

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XXIV.] TORONTO, OCT., 1891. [No. 2.

## Original Communications.

### THE PREVENTION OF MORPHINISM.

BY J. B. MATTISON, M.D.,

Medical Director, Brooklyn Home for Habitues, Brooklyn avenue, Brooklyn; Member American Medical Association; American Association for the Cure of Inebriety.

The prevention of disease ranks higher than its cure, and he who essays the rôle of benefactor along this line, deserves well of his fellows, be results success or the reverse. I shall presume to make effort at filling that rôle to-day; shall try to command your attention by enlisting interest in what promises to remove, very largely, a stigma that has rested long and weightily on the healing art, and by wiping out this blot on the escutcheon, secure favor by virtue of not only an advance so decided as to mark a new era in therapeutics, but, above all, by lessening in large degree the main factor in a disease that spares neither sex, state nor condition and which, sad to say, claims for its victims more of our *confrères* than the world will ever know.

Pain and insomnia, with the use and abuse of morphia for their relief, are the leading twin causes of the morphine disease. Quite apart, however, is a peculiar power, *per se*, in this drug that makes it, so often, a bane after blessing—a snareful influence than which a stronger, save one, does not exist, and which carries with it, too often degradation and death. It goes then, without saying, that if one can offer that which will bring ease, and win the “sweet restorer” *without* this harmful sequence, he will entitle himself to the plaudit of profession and public, by averting a danger that threatens the well-being of the person

\*Read before the American Medical Association, Washington, May 6th, 1891.

and society at large. Such, in much measure, I think we have in codeine and narceine. The former has long been used to a minor extent; the latter is rare. Opinion has varied as to their value, but my experience with each, in a field specially unique, and to some extent unequalled, has brought with it a belief in their virtue along painful, and insomnic lines, and a confidence so pronounced that I bespeak for them your careful, practical consideration.

I am not willing to say there can be no codeinism or narceinism, despite the statement of Fischer that “tolerance and habituation analagous to morphine, are not caused by codeine,” but I do assert that the snaring seductive power of codeine is vastly less than that of morphia, and that this one negative power for harm alone should secure for it a larger share of professional confidence and field for remedial work than it has hitherto had. Nor am I am ready to say that codeine has a value, aside from its anodyne, equal to morphia in inflammatory conditions, nor that it has like power as a stimulant. To neither of these does my argument apply, but solely to its use in painful, agryptic conditions, apart from temperature rise or cardiac decline.

Codeine was discovered in 1832, by Robiquet, who wrote in its favor, and two years later, Barbier and Bertha, after a series of careful experiments, claimed its special tendency towards the sympathetic system. These reports were confirmed but, like some other valuable drugs, digitalis, for instance, the merits of codeine were for many years in abeyance, and only within the last half decade has it come well to the front with a claim for doing good work too strong to be disregarded.

Foreign physicians, especially on the continent, have always led in the use of codeine, but the time is quite here for us to follow their good example, and I cannot now do better than to commend to your careful reading a valuable paper by Lauder Brunton, in the *British Medical Journal*, June 9, 1888. Dr. Brunton lauds the drug highly, declaring he is satisfied that, to use his exact language: “It has a powerful action in allaying abdominal pain.” He cites various painful conditions in which it has served him and his colleagues well, and closing his paper remarks that he “thinks it not improbable that codeine, which

has almost fallen into disuse, as an anodyne, will again come into vogue." I endorse every word of Dr. Brunton's, and venture the belief that we are on the eve of a larger use of codeine, in pain and insomnia, than the profession has yet known.

I will not weary you with stating the various morbid conditions that codeine will control. Its province is more or less relief of any and every pain, but it is specially adapted, by virtue of its non-tolerant power, to neuralgic disorders which stand so largely and so closely in relation to the abuse of morphine; and, in general, to any and all long-continued pain. Even in incurably painful conditions it is often better than morphia, bringing ease without the unpleasant gastric and other sequelæ of the latter drug.

The hypnotic action of codeine is also distinct and decided, and may be quite apart from any analgesic need. It is a reliable soporific, though sometimes acting more slowly, yet, without the dullness or headache often following morphine.

A great gain in using codeine *vice* morphine as an anodyne and hypnotic is that it lacks that inexplicable influence of the latter—before noted—in making itself felt, apart from relief of pain, and so creating a morbid condition, a so-called "craving," that will not be denied. I confess to you, gentlemen, that though I have been studying opium and opium habitués for more than twenty years, I do not fully understand it, but am more and more impressed by the peculiar power with every case that comes under my care.

Another point in favor of codeine is the non-need of increasing the dose on long usage. The reverse so often obtains with morphia that it marks one of the distressing features attending habitual use; growing by what it feeds on, it steadily adds to the hapless lot of those who from force of conditions beyond control, find themselves compelled to mind an imperious power they are helpless to resist.

To get good results from codeine it is essential to have it pure. Such is supplied by Merck, of Darmstadt and New York. The sulphate and phosphate—the first by mouth, and other for subcutaneous use—are the most eligible. The latter is freely soluble—more so than morphia, my usual solution being six grains to the drachm. It should be freshly made; bitter almond water tends to preserve it; I have never noted local harm.

The dose required is larger than morphia. Fischer says triple; Bartholomew four times. Fischer has written more largely of codeine—detailing several years, experience—than any other foreign physician, and to him is mainly due my extensive use of the drug. I commend to you his papers in the German medical press of 1888. An initial dose of one-half grain by mouth, or one-quarter to one-half grain by skin is safe, and may be repeated and increased as required.

Narceine, though so little used, is a soporific of value. It is not an anodyne. Failure will result if pain be present. The dose should be double that of morphia. The hydrochlorate—Merck—admits of hypodermic use.

Gentlemen, you have my paper. It is a plea for less morphine—more codeine. The usually accepted statement that its anodyne and hypnotic action is weak and uncertain, is wrong. It has a constant and well marked effect as an analgesic and soporific, without unpleasant secondary symptoms—nausea, headache, and general malaise, so common with morphia. I urge you to use it, and especially do I commend it to the junior members of the profession, who too often are enthused with that modern mischief-maker, hypodermic morphia, and have not yet gained the wisdom given their fathers, whose experience has led them to discard, increasingly often, I am glad to say—a power so potent for ill. I speak feelingly on this subject, gentlemen, for my professional work for many years has brought me in daily contact with those—mostly our own guild—whose lives have been blighted by morphia.

The easing of pain ranks next to the saving of life, and when in doing such noble work, we do it without entailing a bondage, binding, it may be, for life, the millenium will be nearer than now.

---

### ORTHOPÆDIC SURGERY AS A SPECIALTY.\*

BY A. B. JUDSON, M.D., NEW YORK.

A flourishing medical society sometimes divides into sections. It is an involuntary process, or at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects

---

\* The President's Address, delivered before the American Orthopædic Association at Washington, D.C., Sept. 22nd, 1891.

of the society. The process may be called an analysis. In the present instance, however, if I understand the organization of the Congress of American Physicians and Surgeons, we have a synthesis. A number of societies voluntarily combine to secure ends which were not contemplated at the beginning of each. A division of labor having been made, according to which each society has its special work to do, it is proper and useful for the societies to meet together for co-operation. Let us, therefore, briefly consider some of the salient features which mark our specialty of orthopædic surgery. A better knowledge of ourselves will put us in more quick relation with other workers, both general and special, and enable us better to do our humble part in the grand plan.

In common with other specialists, we occasionally hear that we are limited in the possible range of our achievements. The limitation is, however, entirely voluntary, and the work within these limits is practically inexhaustible. If we were not so busy, we might perchance be troubled because we are not always and exactly understood. The sign before an orthopædic hospital in New York is supposed by some of the passers-by to indicate a homœopathic institution. I am probably not alone in having been asked to perform the minor surgical operations of the chiropract. Many, even among the learned, suppose that the latter part of our name is derived from the Latin word for *foot*, instead of from the Greek for *child*. We are also confounded in the minds of some with the instrument makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

It is well, however, to recognize the fact that our practice is comparatively lacking in popular qualities. We have no critical, capital, or brilliant operations. What of brilliancy is there in keeping a limb in such an attitude that the weight of the body in locomotion shall be a favorable, instead of an unfavorable agent, until the natural growth of the member results in comparative symmetry; or in controlling the environment of the diseased joint and the patient, so that the natural processes of recovery and repair shall have their triumph, while the limb is daily growing in symmetry and ability with the growing child?

This is not bold surgery, but there is great pleasure in watching and reverently assisting these constantly recurring natural miracles. And will any of us forget the delightful friendships made among our little patients, their pretty bashfulness, their ready confidence, their irrepressible cheerfulness, their graceful acceptance of what is, alas, inevitable? The combination in them of childish and heroic qualities is a daily wonder. To watch them at play is like a dream in which the birds and wild flowers are enacting a tragedy, and improving the precepts of Stoic philosophy.

Our practice is not only lacking in brilliant achievements, but it is also uninviting, because, as a rule, our patients do not make absolute recoveries. There is always, or nearly always, a residuum of disability and deformity, and in this is to be found perhaps one reason why our specialty has existence; for, what general practitioner would lightly assume the care of a case so exceptional in his practice, and so momentous as those which fall into our specialty?

The why and the wherefore of specialties, in general, and ours, in particular, are questions of interest. Some will say that we have a natural aptitude for mechanics, an inherited preference for slow and sure methods, compared with those that are quick and uncertain, or an inborn reverence for what is physically demonstrable. These personal characteristics may explain why some of us are orthopædist, but I believe the reason why our specialty exists and thrives, is to be found in the desire of the public, the final arbiter, that experts should be invited to bear the responsibility of orthopædic cases.

One very attractive feature of orthopædic practice, is its *reality*—for want of a better word. It is especially the domain of physical demonstration, where the acceptance of pathological doctrine, as well as therapeutic precept, must be preceded by absolute proof. Here, subjective symptoms are forgotten in the presence of objective signs. The data for diagnosis are visible, palpable, and measurable. Treatment is by forces whose action is nicely directed, increased, diminished, and accurately measured. The very weight of the body is duly considered in trauma and therapeutics, and finally the results of treatment are recorded in degrees of a circle and fractions of an inch. Dealing thus, as we do, with physical

realities, it is well for us to keep our eyes open to the moral verities also, which no less form part of the tissue of our daily professional work. Let us remember that diligence is the price of success, and that the only desirable success is that which is reached by the rejection of error, and the loyal recognition of truth.

Since our last meeting, there has occurred the death of one of our corresponding members, whose hostility to error might in all friendly criticism, be called intemperate, one whose diligence and devotion to the interests of his patients make him an exemplar worthy of our affectionate remembrance. But I will not trespass on the subject of the first paper of our session, which is by Dr. A. J. Steele, of St. Louis, on the orthopædic work of the late Mr. Thomas, of Liverpool.

A DISCUSSION OF THE MERITS OF THE DIFFERENT ARTICLES OF INFANT DIETARY.\*

BY W. J. GREIG, B.A., M.B., L.R.C.P., TORONTO.

(Continued from September number.)

Next we come to Cow's milk, which is most used, and, when suitably prepared, is the best substitute for mother's milk. The differences between cow's and mother's milk are as follows :

Cow's.		Mother's.
Acid.	Reaction.	Alkaline.
13.2 per cent.	Solids.	12-13 per cent.
4 "	Fat.	3-4 "
4 "	Albuminoids.	1-2 "
4.5 "	Sugar.	7 "
.7 "	Ash.	.1-2 "

And the casein of cow's milk coagulates into a tough cheesy mass in the stomach. This mass is very indigestible. Mother's milk coagulates into fine flaky curds. Cow's milk contains less sugar, slightly more fat, more albuminoids, more salts and other extractives. Experience teaches us that, up to nine months, an infant cannot digest pure cow's milk, owing to the excess of casein. Indigestion, with flatulence and pain, vomiting and diarrhoea, is set up, and unless a change is soon made, the child will not thrive and may die. Hence the necessity of altering in some way the relative composition

of cow's milk. The most natural thing to do, is to produce such an alteration that it will resemble the mother's milk, and while this is theoretically correct, it is found to be clinically correct also. All the efforts of scientific medicine have been to reach this desirable goal. If cow's milk is diluted equal parts with water, the proportion of casein is right, but the fats and sugars are defective. If one part cow's milk and two parts water are used, the percentage of sugars and fats are more defective, and the casein—while below the average—is still in sufficient quantity for nutriment. The greater the amount of dilution with water, the finer the curd which is formed in the stomach. Dr. Rotch, after a series of experiments, concluded that cow's milk one part, water five parts, produced in the stomach a curd the most closely resembling the curd of mother's milk.

If an effort to induce the parents to adopt some of the more exact methods of preparing cow's milk fails, preparations as follows may answer :

For an infant one or two months old, cow's milk one part, boiled water two parts, lime water sufficient to make alkaline, and sugar.

At three months, the same ingredients, but equal parts water and cow's milk.

At nine months, milk two parts and water one part.

These various preparations, though defective in many ways, when sterilized and partly peptonized, may give you very good results. But the best method of all, scientifically accurate, and in which you know exactly what you are doing, is Meigs' modified method. The original preparation which he has made for years and with considerable success, is as follows :

- Cow's milk, . . . . . ̄ j.
- Cream, . . . . . ̄ ij.
- Lime water, . . . . . ̄ ij.
- Sugar water, . . . . . ̄ iij.

This sugar water is of the strength of ̄ iijss. milk to ̄ ij. of water.

There are two objections to this formula, although in actual use it has been very successful : 1st. It is almost impossible to obtain a standard preparation of cream. 2nd. It is strongly alkaline. If you dilute the lime water three times before adding it to the milk, the second objection is overcome.

In Dr. Meigs' modified method, the first objec-

\* Read before the Ontario Med. Association, June, 1891.

tion is overcome also. The result is a preparation which resembles as nearly as possible mother's milk, and one in which all the manipulations are perfectly under control. His method is as follows: he uses a tall tin vessel with a narrow circumference, holding exactly a quart. In the centre, at one side, an opening is made which is closed with a rubber cork. He gets as good a milk as possible, buying it preferably from a man who keeps cows, rather than from a middleman or dealer—the chances of adulteration being less. The milk is allowed to stand three hours in this tin. Then the cork is withdrawn, and the upper half of the milk will escape. This half contains all the cream, and Dr. Meigs considers that it is equal to a mixture of cream  $\frac{3}{4}$  ij. and milk  $\frac{3}{4}$  j., as in his old method. He then proceeds as in his old method, adding  $\frac{3}{4}$  ij. lime water and  $\frac{3}{4}$  iij. sugar water to every  $\frac{3}{4}$  iij. of the above cream mixture. Here we part with him, believing that he uses too much lime water. We prefer to follow from this point the method adopted in the New York Infant Asylum. The cream mixture is obtained as above. It is then diluted equal parts with sugar water of the same strength as above, viz.,  $\frac{3}{4}$  iijss. of milk sugar to  $\frac{3}{4}$  iij. of water. One or two measures of the peptogenic milk powder is added, and it is allowed to stand for three hours—by which time the milk may be slightly bitter—but children take it well. The milk is not thoroughly peptonized by this method and leaves enough work for the stomach to do. Sufficient lime water is now added to turn litmus paper faintly blue. Then the preparation is bottled and sterilized, and is ready for use.

For reasons and methods of sterilization, I must refer you to a paper read by me at a meeting of the Toronto Medical Society and published in the *Canadian Practitioner* for May 1, 1891.

To summarize, in conclusion, if for any reason it is necessary to wean an infant, the best substitute food is Meigs' modified mixture, prepared as described, given in the proper amounts and at regular intervals (which are very important points), peptonized and sterilized. If this does not agree, try the condensed milk, prepared as described and sterilized.

Between the changes of food, it is an excellent plan to clear out the bowels, and feed the child on some very simple food, such as white of egg

mixture, beef tea, barley water, etc., for a day or so. If the condensed milk does not agree, you may try the plain cow's milk, diluted in different proportions; or J. Lewis Smith's dextrine food, which I have not had space to refer to.

#### CASE IN WHICH LIGAMENT WAS TORN FROM THE PATELLA. BONE AND LIGAMENT SUTURED TOGETHER.

BY DR. MACFARLANE, TORONTO.

Robert McKenzie, laborer, æt. 60, admitted to the Toronto General Hospital on April 18th, 1891. Family and personal history are excellent.

While working in a barn on the 17th of April, he slipped through a hole in the floor, the left knee striking the edge of the hole. After this accident the knee became greatly swollen and the power of extending the leg was lost. On examination, the knee was found much swollen, especially on its inner side, and there was quite an amount of effused blood about the joint. The patella was drawn up by the quadriceps extensor and the bone could be outlined. By pressing the fingers over the lower part of the patella, they could be forced beneath the lower margin of the bone, showing that the ligament was torn off.

It was decided to open the joint and co-apt the parts by means of silver wire.

