just as legitimate as those of physiology or any of the other concrete sciences.

Fownes' Manual of Chemistry. Revised by HENRY WATTS, B.A., F.R.S. American edition. Edited by Robert Bridges, M.D. Philadelphia: Henry C. Lea, 1878.

This is a very old friend with a new face, and in new attire; but the character of the work, as a well-arranged and highly-condensed student's manual, is well maintained. The original manual was inimitable for clear and concise definition, and, although the book has gradually grown under the care of Dr. Hofmann and the late Dr. Bence Jones far beyond its original proportions and design, we welcome the reduction of its more recent predecessors to the limit of a single volume, of convenient form, clear type, and excellent illustrations.

The student will value the clear and full expositions of *Physical Science*, and the *tabular form* of so many facts which are thus more readily retained in the memory. The medical practitioner will turn with pleasure to its copious index for the most recent facts in the somewhat hazy and nebulous domain of organic chemistry. The Chemical Professor will also largely profit by the systematic arrangement of its matter, and the glyptic formulæ in which the composition of complicated organic compounds are indicated. In point of fullness of detail, the work is a *Modern Dictionary of Chemistry*. In its explanations, it is a clear and able treatise, embracing many valuable tables from the standard works of Graham, Miller and Gmelin; together with the invaluable alcoholic tables of the lamented author. Fownes' Chemistry has maintained a favorable reputation in Europe and America, as a Student's Text Book, for the last quarter of a century, and in its present form is deserving of a place in every medical library, as a work both of exposition and of reference.

J. B. E.

DIALYZED IRON HYPODERMICALLY.—Professor Da Costa has employed dialyzed iron in a novel manner, in a case of chlorosis, in a woman aged twenty-one years. The patient had daily injections of 15 minims of the iron solution, at first diluted, but afterwards of full strength. The points where the injections were made showed no evidence of inflammatory action. Subsequently the dose was raised to 30 minims, and convalescence was rapid. After the hypodermic use was ceased, 20 drops in water were given thrice daily for a short time. No constipation, indigestion, or other disturbances resulted from this mode of using the remedy, and recovery was considered to have been more rapid than it would have been with the usual way of administering it.

DIALYZED IRON IN ARSENICAL POISONING.—James Hayes, M.D., of Simcoe, Ont., publishes, in the *Canada Lancet* for March, a case of arsenical poisoning treated with Wyeth's dialyzed iron. Following an emetic and free draughts of warm water, a tablespoonful of the dialyzed iron was given and soon ejected; doses of thirty drops were then given every twenty minutes for two hours. Two hours after the doctor's arrival, symptoms of collapse set in, and were treated with brandy, hot bottles, and friction. The patient was restored to health in about ten days, and complained during convalescence of weakness, thirst and a burning sensation in the stomach. The doctor estimates that fully a teaspoonful of arsenious acid was lying in the stomach from half an hour to an hour before he saw her.

DOCTORED HERBS.—A writer in the *Schweizer Wochenschr. f. Pharm.*, 1876, No. 51, reports having met with some herbs, notably with melissa and mint, the odor of which suggested a fraudulent impregnation with volatile oil. To determine whether such was the case the following experiments were made: 30 grams each of the suspected herb, of an old herb sprinkled with a few drops of volatile oil and of a recently picked herb were macerated in a cool place with half a liter of water for 24 hours, then strained and the infusions mixed with a few grams of ether and set aside in a vessel covered with a well-fitting glass plate. After an hour the under side of the glass cover of the three liquids first showed the odor of ether, followed in the suspected and old herbs by the odor of the essential oil, which could not be perceived in the case of the fresh herb.—*Am. Jour. Pharm.*

APIOL.—By E. von Gerichten. In the preparation of oil of parsley by distillation of the seeds with water, there passes over besides the terpene a body which gradually separates in fine needles. This is the so-called parsley camphor or apiol. Homolle and Joret give the name apiol to a mixture of various bodies which they obtained as an oil of a greenish-brown colour by extracting parsley seeds treated with litharge, with alcohol and ether. They propose

this so-called apiol as a substitute for quinine in therapeutics. It is at least permissible to retain the name apiol for the crystallised ethereal oil—parsley camphor.