April 21. The cutaneous tissues over the joint were rendered aseptic by being shaved, and thoroughly scrubbed with turpentine, soap and water and afterwards with a 1-3000 solution of bichloride of mercury. The instruments were boiled and placed in a 1-40 solution of carbolic acid.

*Operation.*—The joint was freely opened by a transverse incision five inches long, extending across the front of the limb, on a line with the normal level of the lower margin of the patella. On entering the joint, the soft tissues were found considerably torn and the ligament and bone were separated about one and a-half inches. After thoroughly irrigating the parts with a 1-3000 bichloride solution and checking all hæmorrhage, the bone and ligament were brought together by a single suture of one-twelfth inch silver wire. The torn soft tissues were brought together by carbolized catgut and the external wound closed with silk. No drainage tube was used. The

wound was dressed with iodoform, moist bichloride gauze and absorbent cotton, and the limb put on a posterior splint, with a foot piece, extending from the upper third of the thigh to the heel.

April 23rd. Temp. 100½, pulse 100, very little pain, bowels regular, light diet given.

24th. Temp. again reached 100, but soon fell and has not reached the same elevation since. No pain, only a feeling of discomfort in knee. The patient's condition continued most favorable, and on the 29th the dressings were removed and some of the stitches taken out. The swelling and extravasated blood had nearly disappeared and there was no sign of tension or of pus.

31st. The rest of the stitches were removed and the wound was found entirely healed.

May 16th. There is no pain or discomfort in the part; the knee is stiff, but there is no sign of inflammation. It is, however, deemed necessary to allow union to become a little more firm before using the limb, so it is still kept on the posterior splint. The general health is excellent.

### Selected Articles.

#### GENIUS A DEGENERATIVE EPILEPTOID PSYCHOSIS.<sup>1</sup>

From anatomico-biological analysis of the careers of sane geniuses and those neurotic or insane, of their geographical distribution, of the causes, often pathological in character, of their appearance, and of the evil inheritance discernible in their descendants, naturally arose the suspicion that genius has a degenerative origin. This suspicion, whose audacity at first repels, becomes more and more justified by the phenomena exhibited by genius. If the lives and works of the historically great morbid minds, be examined, it is found that they, as well as the men who have passed through the glorious parabola of genius without demonstrable mental taint, are distinguishable by many traits from ordinary men.

At the outset, it may be stated that the insane geniuses have no decided character. The complete character which does not bend with every breeze, distinguishes the mentally complete from them. Tasso<sup>2</sup> declaimed against courtiers as mendicants, yet became an obsequious courtier. Rousseau,<sup>3</sup> despite his seemingly exquisite sensi-

tiveness, abandoned his cherished mistress and his children, calumniated his friend, and was thrice an apostate, from Catholicism, from Protestantism, and, most significant of all, from Deism. Swift,<sup>1</sup> albeit an ecclesiastic, wrote the coarse chanson of "Strephon and Chloe," blackened the religion of which he was a dignitary,<sup>2</sup> was proud to the height of folly, yet was addicted to horseplay in taverns. Lenau, while devout to fanaticism,<sup>3</sup> in "Savaronola," was extremely sceptical in the "Albigenses." He recognized his own inconsistency and jested at it. Schopenhauer abhorred women and manifested a desire for the nirvana of the Buddhist, yet claimed he would live a century.

Genius exhibits extreme pride to a degree which often passes the limits of credibility. The simplest criticisms are regarded as the bitterest, most malicious persecution. Nature was leagued against Cardan, and Newton resented opposition as a mortal affront. Rousseau claimed that mankind, and even the elements, were leagued against him, and resorted to painful manoeuvres seemingly to avoid contact with men. Swift,<sup>4</sup> humiliated the ministry and wrote haughtily to a duchess. Lenau,<sup>5</sup> who had inherited his mother's patrician pride, announced that he was king of Hungary. Wezel,<sup>6</sup> believed he had founded a bank and had issued bank notes, and finished by claiming divine honors. He published works by the "God Wezel."

Schopenhauer boasted that one of his disciples enshrined his portrait as that of a saint. Some geniuses are precocious. Tasso spoke at six months and knew Latin at seven years. Lenau as a child improvised sermons and was an admirable fife and violin player. Cardan at eight years heard from an apparition prediction of his future genius. Ampère at thirteen was a mathematician. Pascal at ten devised an acoustic theory from hearing a gong; at fifteen he composed his "Treatise on Conic Sections." Haller preached at four, and at five was a student of books.

Many geniuses are addicted to alcoholic and narcotic abuse. Haller<sup>6</sup> dosed himself with opium. Rousseau swilled coffee. Tasso<sup>7</sup> was a notorious drunkard, as were Kleist, Gerard de Nerval, Musset, Murget, Mailath Praga, Lorani, and the Chinese poet, Li-To-Kai, who was killed by excess in alcohol whence he drew his inspiration. Lenau<sup>8</sup> latterly abused wine, tobacco and coffee, and Baudelaire,<sup>6</sup> tobacco, wine and opium. Car-

1. Swift was in these particulars on a level with most Anglican clergymen of the eighteenth century.

2. He sprang from a family of imbeciles, was gloomy, alternating, with brief exaltation, and defended pederasty.

3. Lombroso contradicts this later on.

4. Rattled to a Tory because of lack of patronage by the Whigs, like the clerical politicians most of the upper Anglican clergymen then were.

5. Paranoiacs both.

6. Suffered from renal calculi, whence opium.

7. Antecedent to his cyclothymia only.

8. Alcoholism due to praise or to genius, not *vice versa*.

1. Translated, with comments, by James G. Kiernan, from Lombroso's "Men of Genius."

2. He was a periodical lunatic.

3. He was a hebephreniac, whose misanthropy originated in a desire for notoriety combined with suspicious delusions.

dan<sup>1</sup> was an inebriate. Swift was a patron of taverns. Poe,<sup>2</sup> Southey<sup>3</sup> and Hoffman<sup>4</sup> were dipsomaniacs.

Most geniuses present reproductive anomalies. Tasso<sup>5</sup> indulged in youth in sexual excess, but was chaste after thirty-eight. Pascal,<sup>6</sup> excessively sensual in early life, later feared even the maternal kiss. Rousseau<sup>7</sup> was hypospadiac, and like Baudelaire,<sup>8</sup> had a sexual perversion. Newton<sup>9</sup> and Charles XII.<sup>10</sup> never sacrificed to aphrodité. Lenau<sup>7</sup> wrote, "I am unsuited for marriage." In lieu of the solitude of the study, the genius is impelled to wander continuously. Lenau wandered even to America, and thence over Europe. He said: "There is an absolute necessity for me to change climate to refresh my blood. Tasso<sup>9</sup> wandered from Terran to Urbino, Bergamo, Rome, Naples, Turin and Paris. Poe<sup>9</sup> made the *Review* editors despair by his wanderings between Baltimore, Richmond, New York and Philadelphia. Rousseau<sup>10</sup> claimed that more than three days' sojourn in one place was unendurable, whence his wanderings, as well as those of Cardan<sup>10</sup> and Cellini,<sup>11</sup> Gerard de Nerval<sup>12</sup> had nomadic tendencies, which grew with age. His departures resembled absconding.

The same errabund tendencies are manifested in their changes of career. Swift<sup>13</sup> wrote, beside satires, on Irish manufacturers, theology, politics and history. Cardan<sup>14</sup> was at once theologian, *litterateur*, mathematician and physician. Rousseau<sup>15</sup> was at once artist, botanist, musician, charlatan, philosopher and poet. Hoffmann<sup>16</sup> was a lawyer, caricaturist, poet, musician and dramatist. Tasso,<sup>17</sup> as later Golgol, tried all varieties of poetry, history and didactic writing. Ampère<sup>18</sup> in youth was a mechanician and musician, and later at once linguist, naturalist, physician and psychologist. Newton<sup>19</sup> and Pascal<sup>19</sup> during periods of aberration abandoned physics for theology. Haller<sup>20</sup> wrote on poetry, theology, medicine, physiology, botany, and even studied mathematics under Bernouilli. Lenau<sup>20</sup> studied law, agricul-

ture, theology and medicine. Walt Whitman<sup>1</sup> was a printer, school teacher, soldier, wood-cutter, and even (strangely enough for a poet) an office-holder.<sup>2</sup> Poe<sup>3</sup> studied medicine, physics, zoology and mathematics.

Philomneste has pointed out in this connection that of forty-five insane authors, fifteen occupied themselves with poetry, thirteen with theology, five with prophecy, three with autobiography, two with psychiatry and two with politics. Among paranoiacs the tendency is toward theology, science and psychology. These energetic, terrible thinkers, are true pioneers of science; they leap in advance as a forlorn hope, attack with avidity the greatest difficulties on which can be spent their morbid energies. They seize upon the strangest relations of things, the newest and most striking points. In this they recall the originalities pushed to absurdity, of insane hospital poets and artists. Ampère sought after what Arago calls the abysses of mathematics—the problems of mathematics. Rousseau, in his "Devin de Village," attempted the "music of the future,"<sup>4</sup> as did later, Schumann, another lunatic of genius. Swift was accustomed to say he felt perfectly at ease when dealing with difficult subjects foreign to his own occupation. His style in his essay on "Servants" is not that of a politician, a preacher, but that of a flunky. His "Confession of a Thief" induced the accomplices of the supposed confessor to deliver themselves to justice.<sup>5</sup> In his predictions as "Bickerstaff, Astrologer," he so disguised himself as a Catholic in predicting the downfall of Rome that the Inquisition burnt the book.<sup>6</sup>

Walt Whitman is the creator of a poetry without rhyme or rhythm, vaunted by the Anglo-Saxons as the poetry of the future, which is certainly not destitute of strange, wild originality.

Baudelaire, an admirer of Poe, writes that :

The compositions of Poe seem created to prove how the weird may enter into the elements of the beautiful.

He collects them under the title of "Arabesques and Grotesques," because they exclude the human, and his literature was extra-human. This recalls the predilection of insane artists for arabesques, but arabesques humanized.<sup>8</sup> Baudelaire, in his turn created poems in prose. He exalts the artificial element in the beautiful and discovers poetic

1. From his cardiac syncope.
2. Periodical dipsomaniac.
3. I can find no authority for this. My "Life of Southey" does not mention it.
4. A congenital victim of locomotor ataxia. Sir Walter Scott denies dipsomania.
5. Chastity of impotence.
6. Under theological teaching, *vide* trial of Rebecca (in "Invanhoe"), a sexual, passionate, religious man, flees from all possible temptation.
7. Early masturbatory excess.
8. Mental preoccupation inhibits sexual passion.
9. Periodical furor and necessity.
10. Necessity and suspicious delusions.
11. Monetary and criminal causes.
12. Monetary causes of the Parisian student type.
13. As a politician necessarily became a pamphleteer.
14. University course of the time required this.
15. "Pot-boiling" required these changes.
16. Many cultivated Germans are so to-day.
17. "Pot-boiling," so did Dryden.
18. So are, even in this day of specialization, hundreds of others.
19. Theology was a study of the time.
20. The studies of a University course of the time.

1. Whitman's career was normal for an American.
2. How about Chaucer, Spenser, Addison, Fielding, Johnson, Lowell, Stedmann, Boker, Halleck? Not to speak of Charles Lamb, Washington Irving and Hawthorne. These show the absurdity of calling clerical pursuits and office-holding strange procedures for Anglo-Saxon *litterati*. See Macaulay's "Essays" and "History" for reasons why *litterati* at times assume such prominence even in Latin countries.
3. So are, even in this day of specialization, hundreds of others.
4. Why not cite Wagner, another sexual pervert?
5. An exploded literary fable due to one of Swift's deceptions.
6. This cremation was not caused by Swift's style but his topic.
7. "Tales of the Arabesque and Grotesque."
8. This is a strangely forced association. The insane humanize arabesque but Poe describes them, as a sane mind would, as abnormal.

associations even in olfaction.<sup>1</sup> He declares that music recalls to him gold and scarlet, and speaks of the perfumes of children's flesh or of the dawn.<sup>1</sup>

These morbid geniuses have a style proper to them, at once passionate and glowing with color, which distinguishes them from other writers perhaps because they seem unable to compose unless under mania-like impulses. Often they claim to be unable to compose, or even to think, unless at periods of inspiration.

Tasso<sup>2</sup> writes, in one of his letters :

I toil and am unfortunate in everything, even in composition. My ideas are embarrassed—slow to arise and slower to develop, and I cannot express them except in moments of fervor.

Rousseau avows<sup>3</sup> the animated and eloquent exordiums of Cardan frequently contrast markedly with the rest of his monotonous works and show how he differed at different times in his composition. Haller, himself an excellent poet, said that all the poetic art consisted in being obscure.<sup>3</sup> Pascal began thirteen times his "Eighteenth Provincial Letter."<sup>4</sup> Something analogous in style and nature led Swift and Rousseau to admire Tasso, Haller to admire Swift, and Baudelaire to admire Poe and Hoffman. Almost all great men are painfully tormented by religious<sup>5</sup> doubt which awakens their minds and which they combat as a crime, their consciences alarmed and their hearts sick. Tasso was tormented by a fear of being a heretic. Ampère often said doubt was the worst torment of man. Haller wrote in his journal :

God, grant me a drop of faith ! My thought believes Thee, but my heart refuses to. This is my crime.

Lenau repeated in his last years :

Hourly, when my heart suffers, the idea of God is enfeebled within me.

Doubt, as all his critics admit, is the hero of his "Savaronola."

Insane geniuses are wrapped up in themselves and eternally babbling of their misfortunes, virtues and diseases. They finish at last by remarking even their defects. All men love to speak of themselves and the insane excel in this particular, but when genius is joined to insanity even this egotism is doubled. Then result those marvelous mixtures of passion and pain, monuments of phrenopathic poesy, permeated throughout with the grand unfortunate personality of the author. Cardan has left us his life, complete poems on his

misfortunes, and the work "De Somnüs," devoted solely to his dreams and hallucinations. The poems of Whitman are but expressions in verse of his "ego."

Little is the theme of the hymn ;  
But the greatest of all is myself.

Here he depicts a child who can scarcely see a cloud, a stone, a drunkard or other object without imagining itself thereinto transformed. This child is himself. Rousseau, in his "Confessions," his "Dialogues" and his "Reveries;" Musset, in his "Confessions," and Hoffmann, in "Kreisler,"<sup>1</sup> confined themselves to the minute depiction of themselves and their mental morbidity. Poe, as has been well observed by Baudelaire, took for his themes the exceptional features of human life—the illusions, which appeared to him at first uncertain, then clear and convincing, the absurd which seized upon intelligence and governed with a frightful logic the hysteria which seized upon the will, the contradictions between nerves and mind going so far to express sorrow by laughter. Pascal, whose mental defect showed itself in an exaggerated humility—Pascal, who says that Christianity consisted in the abnegation of the "ego," left no autobiography, but has depicted his mental state in his "Amulette," and there is no doubt but that he refers to himself when he says,

That extreme genius is closely akin to extreme folly ;  
That men are such fools that he would be a new species who was not ;

That diseases alter mind and sense, and if the great are most affected the little are influenced proportionately ;  
That if the genius has his head higher than other men, his feet are lower . . . there is no great gap between them and other men or children or animals.

Haller<sup>2</sup> has detailed his religious delusions and avows often a change of thought in twenty-four hours, when he becomes

Stunned, stupid, pursued by God and despised and neglected of men.

Swift, in his "Letter to a Very Young Lady," traces, day by day his life, and confesses his insanity in terms at once clear and concise :<sup>3</sup>

Every human body exhales vapors which mount to the brain. If these be moderate in quantity, the man remains normal ; if they be excessive, they exalt him and change him into a philosopher, a politician, a religion-founder, in a word, into a lunatic. Hence, it is wrong to keep men shut up in Bedlam, and a commission appointed to examine them would doubtless find in this academy many imprisoned geniuses, which might produce admirable instruments for the several offices in a state, ecclesiastical, civil and military . . . Even I, the author of these momentous truths, am a person whose

1. As old as Solomon's Song.  
2. How much of this was due to the exhaustion of periodical insanity and masturbatory excess and in no way related to genius, Lombroso fails to point out.  
3. A special criticism rashly made general by Lombroso.  
4. Goldsmith frequently refined his style ; hence, thirteen recastings of an important letter was no evidence of difficult composition.  
5. Great men do not differ in this from others of their time. In a time of religious introspection doubt would result naturally. In a time of world-wide fluxions of religions it would also result as well as in the changes resulting from the advances of science. Lombroso here exhibits his bias to look upon the abnormality of one epoch as necessarily an abnormality always.

1. "Kreisler," as he himself says, is filled with strange conceptions, always at war with reality, becomes at last insane.  
2. Tagebuch. Wherein does this differ from conversion phenomena among Protestants, to which no morbid stigma can be applied.  
3. This passage is really distorted from one in the "Digression on Madness," of the "Tale of a Tub." Lombroso mistakes satire for autobiography. Psychology was dominant in the literature of the time.

imaginings are hard-mouthed and exceedingly disposed to run away with his reason, upon which account my friends will never trust me alone without a solemn promise to vent my speculations in this and the like manner for the benefit of mankind.