The same body may be obtained direct from the seeds by extraction with alcohol, distillation and digestion of the residue with ether; apiin remains undissolved, whilst apiol passes into solution. Apiol forms very long, white, brittle needles, having a faint smell of parsley. It fuses at 30° C. and boils at 300°; specific gravity, 1.015. It is insoluble in water, but dissolves readily in alcohol and ether. The fused apiol requires weeks and even months for perfect solidification, although by solution in alcohol the original crystals may easily be obtained again. According to Lindenbon's comparison, the results of analysis by various chemists find their simplest form of expression in the formula $C_{12}H_{14}O_4$ (C = 64.8; H = 6.3; O = 28.8 per cent.). Additional points of support for the acceptance of this formula might be adduced. Sodium has no action on fused apiol. Concentrated sulphuric acid dissolves it, forming a blood-red colour (a precise reaction); water precipitates from this solution a brown body, which forms a bluish-green solution with alkalis, gradually becoming dirty brown. Concentrated aqueous potash solution does not affect apiol. By twelve hours' heating of apiol with alcoholic potash solution, and afterwards diluting with water, rhombic plates with the lustre of mother-of-pearl gradually separate. These are purified by re-crystallisation from alcohol. A further product of this decomposition could not be recognised. The new body melts at 53.5° C. and re-solidifies at 46° C., does not dissolve in water, but dissolves readily in alcohol and ether. It is not acted upon by aqueous potash solution; by careful oxidation with chromic acid mixture beautiful needles of a body which was not examined further were obtained; with potash permanganate, crystalline plates were separated, fusing above 100° C. With chloroform and concentrated sulphuric acid the body obtained from apiol and alcoholic potash yields a coloration, beautiful red violet at first, afterwards becoming green.—(*Jour. de Pharm. et de Chim.*), December, 1876, from *Gazz. Chim. Ital.*

THE DANGER OF SALICYLIC ACID DENTIFRICE.—When a remedy has been found good for something it runs the danger of being brought into disrepute by being regarded as a panacea for all human ills. Pharmacy has its fashions as well as other things, and the present prevailing mode is salicylic acid. Dr. Buch, of St. Petersburg, deprecates its adoption as a dentifrice. A short time ago there was a warning raised against the use of charcoal. It had similar dental recommendation, namely, that it was antiseptic, and that, as far as cleansing was concerned, it was most effective. But the microscope pointed out that every particle of carbon, in however divided a state, was a small crystal, which, acting by attrition, was hurtful to the enamel. While charcoal, therefore, was said to

be a fine saw, salicylic acid is now stated to be a solvent, and accordingly to be abjured. Dr. Buch mentions that he was in the habit of using a solution of three parts in one thousand of salicylic acid, a lotion of such strength being fatal to bacteria. In a few weeks he felt a curious sensation in his mouth; the teeth appeared to become softer, and on the surface something gritty was detected, there being evidently a granular formation. The Doctor believes this to be a salicylate of lime; if so, the use of the acid as a dentifrice should be discountenanced.

The ex-Empress Eugénie, when in power, patronized a poudre dentifrice made from the charcoal of the willow-bark. The preparation commanded a large sale, but went out of vogue long before the fall of Imperialism.

We may here venture to allude to a preparation which, for occasional and careful use, is a valuable remedy for yellow, blackened, and unsightly teeth. It consists of equal parts of finely-powdered wood charcoal, prepared chalk, and cream of tartar. A few applications are sufficient to effect a decided change, followed by a wash of myrrh, eau de cologne, and glycerine. It is suggested as a trial remedy, to be used when wanted, not as a toilet requisite.—*Chemist and Druggist*.