Letzman, who later threw himself from a window, wrote the celebrated "Journal of a Melancholiac."

Mailath, after having depicted his own depression in "Le Suicide," killed himself with his sister, to whom this romance was dedicated. Tasso has repeatedly detailed his insanity. Long before the periodical mania became demonstrable, he had written :

Although I cannot deny that I am not insane, I can hardly believe my insanity is caused by drink or lust, for I am better when I drink or indulge in coitus.

Dostoyewski introduces imbeciles, paranoiacs and epileptics in the "Idiot" and "Besi," and moral imbeciles in "Crime and Punishment."

Gerard de Nerval wrote "Aurelia," which has been called a canticle of febrile dreams, a mixture of poetry and delirium.

Barbora wrote "Les Detraqués." Burton<sup>1</sup> depicted his own delusions. Allix, although not a physician, wrote on insanity. Lenau, twelve years before succumbing to insanity, described its phenomena. All his poems depict with sadly vivid colors, tendencies to suicide and depression, as may be seen even from their titles, "Hypochondria," "Insanity," "Soul-Sick," "Violent Dreams," and "The Moon of a Melancholiac." Not even in the pages of Ortil can be found as vividly colored a passage descriptive of suicidal tendency as the following from "Soul-Sick."

My heart is a deep wound, and dumb to my grave I bear it. My life breaks hour by hour. One alone can console me, on whose bosom can I sob myself into calm; and this one lies in the depths of the grave. Oh, my mother, rouse at my prayers. If thy love live in death; if thou canst watch over thy son's future . . . Let me leave life quick. I desire the death-night. Aid thy weary son to despoil himself of sorrow.

His "Violent Dreams" is a terribly vivid picture of the hallucinations which preceded or accompanied his first maniacal attack, and a careful reader can detect the incoherence and fragmentation of ideas and phrases of maniacal exaltation. Nathanael Lee, popularly known as the "mad poet," minutely depicted insane geniuses, as in his "Cæsar Borgia."

The principal mental defect of great minds is discernible in the totality of their works, in illogical deductions, in absurd contradictions and bizarre, weird fantasies. Socrates was insane, when despite the fact that he had closely approximated Judaic monotheism and Christian ethics, etc., he drew omens from sneezing and from the voices and tokens of his protecting genius.<sup>2</sup> Car-

dan, who had anticipated Newton in the discovery of gravitation, was insane, despite the fact that in his work, "De Subtilitate," he explains as hallucinatory, the strange symptoms of the "possessed," and the ecstasies of hermits, since he attributes to a genius, not only his inspiration, but the creaking of a table or the trembling of a pen. He is insane, since he claims several times to have been bewitched. His work, "On Dreams," is as demonstrable of insanity to an alienist as a pseudo-membrane is of disease to a pathologist. At the outset of this work, his observations are interesting and logically analytical of dream phenomena. He points out that greater physical pain in dreams produces less proportionate results, while slight pain acts with greater force than in the waking state; that fools and the insane dream much; that in dream, as in a theatre, a long series of events occupies but a short space of time, and finally (an observation in which there is considerable truth), that men dream totally in conformity to, or totally in opposition to, their usual habits. Soon after such striking evidence of genius, appears most obsequious obedience to vulgar credulity, detailing according to what more or less insignificant incident of a dream could be determined a more or less distant future. He composed, with most sincere faith, a dictionary of fortune, identical in form with the cabalistic *brochures*. Each subject, each word is connected with a series of references so us to interpret each other; father signified author, husband, son, commander; foot meant house, foundation, arts and artisans.<sup>1</sup>

Newton,<sup>2</sup> who weighed worlds in the balance of his calculus, was certainly insane when he attempted to interpret the "Apocalypse," or the horns of Daniel; and he was still more so when he wrote to Bentley :

By the law of attraction the elongated orbit of comets is explained, but God alone can explain the lateral difference of the almost circular planetary orbit.

A very singular argument, as has been said by Arago, which places God at the limits where science has not penetrated.<sup>3</sup> This very Newton, in his "Optics," declaims against those who in the "Aristotelean" fashion put occult qualities in things, thus limiting the researches of science,<sup>4</sup> and a century later, Laplace found the cause relegated by Newton to God, as undiscoverable by his calculus.

Ampère believed he had squared the circle.<sup>5</sup>

1. This was simply a "dream book" of our time, and Cardan had the dream-bias of the theology of his time.

2. Evidence of theological bias, perchance, and resultant limitation, but to one trained in the popular theology of the time, and even of our time, such limitations were inevitable. Newton was a querulous paranoiac, but this was no evidence of it.

3. Wherein does it differ from the placing of God in modern times at the limits of the knowable?

4. There was as wide a psychological difference between these "Aristotelean" views and Newton's, as between fetishism and monotheism.

5. An error or a delusion.

1. Not Buxton, as Lombroso has it.

2. These notions are still held by sane Christians—the result of early training.

Pascal, the first to study the laws of probabilities, believed that the contact of a relic could cure lachrymal fistula.<sup>1</sup> Rousseau<sup>2</sup> made the savage the ideal type. He believed that everything naturally sweet to sight and palate must be harmless. His life was a tissue of contradictions. He eulogised the rural life and lived in city streets. He wrote a treatise on education and put his children in a foundling home. He was sceptical about religion, yet stoned a tree to determine the future.<sup>3</sup> He deposited his letters to God<sup>4</sup> on church altars as if God dwelt there only. Baudelaire compared the sublime in the artificial to a beautiful woman swathed in straw. He depicted in a moment of insane inspiration, a continent of metal whence water and vegetation were banished. All was there rigid, polished, shining, without heat or sun. In the midst of the eternal silence, the blue immensity reflected in it as old mirrors in a basin of gold.<sup>5</sup> The Latin of the decadence was his ideal; it alone could render passion.<sup>6</sup> He adored cats to the extent of addressing poems to them. He made many incoherent and incomprehensible utterances. He said in his "Advice to Communists":

Now, everything is common, even God who wishes to say these words.

Hayem defined Schopenhauer's philosophy as a dream intensely dreamt and spiritually realized.

Walt Whitman was certainly insane when he wrote, that to his eye, accuser and accused and judge and criminal were equal,<sup>7</sup> and when in one of his poems he declares homage to the virtue of one woman only, and she a courtesan, and when he proclaims:

In me latitude stretches out, longitude elongates; in me are sea, space, volume, matter, Africa, Polynesia.<sup>8</sup>

And when to make comprehensive his materialism he claims that soul is not only in the arms, nose, chin, hair, but even in the genitalia.<sup>9</sup>

Lenau, reversing all poets, in his "Moon of a Melancholiac," sees in the moon, cold, airless, waterless, the cemetery of a planet,<sup>10</sup> which, with a thread of twisted silver enchains sleepers and drags them to death.<sup>11</sup> It is she whose finger guides the somnambulist and who counsels the

robber.<sup>1</sup> Lenau, who said several times in his youth, that mysticism was an evidence of dementia, frequently fell into mysticism in his later poetry. There is no connection between any two chapters of the Koran, often even in a single surate the ideas are interrupted or associated in a most bizarre manner. Morkos<sup>2</sup> says:

As to Mahomet, the most diverse conclusions can be drawn. He cannot be denied a great superiority, but on the other hand, it is impossible not to recognize also the clearest evidences of imposture, transcendent ignorance and phenomenal audacity. These qualities and defects are reflected in the Koran, where shine high ideas of science and religion, where are taught the most sacred principles of justice and humanity. The impious and traitorous are thundered at with eloquent energy. But the finest conceptions are distortingly mingled with puns. They are often flung like pearls midst rubbish. Taken as whole, the Koran appears an illy-digested, unfinished work, in which is to be found neither continuity of any thought nor of any elementary art. Its chapters contain intertangled verses; disorder everywhere and throughout reigning pell-mell. In the same chapter, one subject suddenly passes into a totally different one. Historical facts are mingled with commands, without relation to them; menaces against the impious confusingly mix with testamentary laws; ritual, prescriptions, with fantasies on the origin of the universe; remembrances of wars, with judiciary cases. Anachronisms are enormous and frequent. Historical facts are fabulously travestied and paralogisms are repeated with strange ingenuity. In the midst of these are declarations against idolatry, menaces of eternal fire to the impious, promises to believers of an extremely sensual heaven, where the excretions themselves and the celestial repasts are exhaled in the form of ethereal fluid in odoriferous mask. These ideas are mixed with advice as to the necessity for charity, justice and prayer repeated hundreds of times and constituting the only links in this incoherently bizarre mixture.

There is much insanity manifest, says Addison, speaking of Swift, in his conceptions of the mathematician who taught the science by giving his pupils problems to swallow; in the economical distiller of excrement and in the philanthropic proposal to turn babies into food.

The style of alcoholic genius is a characteristic one. They have a tendency varying from eroticism to frigidity, to an inequality more bizarre than beautiful, thanks to a too much excited fantasy, to frequent imprecations, to brusque passages of black depression, to the most obscene gaiety and to a manifest tendency to depict insanity, alcoholism and lugubrious death scenes. Poe, says Baudelaire, loved to throw his figures against or to revel in the phosphorescence of decomposition or the perfumes of the tempest and the orgie. He threw himself into the grotesque for love of the grotesque and into the horrible for love of the horrible. Baudelaire, in his turn, described the effects of alcohol and opium. "They are days when my heart disappears, when pangs conquer me," sang poor Praga, whom alcohol killed, and who, in praising wine, blasphemed thus:

1. In full consonance with the belief of his time and of not a few persons in *ours*.

2. He amplified notions which he derived from the original contract theory of Locke, who derived it from Hobbes, who took it from the Puritan, Anabaptist and Lollard school of politics.

3. Or to settle his mind in a moment of indecision.

4. Was this not done to secure greater notoriety and personal?

5. Certain conceptions ancient results of the nebular hypothesis make this appear anything but bizarre.

6. From it sprang the provincial, pre eminently the language of passion.

7. Has Lombroso ever read Emerson's "Brahma," wherein the same philosophy is expressed?

8. What is this but the Berkleyian philosophy, expressed popularly even in Italy by the proverb, "I dead, the world is dead."

9. This is certainly only a poetic expression of the notions of Bichat.

10. This is the scientific view of the moon.

11. An expression of the popular notion of the effect of sleeping in the moon's rays.

1. Old poetic and popular notions about the moon often expressed in poetry.

2. See Carlyle however on this subject. It was badly edited.

Come, opprobrium of the sober !  
Come, misleader of mankind ;  
Come, hell of the Eternal Father,  
I shall descend there, glass in hand.

Then the drunken artist painted drinkers. Hoffmann's designs ended in caricatures ; his tales in extravagances ; his music in entanglements of sound. Murger admired women with green lips and yellow cheeks, evidently from a species of Daltonism.

Nearly all these great men, Cardan, Lenau, Tasso, Socrates and Pascal especially, attached great importance to their dreams, which were evidently more intense than those of normal men.

Several presented enormous but abnormal skulls, and, like imbeciles, have finished by grave cerebral changes. Pascal's cerebral substance was harder than normal, and there was suppuration of the left lobe (?).<sup>1</sup> Rousseau had ventricular dropsy. Byron and Foscolo had prematurely closed sutures. Schumann died of chronic meningitis and cerebral atrophy.

The psychoses<sup>2</sup> of geniuses are usually not single but multiple. To melancholia, Chopin, Comte, Tasso, Cardan and Schopenhauer joined the insanity of pride. To imperative conceptions, Baudelaire and Rousseau joined sexual perversion and alcoholism. Gerard de Nerval joined to erotic insanity, alcoholism and the insanity of pride. To morphinism and alcoholism Coleridge joined the insanity of doubt.

The most striking characteristic of the mental state of these great men is an extreme exaggeration of two opposite states of erethism and atony—inspiration and exhaustion, which is manifest in geniuses even the most sound mentally.

A lazy mind, frightened at everything, a bilious temperament, readily suffering and sensible to any contradiction, it should seem could not be conjoined in one organism, yet for all they form the basis of mind,

Affirms Rousseau in his "Second Letter." In consequence of this, and after the manner of the ignorant who explain by external causes subjective alterations of the ego, they refer to a devil, genius or God, their inspirations. Tasso says of his "familiar spirit" :

It cannot be a devil for it does not inspire a horror of sacred things, but it is not of natural origin, since it creates in me ideas which I never had previously.

A "genius" inspired Cardan with his works (theology) and inspired Tartini with his "Sonata," and Mahomet with his "Koran." Van Helmont had a "genius" influence him in all the most important actions of his life. He once saw his own soul as a resplendent crystal. Blake retired to the seashore to converse with Moses, Homer, Virgil and Milton, whom he imagined he had known before. When asked what they were like,

he replied that they were majestic, gray, yet shining, and taller than man. Socrates was advised in all his actions by a "genius," whom he valued more than ten thousand masters, and frequently announced to his friends his intention to follow its advice. The glowing, animated style of great writers, the vraisemblance with which they describe bizarre fantasies like the Laputan Academy and Tartarus, demonstrate that they see and touch with the certainty of hallucinations, what they describe, and inspiration is evoked similarly to insanity. It must be said for some geniuses like Luther, Mahomet, Savaronola, Molinos and Tae-ping, that this false interpretation of inspiration gives their teachings a tinge of truth which produces conviction and gives them power over the populace. When gaiety and inspiration turn to depression these great unfortunates misinterpret differently. They are poisoned like Cardan ; condemned to eternal flames like Haller and Ampère ; persecuted by enemies, like Newton, Swift, Barthez, Cardan and Rousseau—religious doubt in all, mounts uppermost as a crime, and becomes an active real origin for new misfortunes. These men are so different from the common stamp that they tinge any psychosis from which they may suffer, with special characters, thus constituting a new psychosis—the insanity of genius.<sup>1</sup>—*Alienist and Neurologist*.

#### SOME FORMS OF RHINITIS WHICH THE GENERAL PRACTITIONER SHOULD BE ABLE TO TREAT.

Of the three turbinated tissues, the two lower are the ones usually involved in catarrhal inflammation, and, as they are in direct relation to respiration, their diseases will receive our attention. The connective tissue and mucous membrane covering the two lower turbinated bones is very vascular, and constitutes a true erectile tissue. Turgescence of this tissue in catarrhal inflammation leads to obstruction, and frequent recurrent attacks of inflammation lead to permanent hypertrophy, and finally to hyperplasia. I am aware that many will deny that such a condition as we term hyperplasia ever exists, and recognize but one term, that of hypertrophy ; but clinical experience certainly does not verify this hypothesis.

The mucous membrane in the respiratory portion of the nasal cavity is lined with columnar

1. In my article on this subject, published some years ago (*Alienist and Neurologist*, Vol. VIII.), I said :

"Genius is not a product of morbid mind. In the exceptional instances where the two co-exist the genius is evidence of a healthy, conservative element, struggling with the incubus of disease."

I see no reason because of Lombroso's sweeping generalizations to alter this opinion. His cited cases are certainly not well analyzed from either psychiatric or psychological standpoints, nor is his study of the sociological aspects of literary history as profound as the subject demands.

1. These are secondary unrelated pathological findings.  
2. This is wild generalization. These are not psychoses but mental states.

ciliated epithelium, and is well supplied with muciferous glands, which secrete a viscid mucus; and an abundance of serum is poured out sufficient to moisten inspired air. The Eustachian tube is lined with mucous membrane continuous with the membrane of the naso-pharynx. It is about one line in diameter and from one and a half to two inches in length, and affords communication between the naso-pharynx and the middle ear, by which an equal pressure of air is maintained on either side of the membrana tympani. The mucous membrane of the tube is of the ciliated variety, with the ciliary action towards the pharyngeal outlet, which facilitates the passage of the secretion of the middle ear and tube.

At the Eustachian orifice is a hook-shaped scroll of cartilage, somewhat in the shape of the letter S, with the mucous surface in contact, so that the orifice is practically closed. This arrangement of cartilage acts as a valve and regulates the supply of air to the tympanum, and this is released by the action of the muscle that is inserted into the membrane and cartilage. In the act of swallowing, this muscle, the tensor palati, acts on the letter S scroll, unwinding it and thus admitting the supply of air. Any obstruction to the free action of the muscle, or any pressure upon the valve-like scroll of cartilage, prevents the free opening and ventilation. Any enlargement of the turbinated tissue may so crowd upon the pharyngeal glands as to obstruct the orifice or interfere with free muscular action. Likewise hypertrophy of the tonsils indirectly interferes with free muscular action, and may crowd upon the adenoid tissue and produce obstruction. Again, inflammation of the membrane of the naso-pharynx may extend along the tube, producing occlusion.

Lenox Browne states that "for perfect hearing it is essential that there should be free ventilation of the tympanum through the Eustachian tube, and that the mouth of the canal should be freely opened, by muscular action, at certain times. All conditions which tend to narrow the lumen by swelling of the mucous membrane, or which hampers the action of the muscles, will prevent the equilibration of intra-tympanic pressure and cause retention of secretions, and thus inevitably lead to middle-ear disease."