DETECTION OF SALICYLIC ACID IN MIXTURES.—Concentrate the mixture in the water-bath, to remove any accompanying alcohol, add to the residue dilute sulphuric acid in strong excess, so as to render it strongly acid and to restore it to a fluid condition, and shake the whole with ether, which dissolves the salicylic acid. On evaporating the ethereal solution, the acid is left behind, and may be weighed.—*Pharm. Centralh.*, 1877, 321.

COATED PILLS.—Pills have a verbal as well as a material coating. Mr. G. H. Wright, of Southwark, writing in a recent number of the *Pharmaceutical Journal*, gives the following list of popular names for purgative pills, used in his locality: Wake-me-ups, rattlers, eye-openers, scavengers, early risers, castor oil pills, excavators, five o'clockers, fly-away jacks, and imperial pills.—*British Medical Journal*.

COFFEE AS AN ANTIDOTE TO STRYCHNIA.—Dr. Attilio Lelli having met with a case in which a large dose of strychnia was administered in coffee without fatal consequences, was led to institute some experiments to determine whether it possessed an antitoxic power against this drug. The animals employed were rabbits, and by comparative trials he found that a dose of five centigrammes proved fatal in a short space of time; when the same or a larger dose was given in a very strong infusion of coffee, he found that the coffee either acted as a complete antidote in preventing the poisonous effects of the strychnia, or that it materially diminished

the violence of its action. The details of the experiments are given in the *Rivista Sperimentale di Freniatria*, edited by Prof. Carlo Livi, of which the first Fasciculus of the third volume has just been issued.—*London Lancet*.

FALSE SUMBUL.—Mr. Holmes, the curator of our Society's Museum, has obligingly shown us and described the sample of false sumbul, alluded to in several of the current periodicals. It is hard to draw conclusion from any single specimen. The one which he has under examination seems more compact, heavier, and less flat generally than the ordinary commercial root. True sumbul has a curious way of disintegrating when forced apart by pressure between the hands. Nevertheless, some pieces of this sample are almost as light as the genuine article, and in appearance might easily be mistaken for it. The red color of the tincture, however, would instantly suggest either a distinct variety or sophistication, while the flavor of the preparation, decidedly that of ammoniacum, is conclusive evidence of its spurious nature. True sumbul, like musk or abelmoschus, has a diffusive, penetrating, aromatic taste, wanting in the tincture of the false root.—*Chemist and Druggist*.

OIL OF EGGS: A VALUABLE RECIPE.—A German apothecary's apprentice describes the mode of preparing "oil of eggs" as follows:—"I call on the lady of the house for one dozen eggs; I boil the eggs, separate the yolks from the whites; the clerks eat the yolks, the white is for the apprentice; into the bottle I pour oil of poppy seed."—*Detroit Lancet*.

SUBSTITUTE FOR PERSIAN INSECT POWDER.—The *Industria Blatter* of Berlin recommends the use of the wild rosemary (*Ledum palustre*) as a substitute for the well-known Persian powder. This plant, whether fresh or dry, will kill lice, bed-bugs, fleas, moths, beetles, and their larvæ, the maggots and blue-bottles, and probably other insects. It is also the best remedy for mosquito-bites, and the bites of all other insects. A little of the tincture of the plant applied to the bite not only relieves the intolerable itching, but also relieves the pain. If the tincture be mixed with glycerine and rubbed on the skin, it will drive the mosquitoes away. If this be a fact, the plant deserves special attention. It is very probable that it will be able to entirely supplant the expensive and frequently adulterated or counterfeit insect powder. It is most effective when green and in bloom, at which time it should be gathered.

TINCTURE STOPPERS.—The unpleasant cementing of stoppers can be entirely prevented by rubbing the stoppers with a piece of paraffine, and giving them a turn in the neck of the bottle, so as to distribute a thin coating of paraffine all over. Renew two or three times a year.—*Phil. Druggist and Chemist*.