We see to-day innumerable cases of incurable middle-ear disease largely the result of negligence or culpable ignorance on the part of the general practitioner. Almost all cases of inflammation of the middle ear are curable while in the acute stage. We sometimes yet meet people, and even physicians, who adhere to the insane idea that to check a discharge from the ear would force it or in some way drive it to the brain.

We should make it an invariable rule, that should govern us in every case of inflammation of

the middle ear, to thoroughly examine the nasal cavity and tonsils. We will almost always find the source of the trouble in one or both of these organs. I would here state parenthetically that the custom of some of our medical colleges in making a professorship of diseases of the eye and ear seems somewhat ambiguous. I fail to see anything in the pathology of the eye that would lead one into contact with middle-ear disease. Practically, disease of the ear belongs to the subject of nose and throat disease.

Let us study some of the diseases of the nasal cavity which we more frequently meet with and should be prepared to treat. On rhinoscopic examination we may find hyperæmia, capillary congestion, hypertrophy, an increase in bulk of preëxisting normal tissue and hyperplasia, an increase or formation of new tissue elements. Certainly there are many other abnormal conditions to be met with and that accompany the above, such as extreme deflection of the septum, polypus, warty growths, etc.

Of the three mentioned conditions, hyperæmia, hypertrophy and hyperplasia, which we as general practitioners have mostly to deal with, especially is hypertrophy often met with.

It is of prime importance to be able to recognize each condition of the nasal cavity, as upon correct diagnosis depends our ultimate success in treatment.

A physician is seldom consulted in a case of hyperplasia, unless the patient is also suffering with a complication of middle-ear disease, and then, too often, we fail to take sufficient notice of the "cold in the head," which is the exciting cause. The mucous membrane is of a bright red appearance and highly congested. It easily bleeds upon irritation, or if roughly touched with the probe; the secretions are profuse and watery. Usually this passes off without leaving any permanent injury, but repeated attacks finally set up a hypertrophic enlargement. This may be averted by prompt and judicious treatment.

When hypertrophy exists we find increase in bulk as well as increase in functional activity. The thick, tenacious mucus is poured out in large quantity; often it is retained within the folds of swollen tissue and becomes inspissated, from a loss of its watery constituents, and pressure against the tissue causes destruction by strangulation, or may set up various reflex irritations. The mucous membrane is of a less violet appearance than we see in hyperæmia, and does not bleed so readily; it is indented by pressure with the probe, but quickly regains its usual turgescence. It is speedily reduced by an application of cocaine, but returns after the effects of the anæsthetic pass off. The free surface is often covered with thick viscid mucus, or this may be dry and irritating.

In hyperplasia we find a dense, resistant tissue, presenting a pale red or gray appearance, which lacks the smooth surface of the hypertrophy. It is not easily indented by pressure with the probe, and regains its regular appearance slowly. It has somewhat the appearance and consistency of fibroid tissue.

These three varieties gradually merge from one to the other, and often we find hypertrophy and hyperplasia in different portions of the tissue at the same time.

Middle-ear disease may result from these conditions of the turbinated tissue—by spreading of the inflammatory process to the membrane of the Eustachian tube, indirectly by pressure, interfering with free muscular action, preventing aëration of the tympanic cavity and by preventing the escape of normal secretions.

Another cause is the entrance of liquids into the Eustachian tube by the too prevalent use of the nasal douche and the habit of some of drawing liquids through the anterior nares. One of the most alarming cases of inflammation of the middle ear I have seen was from this cause.

Pressure of enlarged tonsils will often cause middle-ear disease, but, as a rule, we find it associated with catarrhal disease of the nares.

Besides the complication of middle-ear disease, it may be pertinent to refer to other symptoms of a reflex character, such as asthma, hay-asthma, cough and various forms of cephalalgia, but of which the scope of this paper will only permit a passing notice. Through an intimate sympathy between the nasal mucous membrane and the bronchial membrane, exerted by the vaso-motor system, Bosworth has clearly shown how an asthmatic attack, as well as hay-asthma, is excited by plethora and other irritations of the nasal membrane. Various forms of so-called neurasthenia have been traced by Daly to intra-nasal disease.

Considering the normal functions of the nose, to warm, moisten and filter inspired air, stenosis from any cause is liable to produce various symptoms. The infinitesimal microbe floating in the air may enter the air-passages unimpeded, through the open mouth, and find a lodgement in the lung-tissue; cold air coming in contact with the bronchial mucous membrane may light up an acute inflammation. And, accepting the theory that tonsillitis is caused by absorption of poisonous and noxious elements from liquids and inspired air, we trace the exciting cause from absorption of the fetid discharge passing through the posterior nares and over the olivary glands, and may be from air inhaled through the open mouth. I have observed that mouth-breathers are liable to frequent attacks of quinsy. I wish it understood, however, that I am making no argument against Dr. Browne's theory of the rheumatic origin of quinsy.

The question of paramount interest to us is, can these various forms of diseased turbinated tissue be cured, and what resources have we at our command? Nothing should be done empirically. This indiscriminate use of douches, sprays and swabbing, as well as the popular use of salt-water drawn through the anterior nares, has done untold harm.

When we resort to treatment it should be done scientifically or not at all. The requisite is a forehead mirror, or reflector, and a bright light, accompanied, of course, with the proper nasal speculi and rhinoscopic mirror. Without these we should not attempt to treat nasal disease; it is working in the dark, and our results will be ignoble failures; without accurate diagnosis it is impossible to institute accurate treatment.

If a case of hyperæmia is seen at the commencement of the attack, our object should be to reduce the congestion and prepare the system to resist the sudden climatic changes. Constitutional dyscrasia should be corrected and habits and occupation looked after. A brisk saline cathartic should be followed by the administration of aconite in small and frequently repeated doses until the system is brought under the effects of the drug. A study of the physiological effects of aconite will satisfy one of its utility in acute congestion and inflammation of the mucous membrane. I am in the habit of combining with it ipecac to the extent of producing diaphoresis, and to facilitate this it is well to order a hot foot bath and put the patient to bed. Local applications are of great good, and for this purpose perhaps antipyrine, used in the spray in solution, is the best. Prof. Hinkle, who first recommended it for this purpose, says: "The first local effect of a spray (he recommends a 4 per cent. solution), is a pungent, burning sensation in the nose, at times with reflex pain in the eyes or temple, passing off in a few seconds. This is usually followed by retraction of the turbinated tissue, somewhat more slowly than with cocaine. The mucous membrane is not blanched as with the latter, and no perceptible anæsthesia occurs; however, there appears to be a local sedative action." Dr. Stovell, of Washington, later recommended cocaine, combined with antipyrine, and claims much better results. In no case should cocaine be used alone for any protracted time; its ultimate effects have been found to be injurious. Sponge bathing should be practised, by those who take cold easily, three or four times a week, or every morning, in order to fortify the system against sudden changes in the weather. It is best to use the water cold.

Numerous methods and devices have been tried for reducing hypertrophy, but I will confine myself to those which have been found most effectual. Some specialists pretend to prefer the galvanocautery, but I think there are great objections to

its use for this purpose. The eschar is much slower to heal than when other and milder escharotics are used; it destroys tissue by burning, which is liable to produce severe and dangerous inflammation, and a condition of atrophy is likely to occur if the cautery is carried too far or too long pursued. The mere destruction of tissue is not necessary. Bosworth expresses the correct theory when he says, in speaking of the use of chromic acid: "In making the application there should always be kept in mind the fact that we do not wish to destroy, but simply to create a small inelastic button, as it were, at the summit of the projecting portion of the hypertrophied tissue."

Dr. Beverly Robinson recommends the use of monochloroacetic acid very highly, but the majority of authorities agree that chromic acid is safe, and when properly applied is to be preferred. Some have made the objection to the use of chromic acid, claiming it is hard to confine it to a small portion of tissue; that it liquifies and spreads over a greater surface than is desired. I admit this is a valid objection when used as Bosworth recommends in the *New York Medical Journal* of May 19, 1888, but when used with a proper applicator, such as we have to-day, no such objection can be raised. The tissue should be thoroughly cleansed with a 50 per cent. solution of peroxide of hydrogen and reduced with a four per cent. solution of cocaine, then the most prominent portion touched with pure chromic acid. The surplus acid should be removed by pressing against the eschar a pledget of absorbent cotton. The eschar is inelastic, and prevents the tissue regaining its former turgescence. But one portion should be touched at a sitting. It is never well to try to accomplish too much at one time; make haste slowly is a good rule in using chromic acid.

I am aware that a prejudice exists against the use of this acid, by some, from a fear of its poisonous effects by absorption. Dr. Squibb says that "every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble and inert oxide of chromium."

The nose should be thoroughly and frequently cleansed, inspissated mucus retained within the folds of the hypertrophied tissue dissolved and purulent and dried mucus removed by the use of peroxide of hydrogen. Goodwillie, who, I believe, was the first to call our attention to the use of peroxide for this, says: "When the peroxide meets the secretions an efferecence immediately takes place, and the sticky, pasty, fetid mucus is changed into foam. Its septic nature is entirely changed and it can then be blown or wiped from the nostrils."

Peroxide of hydrogen has no effect whatever upon healthy tissue, and may be taken internally with perfect impunity, but when it comes in con-

tact with disorganized matter it has the property of rendering it aseptic by the liberation of its oxygen.

After thoroughly cleansing and rendering aseptic the nasal chamber and reducing hypertrophied tissue, I have lately used an inexpensive apparatus for inflating with dry air charged with medicated vapor. By its use medicated air can be carried to every portion of the nasal mucous membrane, as well as the various sinuses, Eustachian tube and middle ear. Briefly described it is as follows: an ordinary large mouth bottle, the size used for cinchonidia will answer, is fitted with perforated cork or rubber stopper; the stopper is perforated with two holes, and through these are passed one long and short glass tube. To the long tube, which passes to the bottom of the bottle, is attached a rubber bulb. A rubber hose, with nose piece, is fitted to the short tube. The bottle is filled, say one inch with the desired medicine. By pressing on the bulb air is forced through the liquid, passing out through the short tube and rubber hose into the nasal chamber. By compressing the opposite nostril and directing the patient to hold his breath, air may be compressed to any desired extent. If the patient is directed to swallow, air will pass up the Eustachian tube.

Any preparation to suit the judgment of the physician may be used. As an alternative to the mucous membrane I have used: tincture of iodine two parts, carbolic acid one part, iodide of potassa one part, and alcohol eight parts.

An excellent mixture is the one recommended by Dr. G. A. Evans, of Brooklyn: terebene, ol. pini silvestris, ol. eucalyptus. He recommends this combination for chronic catarrhal affections of the upper air passages and for chronic bronchitis.

Since commencing the use of the infiltrator I have not had the opportunity to give it sufficient trial to fully demonstrate its utility in the various stages of disease of the nasal cavity, but the principle, I believe, is the proper use for internasal medication. In a case of atrophic rhinitis the alternative preparation mentioned above is doing more good than any other method I ever have used. In a case of otoblenorrhoea I practised Politzer's inflation with air medicated with oil of eucalyptus and turpentine and am satisfied that it hastened the cure by opening the tube and by blowing the catarrhal secretion out through the perforated drumhead, and at the same time carrying medicated air to the inflamed parts.

I have also used it in two cases of collapsed tube, resulting from catarrhal inflation, with good results. It might be claimed that the ordinary Politzer inflation will result in improving the hearing in collapsed tube, but I am of the impression that if the air is medicated we may be able to restore the mucous membrane to its normal condition.

Hyperplasia may be reduced by destruction of the tissue by repeated applications of chromic acid, but the process is too slow. The usual method is the use of the galvanic cautery, cold wire snare and the knife. Unless one is an expert in the use of the cautery, I would advise the use of the snare or knife. This tissue has a very poor supply of blood, and as a rule the hæmorrhage is not severe. Strict antiseptic methods must be used and the wound thoroughly and frequently disinfected.

The following case will illustrate the subject: the patient, while suffering with hyperæmia, attempted to relieve the stenosis by drawing salt water through the anterior nares, with the result of forcing it into the Eustachian tube. Acute inflammation of the middle ear followed with perforation of the drumhead, and a very profuse discharge following. There was complete loss of hearing in the affected ear, and at times dizziness. I relieved the nasal congestion with a solution of antipyrine 4 per cent. and cocaine 1 per cent., in atomizer, and kept the nasal chamber thoroughly cleansed with a 50 per cent. solution of peroxide of hydrogen. Following this I practised Politzer's inflation with air medicated with oil of eucalyptus and turpentine. At the same time I freed the external auditory canal of mucus and filled it with pure peroxide of hydrogen, directing the patient to lie with the diseased ear up in order to allow the liquid to penetrate the perforated drumhead. As soon as the discharge lessened sufficiently to permit it, I packed the ear with dry boracic acid, repeating it as fast as the powder liquified and came out. The result was complete restoration of the drumhead. The patient's hearing is now normal.—J. P. Black, M. D., in *Cincinnati Lancet-Clinic*.

#### TREATMENT OF BRONCHITIS.

*Acute Bronchitis*.—In the spring and autumn, and especially during epidemics like the recent visitation of influenza, cases of acute bronchitis are very common, and generally after sudden changes in the weather patients from different parts of the city come complaining of about the same symptoms, which seem to have appeared about the same time and evidently due to the same cause. Such cases usually recover under the use of some simple expectorant mixture. A favorite one with me has been the following:—

R.—Ammon. muriat., . . . . . ʒ ss.  
Mist glycyrrhiz. comp., . . . . . ʒ iv.—M.

Sig.—Take a dessertspoonful every three or four hours.

The dose is smaller in the extremes of life, and in severe coughs it is given every three hours, or even more frequently. This has become a very

successful remedy in the large majority of cases of acute bronchitis of short duration and slight physical signs, and, in fact, all lung coughs seem to be improved by it. In a few cases it causes constipation, and then something else must be substituted, as some of the syrups, etc.

Scientific pharmacy has improved so markedly the preparation of drugs, that nauseous and bad-tasting mixtures are rarely prescribed by the physician, who is anxious to please the patient and make a reputation. Instead of liquid medicines, small capsules and tablet triturates have been found very convenient. Tablets of the muriate of ammonia and the compound licorice mixture are very efficient. When the secretions are with difficulty brought up, the use of senega is advised. The syrups are usually so sweet that in adult practice I often prescribe the fluid extracts, using mucilage of acacia or glycerin instead of water. Of course, in a dispensary practice, inhalations and external applications may be ordered, but they are rarely carried out. In private practice a case of bronchitis usually does better in a room in which there is moisture, as steam from a kettle. Besides the internal medication, counter-irritation with Stokes' liniment, mustard, iodine, poultices, etc., form an important part of the treatment, and where there is a laryngitis with the bronchitis, inhalations of the compound tincture of benzoin, or oil of turpentine, poured on steaming water give great relief.

When the secretions are abundant and not easily coughed up, I find turpentine in emulsion an excellent remedy, not so pleasant, perhaps, as terebene, or terpine hydrate, but rarely failing to do good in properly selected cases. The formula, with occasional modifications to suit particular cases, is:—

R.—Ol. terebinthin, . . . . . ʒ ij. to ʒ iij.  
Mucil. acaciæ, . . . . . q. s.  
Aq. cinnamomi, . . . . . ʒ j.  
Aquæ, q. s. ad., . . . . . ʒ vj.—M.

Sig.—A tablespoonful in a little water every four hours.

Ofttimes the cough is of such an irritating character that these ordinary expectorant mixtures avail little; then recourse must be made to a narcotic in some form. Morphine, of course, is a powerful remedy, but it has serious objections, not the least of which is the tendency to form the habit. Codeine, a very useful alkaloid of opium, has the advantage of not constipating as much as morphine, and the codeine habit is not apt to be formed, as patients rarely recognize it as belonging to the opium family. This, united with the wild cherry bark in some form, will stop an irritating cough, or, at least, prevent those frequent spasms of coughing. The virtues of the wild cherry bark depend on the hydrocyanic acid in it, which acts

on the pneumogastric nerve. A good combination is:—

R.—Codeinæ sulphat., . . . gr. viij.  
Syr. prun. virginian., . . .  $\frac{3}{4}$  ij.—M.

SIG.—A teaspoonful in a little water three or four times a day, and at bedtime if necessary.

Of course, where the secretions are abundant, such narcotics do harm, but in the dry, irritating cough of nervous origin—a cough that prevents sleep—such a prescription is necessary.

*Capillary Bronchitis* in the adult is a very discouraging disease to treat, and too often proves fatal. The diagnosis is not always easy. It has been mistaken for pneumonia and pleurisy. The intense anxiety and dyspnoea of the patient is very startling to the nurse. The most important step is to keep the room filled with steam from a kettle, and use frequent inhalations of benzoïn or turpentine. The great difficulty is to dislodge the tenacious mucus from the lungs. Expectorants do little and stimulants do much. In fact, in this disease you must pin your faith to constant stimulation and nourishment. We must also sacrifice elegant pharmacy and give nauseating remedies. Nauseating expectorants cause vomiting, which removes the bronchial secretion. The external use of mustard, Stokes' liniment, and large poultices is of the utmost importance. Even after the use of all these means, the patient, apparently strong at the beginning, will succumb to the disease.

*Chronic Bronchitis*, both alone and combined with *asthma*, can never be cured. Such cases return for treatment quite frequently, and it is only by palliation of the more acute symptoms that the patient can be kept in comfort. Spasmodic asthma is another disease that requires continual watching. In this class of chronic and incurable troubles I find the iodide of potassium an unpleasant but potent remedy. An attack of asthma often does well under the following:—

R.—Potass. iodid., . . . . . gr. lxxx.  
Potass. bromid., . . . . .  $\frac{3}{4}$  ij.  
Aquæ, . . . . .  $\frac{3}{4}$  iv.—M.

SIG.—A dessertspoonful in a little water three or four times a day.

When the disease is a chronic bronchitis, whether with or without emphysema, I give the iodide of potassium in the following mixture:—

R.—Ammon. muriat., . . . . .  $\frac{3}{4}$  ss.  
Mist. glychrrhiz. comp., . . .  $\frac{3}{4}$  iv.  
M. et adde.,  
Potass. iodid., . . . . . gr. lxxx. M.

SIG.—A dessertspoonful in a little water three or four times a day, after meals.

This is an extremely disagreeable mixture, but patients will generally put up with it for the good it does them. The results with the nitrite of sodium, as suggested by Dr. Fraser, for use in chro-

nic bronchitis, with and without emphysema, were not satisfactory. In some cases good was done, but in most cases not. In treating these chronic diseases the value of tonics should never be lost sight of. Fowler's solution of arsenic is an excellent remedy in these cases, as also is the occasional use of iron. It should never be forgotten in these cases to keep the portal system relieved of congestion by moving the bowels freely.—W. B. Cannon, in *Coll. and Clin. Record*.

### SOME PEDIATRICAL DON'TS.

Don't fail, when called to a case, to acquire as complete a history of the illness from the nurse or mother as is possible before proceeding to an examination of the child.

Don't fall into the habit of ascribing the mother's fears and anxieties to a hysterical tendency which it is your duty to ignore. Listen to her, and profit by her suggestions.

Don't be cross or cross-looking while in any sick-room, and especially in that of a child.

Don't indulge in any sudden or violent movements while examining infants. Undue fright will thus be avoided.

Don't percuss the anterior surface of the chest first. Always commence with the back.

Don't forget that the respiratory sounds, especially the inspiratory, are normally full and harsh in childhood. Hence the term "puerile" respiration.

Don't expect to find the consolidation of phthisis in one or the other apex as in the adult. Very frequently it is found in other portions of the lung.

Don't make a diagnosis of pulmonary cavity from the presence of the "cracked-pot sound" in children. This sound may be elicited in pleurisy and pneumonia as well.

Don't confound a pneumonia in its initial stage with a meningitis. The nervous manifestations of the former are quite pronounced, but the temperature chart will be the guide.

Don't take the temperature of a child in the axilla. The tissues here are usually very small and cannot sufficiently cover the bulb of the thermometer to secure accuracy of registration. The rectum is better.

Don't fail to examine into the condition of the thoracic viscera whenever the child complains violently of pain in its abdomen.

Don't forget that tubercular peritonitis in the child is very frequently unattended with any pain or tenderness.

Don't forget that tubercular disease of the peritoneum and mesenteric glands is a frequent occurrence in early childhood, and is usually indicated by great prominence of the abdomen.

Don't forget that the liver is relatively large in

young children, and prominent below the ribs, even when there is no diseased condition present.

Don't fall into the popular habit of ascribing all of the complaints of the early months of infancy to teething. Teething is a physiological, not a pathological process.

Don't diagnose the presence of intestinal parasites until one or more of the worms have been seen.

Don't fail to administer a purge of castor oil on the first appearance of greenish colored stools. Especially do this if the season be hot and sultry.

Don't fail to suspect the onset of some grave disorder—scarlatina, pneumonia or meningitis—whenever there is persistent vomiting.

Don't wean a child suddenly, unless such a course is made necessary by a sudden failure of the milk, or by sickness in the mother.

Don't permit a woman suffering from grave constitutional disease—tuberculosis or syphilis—to nurse her child.

Don't permit a woman who has become pregnant to continue nursing her infant.

Don't wean a child until after the twelfth month if possible to avoid doing so.

Don't permit a child to nurse from the breast after the eighteenth month.

Don't wean a child during the summer season, unless absolutely unavoidable.

Don't give a baby, which must be raised artificially, food preparations containing starch or its derivatives, glucose and dextrine.

Don't fail to thoroughly sterilize the milk used in the preparation of foods for infants.

Don't fail to enforce a general rule for the feeding intervals. All danger from over or under-feeding will thus be avoided.

Don't permit the bottle, which should be very simple in its form, to become in the slightest degree unclean. Fermentation with its disastrous effects may thus be avoided.

Don't permit the baby to sleep with the nipple in its mouth.

Don't permit the milk to stand in the bottle. Throw what remains away after each feeding.

Don't fail to thoroughly scald the nipple, tube, and bottle after each feeding, and keep them in a solution of soda until the next using.

Don't give the baby the bottle to soothe the crying or fretfulness of temper. Such a proceeding is always harmful.

Don't fail to inquire thoroughly into the physical and moral qualifications of the wet-nurse, should one be required.

Don't prescribe a drug when a little attention to the diet or hygiene will do better.

Don't forget that infants are liable to take cold easily, owing to the relative feebleness of the heart and circulation. Proper wraps should therefore be provided, and ventilation secured without exposure.

Don't be alarmed at the great rapidity of the pulse. Any undue excitement or prolonged crying, or any slight febrile excitation will give rise to a pulse out of all proportion to the gravity of the general condition. A rapid pulse during sleep, however, is of more grave significance.

Don't forget that heart stimulants are well borne in children in relatively large doses.

Don't limit the supply of fresh air and sunlight. A child can never get too much of these, even when sick. They should be so arranged, however, as to avoid eye-strain and chilling.

Don't expose the eyes of a new-born infant to a sudden or very bright light.

Don't permit a child to assume a sitting posture at an early age. Spinal curvature may thus be produced, especially if the infant be rachitic.

Don't anticipate the natural efforts at locomotion, otherwise unsightly curving of the limbs may result, necessitating later operative procedures.

Don't designate the symptoms of rheumatism by the popular term "growing pains." Serious heart disease in its early stage may thus be overlooked.

Don't mistake cerebro spinal meningitis for rheumatism. The diagnosis is often a difficult one.

Don't forget that tubercular meningitis is usually preceded for weeks or months by a gradual but progressive loss of flesh.

Don't mistake the relatively greater development of the head in proportion to the shoulders for a commencing hydrocephalus. It is the natural condition in the early weeks of infancy.

Don't mistake the normal breath sounds which are heard in auscultating the fontanelles for the bruit which may be indicative of commencing disease, hydrocephalus or rickets.

Don't forget that inability to speak, inability to walk, and other evidences of backwardness in children may be due to some form of mental disorder, either idiocy or imbecility.

Don't forget that the pain of commencing coxalgia is first complained of usually in the knee of the affected side.

Don't forget to examine the urine frequently throughout the stadium of scarlet fever. Nephritis is a common sequel to this disease, and its onset must be watched with jealous care.

Don't vaccinate an infant while it is suffering from eczema or tooth rash.

Don't fail to keep the baby's chest protected by a rubber bib during dentition. Serious lung trouble may be avoided by this precaution.

Don't order large amounts of a medicine. One or two ounces of the preparation will generally suffice.

Don't fail to humor the whims of the mother when no harm can result to the child from so doing.

Don't fail to commence training an infant from

the day of its birth. Much can be done in these early days toward regulating the habits of nursing, etc.

Don't forget that drugs administered to the mother will have a corresponding effect upon her nursing child.

Don't fail to remember that success in paediatric practice necessarily depends largely upon acuteness of observation.—Dr. W. A. Newman Dorland, in *Medical Progress*.

#### THE LOCAL TREATMENT OF DYSENTERY.

Dr. H. C. Wood contributes the following article to the August number of the *University Medical Magazine*:

"There seems to me to be in modern medical thought a very strong tendency to consider disease as constitutional rather than local. I do not doubt but that there are one or more forms of dysentery dependent upon the presence of poisons in the blood, but I feel very confident that the dysentery, as we see it ordinarily in this climate, is essentially a local inflammation, independent of any blood poisoning. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus, the purgative acts by a purely local depletion; the mercurial, or ipecac., by a local stimulation of the glands involved; whilst the bismuth spreads itself upon the mucous membranes and by its local action lessens inflammation. It seems to me, however, worth while to draw the attention of practitioners to the direct application of remedial agents in the affected parts.

"Many years ago I published a series of cases of chronic dysentery demonstrating the extraordinary efficiency of forced enemata containing one half a drachm to a drachm of nitrate of silver dissolved in two or three quarts of water, and further experience has corroborated all that I said. Indeed, from time to time have appeared papers in the medical journals proposing the treatment as both novel and efficacious.

"In acute dysentery, involving the colon high up, I have found large enemata, containing two or three drachms of subnitrate of bismuth, much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. I have never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate in other inflammations of mucous membranes would justify trial of the remedy. I have seen, in one or two cases, large enemata of very

hot water injected without affording relief, and believe that hot water enema are, in their ordinary results, not at all comparable with large injections of ice-cold water.

"When the lower part of the colon is affected, the local use of ice sometimes has an almost marvellous effect. I have, indeed, seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of *ice suppositories*. While it is not necessary to have the pieces of ice entirely regular in shape, care should be taken that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the effect of the continuous application of cold.

"When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

"A remedy which has been from time to time recommended very highly in dysentery, but has not, I think, been much used, is ergot; and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. I have never myself used ergot by the mouth in these cases, but have employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been taken with, seemingly, great advantage.

"I do not mean to advocate the local treatment of dysentery as a substitute for the use of mercurials, purgatives and ipecacuanha, etc., but as a very important adjuvant to the older forms of treatment. Nevertheless, in my experience, the effect of local remedies has been more prompt and decided than that of those given by the mouth; but in cases of any severity the attack upon the disease may be made from each end of the mucous tract." The article closes with two brief clinical histories.—*N. Y. Med. Jour.*

GALL STONES.—Professor Naunyn delivered an address on gall stones before the Medical Congress recently held at Wiesbaden (*Berliner Klin. Woch.*) He said the origin of gall stones was still a vexed question. According to some, they arise when the bile is overloaded with the materials that form them—cholesterin and bilirubin-calcium-carbonate (which may be called "bilirubin chalk"); according to others, from insolubility of substances owing to chemical alterations of the bile. But cholesterin exists as such, not in the bile only, but in the blood as well. Its amount in the bile is very constant, namely,  $2\frac{1}{2}$  per cent., and this amount is independent of the kind of diet and of the proportion of cholesterin in the blood—often far more

than the bile can hold. Nutritive derangements have no influence on the amount in the bile. Again, the proportion of chalk in the bile is very constant. On the other hand, chemical alterations, as mentioned by Thudichum, which are supposed to lend to the precipitation of certain substances in the bile, have not been substantiated. Gall stones appear with a fair uniformity; there seems to be no preference for particular localities. As regards frequency, while even 5 or 6 per cent. (according to some, 10 or 12 per cent.) of all necropsies of young persons, reveal gall stones, their proportion amongst the aged is far higher. But gall stones in old people cause very few symptoms as a rule, and hence they are not diagnosed. Five times as many women are affected as men (Schroeder); they are rare before the 30th year, but after 60 years the proportion is 25 per cent. They are more frequent in women who have borne children. Hence it may be inferred that stasis in the excretion of bile cause the disease—for example, pregnancy, tight lacing, the costal respiration of women, atony in old people. Artificial thickening of bile (by evaporation) causes no lithic deposits, nor does precipitation. Gall stones appear to be due exclusively to a morbid condition of the epithelium of the bile ducts, and at first are soft, and usually have a central cavity filled with a grumous liquid. The "bilirubin chalk" and cholesterin are deposited later on, then form a shell like an egg-shell, after which the interior consolidates. The contained fluid is sometimes as clear as water. The cholesterin is partly deposited outside all, partly penetrates within. The consolidation is always a secondary process. Carbonate of lime may be deposited, in which case a stony hardness may result. The mucous membrane of the part affected is always diseased, and Meckel calls it "lithiatic catarrh, but a better term would be "desquamating angiocholangitis." The stasis may also favor infection; a bacillus resembling Escherich's *bacterium coli communis* is very often found; such bacilli may permeate the whole stone. The disease may show itself as a regular type, or an irregular atypic, cholelithiasis; the latter often leads to carcinoma, and its prognosis is therefore bad. As to treatment, no strong medicines or solvents can reach the site in sufficient strength. So-called chologogues are most recommended, but experience makes their benefit doubtful. A mixed diet is a better cholagogue than all drugs. The excretion of bile should be furthered by warm clothing. Salicylic acid is of no use here. The diet should be rigid; any excess exacerbates the catarrh. Carlsbad water does good by exciting peristaltic movement. Surgery is often the most effectual treatment; the gall bladder may be removed altogether in some cases. Icterus is often absent, and then the disease is diagnosed as gastric spasm.—*British Med. Journal.*

**A NEW TREATMENT FOR EPILEPSY.**—The combined use of the bromides with any organic agent capable of depressing the nerve centres, such as Calabar bean, picrotoxine, belladonna, etc., in the treatment of epilepsy, is proposed by V. Poulet (*Bull. Général de Thérap.*), based on the generally recognized fact that all organic agents found useful in the treatment of the malady in question act similarly on the capillary circulation.

It is worthy of note that Calabar bean, belladonna and picrotoxine, in therapeutic doses, all act like bromide of potassium upon the muscular system and upon the capillary circulation of the nerve centres, thus relieving congestion and preventing hyperæmia. The conjoined action of any of these organic substances and the potassium salt, according to the author, has given the best results in the treatment of epilepsy.

Five cases are detailed, occurring in individuals of from fifteen to sixty-five years of age. The combination of physostigma, or the sulphate of eserine, and the bromide of potassium, and of this and picrotoxine, gave the best results in two of the cases cited occurring in adolescent life, in a third, due apparently to the coming on of the meno-pause, and in a fourth case, observed in an old lady. In the fifth instance, in which the malady was attributed to the existence of organic cardiac disease, the best effects were produced by a combination of the potassium bromide and digitalis. In this case strophanthus was also used, but with little benefit.

With regard to the doses of the different remedies employed, and taking into consideration individual idiosyncrasies, from 75 to 90 grains of the potassium salt were given to women, and from 105 to 120 grains to men. Of the sulphate of eserine, picrotoxine and the sulphate of atropine, one-sixth of a grain each of the first two drugs and one-sixtieth of a grain of the last one were given. Half a fluid drachm of the tincture of Calabar bean, or twelve and a half grains of the powder, were employed instead of the eserine salt. The alkaloid atropine was replaced by half a fluid drachm of the tincture of belladonna or by eight and one-third grains of the powder of the root. In cardiac epilepsy, digitalis was employed in from twenty drops to half a fluid drachm of the tincture, or in four-grain doses of the powder. In order to avoid disturbances of the stomach, due to the action of the remedies used, these should be administered at the beginning or at the end of each meal.

In conclusion, the author believes that the bromides are the chief remedies to be used in the treatment of epilepsy, and that when patients become habituated to the action of the potassium salts their employment in combination with those of the organic substances mentioned is productive of the most gratifying results. It was likewise

observed that these remedies seemed to prevent the frequent maniacal states following attacks of the *grand mal*, and also to stop the appearance of immediate accidents, such as hemiplegia, delirium, stupor and coma.—*University Med. Magazine.*

ON THE THERAPEUTIC VALUE OF INDIAN HEMP.—I have during the last few years been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained. In one form of insanity, more common in women than in men, and brought on usually by mental worry, often owing to the illness of a near relative or a moral shock, the drug acts almost as a specific. In this affect the patient is depressed and apprehensive, she imagines that animals are after her or that someone wants to injure her. There is great mental confusion and mental loss, the patient is unable to carry on any conversation, and sometimes is unable to dress herself, the condition being one of acute dementia. I have notes of several such cases that have been cured by Indian hemp within a fortnight. I usually give 10-minim doses of the tincture thrice daily, combined with iron strychnine. I prescribe also complete rest and plenty of food. The Indian hemp is an essential factor in the treatment, for without it the rapid recovery does not ensue; it seems to remove the mental distress and the restlessness.

Indian hemp has proved very useful in my hands in the treatment of melancholia and mania. I have also found this drug of great value in the treatment of chorea when arsenic fails, as it frequently does. It may be combined with chloral with advantage in such cases. In migraine the drug is also of great value; a pill containing  $\frac{1}{4}$  grain of the extract with or without a  $\frac{1}{4}$  grain of phosphide of zinc will often immediately check an attack, and if the pill be given twice a day continuously the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment. This drug is also a valuable gastric sedative in cases of gastric ulcer and gastrodynia. It may be combined with nitrate of silver, and it increases the efficacy of the latter. Its value is well known to asylum physicians, but it does not appear to have obtained the confidence of the profession generally. Indian hemp is also a very valuable hypnotic.—C. W. Suckling, M.D. (Lond.) M.R.C.P., in *British Med. Jour.*

HEADACHE DURING CHILDHOOD.—(*Rev. Mens. des Mal. de l'Enf.*) Seven groups of headache may be classified:

1. Headache from rapid growth. It is usually frontal, is increased by exercise, and co-exists with

pain in the joints, periostoses, and hypertrophy of the heart. Treatment: Muscular repose, tonics, liberal diet, phosphate of lime, malt beer.

2. Headache from intellectual activity. It occurs in intelligent and excitable children, who study too much, or in backward children, who acquire their lessons with difficulty. Treatment: For the first class of cases, cessation of intellectual work, physical exercise, but not so severe as to produce fatigue, lukewarm baths. In the second class of cases the work may be continued in moderation, plenty of exercise being enjoined.

3. Headache from digestive troubles. It occurs in children who eat too much or too fast, and occurs in one to three hours after eating. Treatment: Properly regulated hygiene and diet; by bitter tonics before eating, warm drinks after eating. Constipation should be overcome.

4. Headache of nervous origin. It occurs in children who are excited by their manner of living. It is premonitory of future neuropathies, epilepsy, and hysteria. Treatment: Baths, walking, massage, valerian, aconite, and antipyrin for the hysterical; belladonna and bromides for the epileptics. They should avoid taking cold.

5. Headache in children of gouty or rheumatic diathesis. It is sometimes accompanied by intense congestive phenomena, which simulate meningitis. There are manifestations of hereditary antecedents; there are neuralgias, arthralgias, myalgias; the urine contains phosphates, oxalates, and urates. Treatment: Moderate diet, exercise in the open air, vapor baths with friction, laxatives, alkalines, salicylate of soda in doses of from twenty-five to thirty centigrammes, and tincture of colchicum in ten to fifteen drop doses daily.

6. Headache from anæmia and poisoning. In the first case it is due to bad air and hygiene, in the second to malaria, carbonic oxide, to excessive medication, to uræmia. Treatment: It should vary with the cause.

7. Headache from injury to the sensory organs. There may be chronic conjunctivitis, or keratitis, or iritis, which should be treated locally, and also by the internal use of sulphate of quinine in large doses. Troubles of refraction, hypermetropia, and astigmatism must be treated with suitable glasses. There may be mucous polypi in the nose, or hypertrophies, which call for local treatment. There may be adenoid vegetations in the ears, otitis or foreign bodies in the auditory canal, which call for suitable treatment.—*Archives of Pediatrics.*

TREATMENT OF CHRONIC ECZEMA BY CREOLIN.—At the Royal Academy of Medicine in Ireland, Dr. Patteson read a note on the treatment of chronic eczema by creolin. He had been led to adopt its use from the well-known value of tarry preparations in certain forms of eczema and psoriasis, and from its cheapness, which rendered it

suitable for out-patient practice. He briefly referred to two cases of pustular eczema of the scalp—one of eight and the other of three years' standing—in which marked improvement and cure followed its prolonged use. It was applied as a wash or lotion in the proportion of 1 drachm to 8 ounces of water. The value of such a powerful germicide in these cases seemed in favor of Nuna's contention as to the parasitic nature of eczema.

Dr. Walter Smith expressed his concurrence with Dr. Patteson's views as to the utility of creolin as a germicide and stimulant. Creolin, although devoid of ordinary phenol, is a mixture of phenolic compounds and other aromatic bodies, and possesses the advantage of ready miscibility with water, and of being unirritating.

Dr. Doyle said that he could corroborate Dr. Patteson's remarks as regards the curative effect of creolin in subacute cases of pustular eczema, having used it by means of wet packs frequently repeated.

Dr. R. Montgomery said that creolin is supposed to be naphthalene combined with carbolic acid and an alkali, but he was unable to obtain more accurate observation as to its chemical constitution.

The President congratulated the Academy on the additional remedy for chronic eczema which Dr. Patteson had brought under their notice. His communication, however, did more, and that was that it emphasized the importance of steady perseverance in the treatment for eczema which had been found temporarily useful. If any exception could be taken to the paper it was in the direction (1) that the treatment was used for but one variety of chronic eczema—viz., the pustular; and (2) that creolin was not the only remedy employed.—*Med. Press and Circular.*

**ON TAKING FLUID WITH MEALS.**—A great deal of misapprehension is often found to exist in the popular mind in regard to matters of eating and drinking; the cause of this to some extent is to be traced to old-time sayings, which have come down to us in the form of a concentrated infusion of somebody's opinion upon a subject of which he or she was woefully ignorant. One of these misapprehensions to which we may refer is as to the injuriousness of taking fluid with meals. One frequently hears it laid down as a maxim that "it is bad to drink with your meals, it dilutes the gastric juice." By way of explanation we may remark that "it implies that the fluid taken is harmful." Whence this sagacious postulate originally came we cannot tell; it has quite the ring about it of an inconsequent deduction formed by a person whose presumption of knowledge was only exceeded by a lamentable ignorance of the subject. Medical men often find much difficulty in dealing with these museum specimens of antiquated science, for even educated persons are disposed to cling to

the absurdities of their youth. Upon this matter Mr. Hutchinson remarks in the last number of his "Archives": "I observe with pleasure that the verdict of general experience and common sense has been confirmed by scientific experiment in the matter of taking fluid with meals. Dr. Tev. O. Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist the assimilation of proteids, and announces the following conclusions, which to be hoped no future experiments will controvert—on the whole, the widely-spread custom of taking fluids during or just before one's meals, proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it." It is obvious, however, that there is a limit to the amount of fluid one can swallow with impunity—not to speak of comfort—just as much with meals as at other time. It would be dangerous to create a general impression that fluid is good with food irrespective of quantity. It is, moreover, a well-ascertained clinical fact that an excess of cumprandial fluid does retard digestion in certain people, and give rise to discomfort in most. A little attention to one's sensations in such matters will far better fix the desirable limit than all the "data" in the world.—*Med. Press and Cir.*

#### TREATMENT OF VARIOUS TOXIC AMBLYOPIÆ.—

1. *Alcoholic Amblyopia.*—Complete abstinence from alcoholic drinks. Aid nutrition by administration of tonics and healthy foods; calm cerebral excitement by a course of bromides. Locally, by instillation of eserine or of pilocarpine the existing mydriasis can be overcome. Recourse should be had to hypodermatic injections of strychnia, the galvanic battery, hydrotherapy and to ocular douches.

2. *Tobacco Amblyopia.*—Moderate use of tobacco. According to Sichel and Mackensie, the smoking of fifteen to twenty grams (about half an ounce) of tobacco per day is a toxic dose; never smoke but two-thirds of a cigar, as the last third is a reservoir for nicotine. The preceding is prophylaxis. If amblyopia exists, use of tobacco must be prohibited. Stimulate nutrition, give inhalations of nitrite of amyl, injections of strychnia, constant current of electricity and ocular douches.

3. *Saturnine Amblyopia.*—The treatment is that for saturnism: purgatives, sulphur baths, iodide of potassium in large doses, and tonic regime.

4. *Quinine Amblyopia.*—The elimination of the drug is facilitated by giving purgatives and diuretics; use also inhalations of nitrate of amyl, injections of strychnia and electricity.

5. *Amblyopia from Antipyrine.*—The author

cites numerous cases of amblyopia associated with ischæmia of the retina following the use of large doses (four to seven grams) of antipyrine taken through a period of several weeks. Discontinuance of the use of the drug restored vision at the end of about ten days.

6. *Amblyopia from the Fumes of Carbon Disulphide*.—The patient will have to abandon his occupation as one of the first requisites to recovery. The use of tonics, iron and quinine, a substantial diet, subcutaneous injections of strychnia, inhalations of nitrate of amyl, and galvanic electricity will all aid toward effecting a cure. As a means of prevention, prohibit the manufacture in rooms; ventilate perfectly; hermetically seal containers; observe great cleanliness on the part of workmen; they should change their clothes on leaving the factory.—*L'Union Médicale du Canada*.—*Cincinnati Lancet-Clinic*.

THE TREATMENT OF THE PYREXIA OF PHTHISIS.—Dr. C. T. Williams, senior physician to the Hospital for Consumption and Diseases of the Chest, Brompton (*Br. Med. Jour.*), concludes as follows on this subject:

1. The pyrexia due to tuberculization is best dealt with by derivative measures, such as counter-irritation, salines promoting secretion from other organs, and assisting expectoration.

2. That in the treatment of the pyrexia accompanying softening and excavation, measures which hasten these processes are found to be most successful, especially if combined with anti-periodics, such as quinine, salicin, or salicylate of sodium, to moderate the fever.

3. That the use of medicines solely directed to lowering the temperature of the body without promoting increase in the natural secretions is generally inadvisable.

4. That our object in the treatment of phthical pyrexia should be, not the reduction at all hazards of the temperature, but its lowering to the limits compatible with the comfort and well-being of the patients, and for this end that much may be done, in addition to the discriminating use of medicines, by the simple means of frequent food combined with stimulants and rest in bed.

Dr. Williams has also found the cold bath an efficient means of reducing the temperature in this disease. In two cases which were thus treated the bath not only produced decided antipyresis, but also improvement in the appetite and strength, breathing and physical signs, the pyrexia gradually subsiding. Good results were also obtained from tepid sponging of the body and the use of an ice bag for a few hours each day, whenever the temperature rose above 100° F.—*Dietet. Gaz.*

CARDINAL POINTS IN BACTERIOLOGY.—The *Bacteriological World* says:

The words germ, bacteria, microbe schizomycetes are used in our present literature almost as synonymous terms, but microbe seems preferable to germ or bacteria, and schizomycetes is a better scientific term than either.

That these are unicellular, and assimilate nourishment, seemingly by absorption in the media in which they live, but they must transform (alter) the foods found proper, and yet unfit in nature, for their use and appropriation.

Bacteria living on dead matter encounter no living resistance, while those feeding on living tissues, or fluids in living tissues, meet the living cells of the body and have to combat them.

The diastases secreted by the various beings, whether highly organized, or unicellular and microscopic, have something in common as to their respective objects, and their properties of transforming matter.

The rôle of microbes in the world is complex and necessary, though some are injurious. They act as scavengers, return to the air and water the organized elements abstracted daily by the vegetables of the globe, and indirectly by animals, and are indispensable to life.

The bacteria that invade living organisms which happen to be fit for their nourishment are in a sense parasites just as much as the tapeworm is.

Spontaneous generation of living organisms, no matter how little, is a fallacy.

PATHOLOGY OF GRIEF.—That severe mental distress or fright sometimes produces physical disease, and occasionally even death, is an admitted fact, although the way in which it acts has hitherto been but little studied. In order in some measure to supply the deficiency in our knowledge regarding this matter, Dr. G. Bassi has recently made a number of observations on animals which apparently died in consequence of capture. Birds, moles, and a dog which had succumbed to conditions believed by Dr. Bassi to resemble those known amongst human beings as acute nostalgia and a "broken heart," were examined post-mortem. Generally there was hyperæmia, sometimes associated with capillary hæmorrhages of the abdominal organs, more especially of the liver, also fatty and granular degeneration of their elements, and sometimes bile was found in the stomach with or without a catarrhal condition. The clinical symptoms were at first those of excitement, especially in the birds, these being followed by depression and persistent anorexia. The theory suggested by Dr. Bassi is that the nervous disturbance interferes with the due nutrition of the tissues in such a way as to give rise to the formation of toxic substances—probably ptomaines—which then set up an acute degeneration of the parenchymatous elements similar to that which occurs in consequence of the action of certain poisonous

substances, such as phosphorous, or to that met with in some infectious diseases. In support of this view, he points out that Schule has found parenchymatous degeneration in the persons dead from acute delirium, and that Zenker found hæmorrhages in the pancreas in persons who had died suddenly; he refers also to some well known facts concerning negroes in a state of slavery, and to the occasional occurrence of jaundice after fright.—*Lancet*.

**THE TREATMENT OF SPRAINS.**—Dr. N. W. Cady, of Logansport, Ind., writes: "A recent number of the *Medical Record* promises fame to the man who gives an unfailing remedy for sprains. Here it is, in two words: A half hour's douching with water at a temperature of 120°F., and the fixation of the joint by a splint on the flexor side of the joint, or upon the extensor side, if that be more convenient. For example, in case of ankle sprain, after a half-hour's steady douching with hot water at 120°F., I prepare an anterior splint of ten to sixteen layers of mosquito-bar, which is thoroughly filled by immersion in wet plaster of Paris. This is trimmed by spreading it on a board and cutting to shape with a knife. The length may be from thirteen to sixteen inches, breadth four to six inches. Where the splint passes over the instep the edges on each side are folded over to make the splint narrower and thicker. A layer of cotton is then spread over the face of the splint, and the splint is applied from the base of the toes to a point about half-way up the leg and carefully secured and moulded by a narrow roller bandage. While the plaster hardens hold the foot in whatever position is easiest to the patient. There is rarely any further complaint of pain if the splint fits neatly. This, with perfect rest, constitutes the whole treatment, which should continue at least a week, or until all extravasation is absorbed. Fourteen years' experience and observation of results obtained by other methods satisfies me that it is the best and most rational treatment.—*New York Medical Record*.

**THE TREATMENT OF FIBROID TUMORS OF THE WOMB BY THE INJECTION OF ERGOT INTO THEIR SUBSTANCE.**—J. Schenck (*Journal of the American Medical Association*, June 27, 1891) has been unable to find record of ergot having been injected directly into the morbid growth itself in the treatment of fibroid tumors of the womb. He has administered it several times in this manner with satisfactory effects. The first case was 52 years old. She had a tumor of about the size of a goose-egg. Half a drachm of fluid extract of ergot was injected, by means of a hypodermic syringe, into the substance of the tumor, once a week for two months. At the end of this time the tumor suppurated and was expelled. The patient recovered. The se-

cond case was a well-defined intra-mural tumor, the size of an orange. Half-drachm doses of ergot were injected daily for eighteen days. At the end of that time the metrorrhagia had ceased. No mention is made as to the reduction in size of the tumor. The third case had a hard tumor, the size of a child's head, in the lateral wall of the womb. Half a drachm of ergot was injected once a week for five months; this controlled the hæmorrhage during that time. At the end of this time the tumor was found to have pushed itself into the uterus, and become pedunculated. It was removed by an écraseur. The substance of the tumor was soft and friable, and would probably soon have broken down in suppuration. Schenck has not observed any serious effects resulting from these injections (?); in a few instances a slight chill, accompanied by moderate fever, followed by the use of the syringe; but these symptoms subsided in the course of a few hours. He has several other cases under observation.—*Union Medical Magazine*.

**A NOBLE PROJECT.**—Rich people, people in moderate circumstances, or people who have at times some difficulty in making "both ends meet," could not make a better use of their money, if they are moved to spend any of it, however small the amount, for benevolent purposes, than to contribute toward the endowment fund of \$60,000 for the Habitues' Home, which Dr. Mattison is about to establish in this city. The project is a noble one, indeed. Some of our most distinguished citizens—distinguished for their public spirit and high standing in the community—are interested in the great work which Dr. Mattison proposes to undertake. A splendid building, to cost \$100,000, is to be erected for the treatment of victims of the the opium, chloral, and cocaine habits. The friends of those who are able to pay for their treatment will do so, and the endowment fund of \$60,000 is to provide for the treatment of patients who cannot afford to pay. Between the private patients, however, and those who will be paid for out of the endowment fund, no distinction will be made. The fact that they are public patients will be known only to the Director of the Home and the friends of the patients.

In the hurry, rush, and nervous strain that is the outcome of the complex civilization of to-day, many nervous systems are shattered to an extent that makes treatment by the use of the drugs named a necessity.—*Brooklyn Standard-Union*.

**A FATAL RESULT OF BAPTISM BY IMMERSION.**—A distressing occurrence is reported in a German medical journal. A young woman who was a candidate for immersion amongst the Baptists, after undressing to her chemise and stockings in the vestry, put on a cotton wrapper and came into

the chapel to be baptized. She was completely immersed in the baptistry, which was filled with rain water at a temperature of about 40° F., the ceremony not lasting above a minute. After this she walked back into the vestry, but immediately became unconscious, and, notwithstanding all possible efforts being made to resuscitate her, succumbed. The post-mortem examination revealed that there was cardiac disease. As, however, there was no doubt that the immersion was the determining cause of death, the unfortunate minister who performed the ceremony was at first sentenced to a week's imprisonment. This was, however, ultimately remitted. The neighboring Baptist congregations have, it is said, taken warning by the case, and have arranged to have the water for immersion always warmed in future, as is, we believe, the custom in this country. Another suggestion naturally arises from such an occurrence as the above—namely, that persons suspected of heart disease should have the benefit of a medical examination before being submitted to the rite of immersion.—*Lancet*.

**A DRUG TREATMENT OF PNEUMONIA.**—In a lecture on "Acute Lobar Pneumonia," by Dr. A. K. Hill (*N. Y. Med. Times*), the writer states that the disease is infectious and self-limited. He then goes to mention twenty-three different drugs as being of use in the disease. The list is an interesting one: Aconite, veratrum, arnica, gelsemium, belladonna, byronia alba, chelidonium, digitalis, iodine, epicac, the potashes, calomel, nuxvomica, opium, phosphorous, rhus tox. sanguinaria, tartar emetic, sulphur, arsenicum, charcoal, phenacetine, liq. ammon. acetat. A good word is said for all of these in accordance with the indications, but perhaps the most surprising indorsement is that of vegetable charcoal, which we are told will "almost snatch a patient from the pangs of death when there is profuse cool sweat, small and rapid pulse, great prostration, dry tongue, offensive excretions," etc.

Suitable and sensible remarks are made regarding the use of nourishment and stimulants, but the large emphasis laid upon drugs is surprising. We recall to our readers an article by Dr. Fenwick reviewing the results of treatment of one thousand cases of pneumonia at the London Hospital. The conclusions he drew was that the best results were obtained by the use of ice and the ice-cradle, sponging and packs, with proper nourishment and stimulants. Instead of mentioning twenty-three drugs, he mentioned four, and spoke ill of each of them.—*Med. Rec.*

[We are with Dr. Fenwick.—Ed.]

**BATHS FOR ELDERLY PERSONS.**—Dr. Emerson states in the *Annals of Hygiene* that the use of baths in elderly persons restores elasticity and

smoothness to the skin; loosens the tissues and thereby brings back fullness and rounds to the limbs. It prevents eruptions of the skin and where present it removes them often, even from the face. It prevents the body giving off too much heat, which enhances nutrition. He gives the following rules for bathing:

It is well to commence with these baths as soon as the first infirmities of age begin to make themselves felt, between the fiftieth and sixtieth year. Two or three baths should be taken every week. As the water cools off, hot water must be added and the thermometer consulted.

The best time for bathing is the forenoon, about two hours after breakfast, or the afternoon, about four hours after midday meal.

After the bath the body must be well dried and rubbed with coarse towels.

Baths either too hot or too cold are dangerous to old people.—*Dietetic Gazette*.

**WHEN TO DISCONTINUE MECHANICAL TREATMENT IN HIP-JOINT DISEASE.**—At a meeting of the Section on Orthopædic Surgery of the New York Academy of Medicine, Dr. Newton M. Shaffer called attention to the difficulty which often existed in deciding when to discontinue mechanical treatment in hip-joint disease. The following conditions contra-indicated the removal of the apparatus: If manual concussion produces pain or flinching; if there is considerable deformity without ankylosis; if there is a true joint-limp or if there are abscesses or sinuses connected with the joint; or if there is a true reflex muscular spasm, limiting movement slightly in all directions; if there is almost perfect flexion, with the other movements considerably or markedly limited; if flexion, abduction and adduction are excellent, with rotation and extension limited; and, finally, if all the movements are almost normal, except rotation inward during flexion (the limitations being due to the neuro-muscular protection).—*Med. News*.

**IODIDE OF POTASSIUM IN THE TREATMENT OF URTICARIA.**—Stern has successfully treated five cases of chronic urticaria by the administration of iodide of potassium, four of the cases having been rebellious to all the measures usually employed in this disease. The fifth case was one of acute urticaria of a few days' duration. None of the patients were syphilitic and all were rapidly cured. In one case which had lasted for four months the intolerable itching disappeared on the second day of treatment, and a complete cure was obtained after two and a half drachms of the iodide had been administered. In two other cases, one of two years' and the other of six years' duration, the effect of the iodide was equally good, cure following the administration of six and eight drachms respectively.—*London Med. Recorder*.

# THE CANADA LANCET.

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

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

Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to DR. C. SHEARD, 320 Jarvis St., Toronto.

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

TORONTO, OCTOBER, 1891.

The LANCET has the Largest Circulation of any  
Medical Journal in Canada.

## DIPHThERIA—OUR PRESENT KNOWLEDGE OF IT.

The long-drawn disputings and questionings that have made that common and fatal disease, diphtheria, the shuttlecock of the profession, seem at last to be drawing to a close, and the opinion of experts is becoming settled, mainly a result of bacteriological research. The questions that have been so long, and are still some of them unfortunately, unsettled, are such as these: Is diphtheria primarily a local or a constitutional disease? Has it any connection with the non-contagious pseudo-membranous laryngitis called croup? Are other throat affections characterized by the formation of membranes properly to be called diphtheritic, such as tonsillitis, or the anginae seen in scarlatina and sometimes in measles? From the point of view of the etymologist, *diphtheritic* is a term correctly applied to any inflammatory condition, wherever it may exist, which is accompanied by the formation of an unnatural membranous covering of the part involved in the inflammation. The Greek *δερμα* meant *leather, prepared hide*. But the pathologist has taught us a specific meaning for the term. A true diphtheria is a localized inflammation of a mucous membrane, due to the deposition upon it of a bacillus, known now as the Klebs-Loeffler bacillus, the ptomaine formed by which is so virulently poisonous to the human organization as to cause 1, the death *en masse* of the superficial layers of the epithelium in which the irritant is lodged; and, 2, serious constitutional

disturbance and the clinical symptoms known to every practitioner. As regards the local condition, a true diphtheritic membrane therefore will contain, as distinct from a false membrane, not only the true Klebs-Loeffler bacillus along with a multitude of others, but a tissue of necrosed, coagulated epithelial cells, closely adherent, of course, to the subjacent un-killed tissues, and therefore requiring some force for its removal, and leaving a bleeding surface.

The false diphtheritic membrane may simulate the true very closely, but will be the result of a less virulent irritant, and will contain, of course, effused fibrin of greater or less viscosity, shed epithelial cells, inspissated mucus, and white or even red blood-corpuscles, according to the violence of the inflammatory process, together with extraneous matters, such as bacteria, food, or other particles, a mass much more closely resembling ordinary *sordes*. The reason of the greater adhesiveness and tendency to bleed of the true diphtheritic membrane is thus easily seen. The results of bacteriological enquiry must be accepted on trust by men in practice, and it is therefore pleasant to be able to lean upon the categorical statements of observers so trustworthy as Dr. Wm. H. Welch, of Johns Hopkins University. In the annual address before the State Faculty of Maryland, this year, he gave the following, among others, as conclusions at which he had arrived, backed up by careful investigations in the famous Pathological Laboratory of his University: "The specific germ of diphtheria is a bacillus devoid of independent mobility, averaging in length about that of the tubercle-bacillus. It presents itself, both in diphtheritic membranes and in cultures, in such bizarre forms that these belong to its most characteristic morphological properties. It grows upon various culture *media*, and in milk. It grows readily outside the body. It has no *spores*, but is very resistant, a fact which is shown in the viability of the disease in old clothes, rooms, etc., after many years. Diphtheria is, *without doubt, a local disease* . . . . The constitutional symptoms are due to the reception into the system of a chemical substance, a poison produced by the bacillus. . . . The difference in epidemics, mild or severe, is not easily explained. Similar differences are noted in experimental diphtheria. . . . The anginae occurring with scarla-

tina, etc., are not diphtheria, as the bacteriological examination would show. Other bacteria are frequently, but not constantly found. Diphtheria may be communicated from animals to man, and *vice versa*, also by milk."

Bacteriological research has not so far proved to be of such value in diphtheria as in tuberculosis, the bacillus of the latter being now stained and seen in five minutes by any practitioner who cares to take the trouble, and in suspected incipient phthisis no one should neglect the microscope as a means of diagnosis. Cases of arrest, if not cure, of the tuberculous process in the lungs, are not at all rare under proper treatment, even after yellow elastic fibres and bacilli had been found in the sputum. Still, such conclusions as those of Dr. Welch are valuable, if not as yet for purposes of diagnosis, certainly as furnishing indications for treatment. Firstly, being a poisonous focus, local germicidal treatment is urgently called for, best of all, perhaps, hydrogen peroxide, the eighteen or the fifteen per cent. solution in spray, as being very little irritant to the patient, and an effective bactericide. And, secondly, since a constitutional poison is circulating in the blood, it should be destroyed. As antidotes for this purpose do not yet exist, the next best course is supporting treatment, by which the vitality may be spun out till the poisonous process has exhausted itself, the culture having run its course. A scientific basis for treatment is thus established.

#### VENEREAL LEGISLATION.

We notice that the State of Massachusetts, in a very commendable spirit, has recently enacted legislation, endeavoring to control the spread of syphilis, by causing a rigid examination to be made of all the inmates of jails, penitentiaries and other public institutions of the Commonwealth. Those evincing any signs of the disease are isolated and placed under treatment until, in the opinion of the surgeons, no further danger is to be apprehended. It would be an excellent thing if the Canadian Government would follow the same plan; for few, even among the profession, have any idea of the amount of specific disease that lurks in our large cities.

Let but a single case of small-pox appear, and

the country is up in arms, at a moment's notice, while, owing to the mock modesty of a certain set of puritanical Pharisees, the much greater evil is allowed to spread its loathsome germs unchecked, bringing misery into thousands of homes in the Dominion and menacing the health of future generations. A case of syphilis which has recently come under our observation, may be of interest to our readers, as it presented several peculiarities not commonly met with.

Mr. A—, of Alberta, a strong, healthy-looking young Englishman, about 26 years of age, presented himself for treatment in the early part of July, 1890, suffering from gonorrhœa, due to unclean connection with a woman from Montana, the previous week. The usual remedies were given for about two weeks, when a small sore made its appearance upon the prepuce, rapidly assuming the characteristic appearance and induration of a Hunterian chancre, whereupon the diagnosis of syphilis was made, and the patient sent to Banff Hot Springs, where he remained but a short time, going out to the coast for a trip, returning home in about three weeks, suffering from the secondary manifestations of the disease—severe sore throat, mucous patches in the mouth, and a rapid loss of hair from the head, eyebrows and moustache, which had been preceded by a transient roseola before leaving British Columbia.

This brings us to the middle of August, when a macular eruption made its appearance on the limbs and body, becoming papular within a day or two, and of the lean-ham color peculiar to syphilis. A few days later, these became covered with minute scales, which were soon shed, leaving the skin clearer and more healthy looking, so that prospects for an early recovery looked bright.

Then the patient complained that it hurt him to walk, and upon examining his feet it was found that the soles and toes were covered with minute blebs, filled with a greenish-looking fluid, which rapidly increased in size until the sole was one large blister, filled with a horribly fœtid serum. Next, the hands exhibited the same condition of affairs, the large pemphigus-like bullæ almost hiding the normal shape of the palms and fingers. While this had been going on, the body once more became covered with a scaly eruption, being of a lobster-like redness, approaching a condition of pityriasis rubra. These minute scales were cast

profusely, only to be replaced by others as soon as a new epidermis formed. The axillæ presented a condition of moist eczema, being chafed and excoriated by the slightest movement of the arms, contrasting strongly with the dry scurfy eruption upon the body, and, to cap the climax, severe double iritis, which had been looked for, set in towards the end of the month of August. It was soon controlled, however, by instillations of an 8% solution of atropine. On the 2nd of September, Mr. A—, complained of a sensation as of "pins and needles" in the limbs, and had sudden, convulsive jerks, which he attributed to a sensation of coldness, whereupon implication of the cord was suspected, and verified the next week by an almost complete loss of power in both lower extremities, paraplegia setting in with great rapidity.

He was unable to void his urine, and the catheter had to be passed twice a day. The fæces were passed involuntarily while in bed, adding to the unfortunate patient's misery, the mind being clear up to this time.

Mr. A— was now sinking so rapidly that during the last week in September he was removed to the hospital at Medicine Hat, where he became delirious and died three days later. No *post-mortem* was held, and the cause of death, as entered on the hospital books was cerebro-spinal meningitis. The strange features of this case were, the rapidity of the course of the disease (three months), the inefficacy of the usual treatment, and the strange character of the eruption, there existing at the same time a condition of pemphigus on the palms and soles, pityriasis of the trunk, with a moist eczema of the axillæ and inside of thighs. The patient informed us that two brothers had died in India, from some skin affection, the nature of which he was in ignorance of, so that there may have existed some idiosyncrasy which would account for the virulence of the attack. I have purposely omitted speaking of the treatment, which consisted of the usual remedies, suggested by the medical men who saw the patient in consultation. Nothing, however, even for a moment, held the disease in check.

Having mislaid the notes of the case, taken at the time, this account is naturally incomplete in some details, but will serve to bring before the minds of the profession the often overlooked fact, that syphilis not infrequently ends fatally, and that

it behoves us to try and have proper laws passed for the protection of the community from this hidden plague.

---

#### THE TRIENNIAL CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The Second Triennial Congress has come and gone, and has been, on the whole, a decided success. It is a question whether those having charge of the arrangements did wisely in selecting Washington as a place of meeting. The chief claim seems to have been that it was almost equally inaccessible to all, which, paradoxical as it may sound, is an advantage when the "effete" East, and the "howling" West are wildly contending for expositional spoils.

A meeting presided over by so distinguished a man as Wier Mitchell, could not fail to obtain the respect of the profession everywhere, nor was public confidence misplaced. Dr. Mitchell's address was a model of elegance, erudition and laborious research. Professor Pepper, of Philadelphia, made an efficient chairman of executive committee, and was ably seconded by Dr. Carmalt, of New Haven, as secretary. The invited guests of the Congress were limited in number, and were—Sir William MacCormac, Dr. Wm. Ord, Mr. Thomas Bryant, Mr. Arthur Durham, and Mr. Reginald Harrison, London; Dr. W. T. Gairdner, Glasgow; Prof. John Chiene, and Dr. Batty Tuke, Edinburgh; Prof. Cunningham, Dublin; Dr. G. Sterling Ryerson, Toronto, Canada; Dr. Beely, Berlin, Germany; and Dr. Hoffa, Wurzburg. The meeting was characterized by an absence of the professional *Medical-Association fiend*, owing probably to the entire absence of outside amusements. Good, solid, scientific work was consequently done. The discussions were of a high class, and the papers rather above the average. There was but one serious drawback—the overpowering tropical heat of Washington, rendering sleep a reminiscence and a clean boiled collar an impossibility. In other respects the Second Triennial Congress will long remain in the affectionate remembrance of its members.

---

## TREATMENT OF TRACHOMA.

To the Editor of the CANADA LANCET.

SIR,—I can fully endorse all you say in favor of what you call "the new treatment of trachoma." I have had five years experience of this mechanical method, and I am satisfied it reduces the length of the treatment to less than one-third that required by the usual method.

After applying cocaine solution—16%—two or three times within fifteen or twenty minutes, I evacuate the contents of the trachomatous bodies by means of the blades of the ordinary iris forceps. The process is a combination of squeezing and stripping, care being taken of course not to lacerate the infiltrated palpebral conjunctiva. I do not usually resort to scarification, but I do not doubt it would be advantageous to puncture the larger "sago grains" before submitting them to pressure.

The treatment is followed up by either the copper sulphate or the plasma Hyd. Ox. Rub. I prefer the latter.

Respectfully,  
A. M. ROSEBRUGH.

Toronto, Sept. 18th.

## THE DETROIT GYNÆCOLOGICAL SOCIETY.

At the August meeting of the above, Dr. Jenks announced the sad news of the death of our honored corresponding Fellow, Dr. George A. Tye, of Chatham, Ontario.

The President, Dr. Imrie, appointed a committee to draw up suitable resolutions upon the death of Dr. G. A. Tye, and at the September meeting, the following were offered and adopted:

*Whereas*, this Society has learned of the recent death of Dr. George A. Tye, of Chatham, Ontario, one of its distinguished corresponding Fellows, who has met with us on several occasions and has furnished valuable contributions to our transactions; we desire, not only, to pay a tribute to his memory, but also to express as far as possible our appreciation of his many sterling qualities as a man, and of the enviable distinction he had attained as a physician and surgeon.

*Resolved*, That we deeply deplore his loss to the profession he had so long adorned.

*Resolved*, That we recognize in the character of Dr. Tye, the attributes of an accomplished physician and valued friend.

*Resolved*, That the family and friends of our late brother, have our heartfelt sympathy in their bereavement.

*Resolved*, That a copy of this preamble and the accompanying resolutions be forwarded to the family of our deceased brother, and, for publication, to the medical journals of Ontario and Detroit.

E. W. JENKS, M.D. } *Committee.*  
H. A. GERRY, M.D. }

After the reading of the resolutions an eloquent and touching tribute was paid to Dr. Tye as a friend, a physician and a Fellow of this Society.

(Signed) H. A. GERRY, M.D.,  
*Secretary.*

84 Lafayette Ave., Detroit, Mich.

## INFANT DIETARY.

To the Editor of the CANADA LANCET.

SIR,—I am in receipt of a letter from Thomas Leeming & Co., of New York, agents in America for Nestlé's Food, objecting to a statement made by me in the article on "Infant Dietary," in last month's LANCET. The objectionable sentence is as follows: "Henri Nestlé will tell you that his food is better for the child than the mother's milk." It was not intended to be taken literally, nor do I think that anyone would take it so. It was used in the introductory part of the paper, and was quite apart from that portion which dealt separately with the prepared food.

Some years ago a big pamphlet was distributed extensively in New York City, advertising Nestlé's food. In an address delivered to the New York State Medical Society in 1882, Dr. Jacobi, the President, discussed the pamphlet, and spoke very freely in reference thereto. The objectionable phrase used by me was an inference drawn from statements made by Dr. Jacobi. He may have been wrong in hinting at such a possible statement by Henri Nestlé; however, I have never seen the statement made in any advertisements of Nestlé's Food, and therefore desire to withdraw the statement as attributed to Henry Nestlé, to prevent any possible misunderstanding.

Yours truly,  
W. J. GREIG.

Toronto, Sept. 28th, 1891.

**EXCISION OF SYPHILITIC CHANCRE.**—In a recent issue (Aug. 1891) we made a note on the Abortion of Syphilis by excision of the initial lesion. We now give the following from a paper by Julian,

*L'Union Méd.* on the same subject: He says that the operation should be done with just as much care as the removal of a cancer. He elevates the chancre with a tenaculum and cuts beneath it with a bistoury in preference to the scissors, and by palpation of the borders of the wound makes sure that the whole of the indurated area has been removed. For anæsthesia he employs cocaine.

He has had occasion to do the operation eighteen times in the last ten years. Three of these cases were lost sight of entirely, therefore he can only report the effects produced in fifteen cases. In four of these cases no constitutional effects were noticed, two of them marrying afterwards and are the fathers of healthy children. In six of the remaining eleven cases there was great benefit by the excision, to the extent that the disease was considerably attenuated, the secondary manifestations having been very slight. In the other five cases the incision had no effect upon the course of the disease.

**SALICYLATE OF SODIUM IN GONORRHOËAL ORCHITIS OR EPIDIDYMITIS.**—Pignoret, of Paris, says the *Phila. Med. Times*, thus concludes a paper on this subject:

1st. In gonorrhœal orchitis, salicylate of sodium will bring about a diminution of pain in a few hours, and in a longer time it will cause its disappearance.

2nd. It acts well above all in cases that have acute epididymitis.

3rd. When the inflammation of the cord is intense, the remedy will fail.

4th. In the large number of cases treated, the resolution of the swelling commenced very much quicker than in cases submitted to other treatment, and in a week or ten days the cure was complete, leaving nothing but a slight induration.

5th. This medication, then, has the advantage of allowing the patient to get about within a day or two at most. It is simple, harmless, and appears to be superior to all other forms of treatment in this complication.

**AN ANTISEPTIC MOUTH WASH.**—Professor W. D. Miller, of Berlin, read a paper entitled *The Human Mouth as a Focus of Infection*, before the Section in Bacteriology at the recent International Congress of Hygiene and Demography. Accord-

ing to an abstract of the paper published in the *Lancet* for August 15th (*N. Y. Med. Jour.*) the author thought that an examination of the results of attempts to sterilize the fluids of the mouth would soon convince one that there were very few substances at present in the dental materia medica that were available for disinfecting the human mouth. A mouth wash recommended by him years ago, which he still considers decidedly superior to the best of the many so-called antiseptic mouth washes on the market, consists of twelve parts of benzoic acid, sixty of tincture of eucalyptus, four hundred of absolute alcohol, and three of oil of peppermint. It is to be inferred that such a mixture would have to be diluted very largely, and that the alcohol employed will cease to be "absolute" at once.

**ABORTIVE TREATMENT OF HERPES.**—Leloir recommends a small piece of gauze soaked in one of the following solutions, to be applied:

R—Resorcin, . . . . . 100.  
Alcohol (90 %), . . . . . 2.—M.

Or,

R—Menthol, . . . . . 1.  
Alcohol (60 %), . . . . . 100.

If there is much pain, use can be made of:

R—Cocaine mur., . . . . . 1.  
Ext. cannabis indicæ, . . . . . 10.  
Essen. menth. pip., . . . . . 10.  
Alcoholis (90 %), . . . . . 100.

**HYDRASTIS CANADENSIS IN NIGHT SWEATS.**—Dr. Cruse relates in the *Allg. Med. Zen Wal Zeitung* (*Med. Press*), an observation made on the above-named drug. On giving hydrastis canadensis in a case of hæmoptysis, he observed that the night sweats did not come on as usual. The patient was in the last stage of phthisis. In another case in which all the usual remedies had been tried for night sweats, atropine, agaricin, sulphonal, ergot, with success only on commencing each drug, slight hæmoptysis came on and led him to order hydrastis, when the sweats disappeared. These observations led him to try hydrastis for the night sweats themselves. He gave 30 minims of the liquid extract, and always with complete success, and what is more, the sweats kept off even when the hydrastis had been omitted for three weeks. He met with similar good results in a number of

other cases. Whether the effects will be at all lasting he does not pretend to say; he, however, recommends a trial of it.

**TAPE-WORMS.**—Dr. Szczeny-Bronowski, of Teherdyn, strongly recommends the following mixture for expelling tape-worms:

R—Ext. filicis mario æth., . . . ʒ iij.  
Chloroformi, . . . . . ʒ ij.  
Emuls. olei ricini, . . ex. vj. ʒ iij.  
Syrupi menthæ, . . . . . ʒ j.—M.

Sig.—Divide into two equal portions and take both, with half an hour interval, early in the morning, on an empty stomach.

Calomel, gr. vj., or an enema should be given on the preceding evening, at bed-time, to thoroughly cleanse the bowels.

**FRECKLES.**—The following treatment is recommended (*St. Louis Med. and Surg. Jour.*) for freckles:

R—Ammon. mur., . . . . . 4.  
Acid. mur. dil., . . . . . 5.  
Glycerini, . . . . . 30.  
Lait virginal, . . . . . 50.

Sig.—Touch the freckles, morning and evening, with a small brush dipped in the above.

N.B.—Lait virginal is composed as follows:

R—Tr. benzoin, . . . . . 1  
Aq. rosæ, . . . . . 4

This must be well shaken to obtain the milky color characteristic of the mixture.

**PREMATURE RUPTURE OF MEMBRANES NOT FOLLOWED BY MISCARRIAGE.**—Dr. Johnson (*Journ. of Am. Med. Assoc.*) reports two cases in which he believed that premature rupture of the membranes was not followed by miscarriage. Cases of this kind are certainly remarkable on account of the rarity of their occurrence. The question at once arises, Can such rupture take place without a miscarriage? The best authorities say that there may be an accumulation of fluid between the amnion and chorion, from chronic inflammation of the decidua, known as "Hydrorrhœa Gravidarum," or cysts may develop between the membranes and uterine wall which, upon rupture, would not necessarily bring on miscarriage. May there not have been a mistake in the diagnosis in these cases?

**CONCUSSION AND COMPRESSION.**—Dr. Brinton gives the following (*Times and Reg.*) as points of difference between the above conditions:—*Concussion.*—1. Incomplete insensibility. 2. Partial muscular action. 3. Special senses act partially. 4. Patient can answer questions if roused. 5. Pulse quick; feeble; often intermittent. 6. Skin cold; temperature falls to 94° or 95°. 7. Respiration feeble; quiet. 8. Nausea and vomiting. 9. Pupils irregularly contracted. 10. Eyelids somewhat open. 11. Urine voided, fæces retained. *Compression.*—1. Complete insensibility. 2. Paralysis. 3. Special senses do not act. 4. Patient cannot answer questions if roused. 5. Pulse slow and laboring. 6. Skin hot and perspiring; temperature 102° to 104°. 7. Respiration labored, stertorous. 8. No nausea or vomiting. 9. Pupils irregularly dilated. 10. Eyelids irregularly closed. 11. Retention of urine; involuntary escape of fæces.

**THE ABORTIVE TREATMENT OF ERYSIPELAS.**—F. H. Pritchard (*Journal of Cutaneous and Genito-Urinary Diseases*) says that infection in erysipelas is not always limited to the reddened portion of the skin, but is found beyond this, in a latent state. If, from the first, there be symptoms of gravity, as high fever, headache, burning thirst and vomiting, we may suspect that the infection has overleaped the apparent limits. He applies, by means of a brush, some antiseptic solution as the following:

Solutions of carbolic acid and alcohol, carbolic acid and glycerine in equal parts, and, where these are not well borne, he employs:

R—Hydrarg. chlor. corrosiv., . . . 1 part.  
Glycerini, . . . . . 1000 parts.

**INTRA-OCULAR INJECTIONS.**—Abadie speaks (*Ibid.*) highly of the therapeutic value of intra-ocular and sub-conjunctivic injections. He quotes a case of syphilis of the eye, which showed excellent results from the intra-ocular injection of one drop of a 1-1,000 sublimate solution.

In a case of hæmorrhagic glaucoma where neither iridectomy nor sclerotomy gave relief, and the pains were of such intensity that only enucleation was thought to give relief, Abadie succeeded in quieting the pains, and prevented enucleation by intra-ocular injection of one drop of ergotinin. Darière (Paris), uses systematically, subcutaneous

sublimate injections in iritis specifica, chorio-retinitis centralis, chorio-iritis, and all forms of keratitis.

**INTUSSUSCEPTION.**—Bartholow recommends the following treatment for intussusception :

R.—Sodii bicarb., . . . . . ℥ ij-iiij.

Aquæ, . . . . . ℥ vj.

Solve, fiat enema. Sig.—Inject and follow immediately with :

R.—Acidi tartarici, . . . . . gr. xxxv.-xlviij.

Aquæ, . . . . . ℥ iv.

Solve, fiat enema. Sig.—Inject immediately after the foregoing. The effervescence will cause the bowels to distend.

**UNCONTROLLABLE VOMITING OF PREGNANCY.**—Drs. Henske and Gottschalk (*Brit. Med. Jour.*), have found menthol efficacious in stopping the uncontrollable vomiting in pregnancy. Fifteen grains are dissolved in five ounces of distilled water, to which five drachms of rectified spirits are added. A tablespoonful of this mixture is given hourly till the vomiting ceases. The editor of the *Archives of Gynecology* states that he had an opportunity of trying the efficacy of this mixture. Vomiting ceased after the fourth tablespoonful. Gottschalk reports two cases with similar results.

**INDIGO AS AN EMMENAGOGUE.**—Dr. Johns recommends (*Wiener Med. Presse—Times and Reg.*), indigo as an emmenagogue, which he prescribes in the following form :—

R.—Indigo, . . . . . ℥j.

Bismuthi subnitratæ, . . . . . ℥ij.—M.

Sig.—Three times daily, a teaspoonful in a small glass of water.

With this treatment Dr. Johns claims that a certain degree of softening of the cervix occurs, followed by a serous secretion, and finally the menses appear. The urine becomes brownish-green, with bad smell, and diarrhœa of fetid character appears. Of thirteen cases of amenorrhœa, twelve cases were completely cured, one case proved to be pregnant. One patient took indigo for four weeks without showing any ill effect.

**A TREATMENT FOR CANCER.**—Professor Adam Kiewiez, of Cracow, who has for a long time been engaged in the study of the nature of carcinoma,

published in the form of a short notice, the successful treatment of three cases. The remedy does not elevate the temperature, nor does it affect the general state of the patient.

In two cases, with cancer of the lower lip under treatment by the new remedy, the lymphatic glands diminished in size and local reaction appeared. Microscopic examination of the cancerous tumor and the lymphatic glands showed that the tissue was rarified on account of the disappearance of cells. The remedy will be made public when his experiments and clinical observations are finished.

**ONE WAY TO COLLECT A BILL.**—A well-known dentist tried hard to collect a bill, but after many ineffectual efforts said to the debtor : “I do not intend to send you any more bills, and I don't intend to sue you ; but there is one thing I want to tell you. Every time you cut off a piece of beef-steak and pass it to your wife, I want you to remember that she is not chewing that beef with her teeth, nor with your teeth, but with my teeth.” In two or three days he received a check. The notion of those doubly-false teeth in his wife's mouth was too much for the husband.—*Med. Rec.*

**FOR SWEATING FEET.**—Dr. Stansel, writing to the *Toledo Med. Comp.*, says : The oil of tar (*Piceis liquidæ oleum*), is the one remedy to be relied upon for the cure of this troublesome complaint. I wish to state that I have tried all the astringent remedies that have been recommended for this trouble, and have given all a thorough trial, but have never found anything equal to the above remedy. Simply bathe the feet or axilla, as the case may be, and a few applications only will be sufficient to effect a cure.

### Books and Pamphlets.

**THE LIFE AND CAREER OF SIR JOHN A. MACDONALD.**  
By G. Mercer Adam, Toronto. The Rose Publishing Co., Toronto.

This work fully proves the saying, “Whoever writes the history of Sir John A. Macdonald, must write the history of Canada during the time in which he lived.”

The school days of young Macdonald—his career as a rising young barrister, his election to the Kingston City Council, and soon after to Parlia-

ment, with his subsequent career of working, waiting and rising, and the last pathetic scenes in his long and active life, are described in a most interesting manner.

Although the Conservative leanings of the author are clearly shown, especially when speaking of the Hon. George Brown, and of his life, by the Hon. A. McKenzie, yet the leading political events during the past fifty years, are fully and truthfully given. The candor of the author is particularly noticeable in narrating the arbitrary and unconstitutional government of Sir Charles Metcalfe, the downfall of the "Family Compact," Toryism, and the establishment of the Liberal Conservative party.

The affecting withdrawal of Sir Allan MacNabb from political life—the active part played by Sir Francis Hincks—the noble and highly eulogized career of Robert Baldwin—the dignified administration of Sir Edmund Head—the tricky "Double Shuffle" by which the Brown-Dorion government was strangled at its birth—the accession of Macdonald and Cartier to power, with the various changes of Government and of policy down to the present time, are all told in a way that will entertain the reader, and give him a detailed account of the most important political events that have occurred in Canada since the union of the provinces in 1840.

The letter-press and general make-up of the book are excellent, and do credit to the publishers.

**PRACTICAL PATHOLOGY AND MORBID HISTOLOGY.**  
By Heneage Gibbes, M.D., Professor of Pathology in the University of Michigan; formerly lecturer on Normal and Morbid Histology in the Medical School of the Westminster Hospital, London, etc. Illustrated with sixty photographic reproductions. Philadelphia: Lea Bros. & Co.

In a work from the hand of one with the high reputation which Dr. Gibbes has, we naturally look for a very complete handling of the subject of pathology, and in the excellent treatise to hand there is no room for disappointment. The subject in the main is clearly and concisely dealt with. It is difficult to speak of any particular portion of the work in an exceptional manner, but the chapters which impress us most favorably are those on "Neoplasms or New Growth," and "Diseases of the Respiratory Organs." In the former the subject is exceptionally well handled, and with the illustrations furnished, leave it in favorable con-

trast with the vexed manner in which the subject is often dealt with in works of the kind.

In diseases of the respiratory organs, the most recent views upon pulmonary pathology are ably recited and illustrated, and many valuable additions are made, which render the subject particularly clear.

**FUNK & WAGNALLS' STANDARD DICTIONARY OF THE ENGLISH LANGUAGE.** New York: 18 and 20 Astor Place.

This forthcoming work promises to be *the* Dictionary of the times. From an examination of the sample pages we should say that the plan of the work is good, and that it must meet with acceptance by English-speaking people. It seems to contain an enormous amount of information up to the latest date, and so admirably arranged as to be easily found. We are particularly pleased with the groupings of definitions, with the synonyms, and compounds. If we judge aright this will be the most useful dictionary we have seen.

**A TEXT-BOOK OF PRACTICAL THERAPEUTICS,** with Graphical reference to the Application of Remedial Measures to Disease, and their Employment upon a rational basis. By Hobart Amory Hare, M.D., B.S.C., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc., etc. Second edition, enlarged and thoroughly revised. Philadelphia: Lea Bros. & Co.,

In this treatise the author has brought within comparatively small compass, all the valuable therapeutic agents employed in ordinary practise. It is not a pure tabulation of facts, but the broad science of therapeutics is in a measure limited to a range of practical application, and many valuable suggestions work into an intelligible and estimable treatise. The chapters upon "Remedial measures other than drugs," and "Foods for the sick," will be found to contain many valuable and practical points.

---

### Births, Marriages and Deaths.

---

**NORTON—ROBERTS.**—On Tuesday, Sept. 1st, 1891, at the residence of the bride's father, by the Rev. William Grant, M.A., D.D., Thos. Norton, M.D., of Shelburne, Ont., to Miss Annie L., the only child of A. W. Roberts, Esq., of Port Perry.