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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, March 11th, 1887.

Dr. WILKINS, 1ST VICE-PRESIDENT, IN THE CHAIR.

Dr. GEO. H. FOX of New York, Dr. PHELPS of Chateauguay, and Dr. JACKSON of Brockville were present at the meeting.

Common Errors in the Treatment of Skin Diseases.—Dr. Fox read a paper on the common errors in the treatment of skin diseases. He said that the great error made by practitioners in treating skin diseases was failure to treat the patient; the disease is treated, not the patient. It is most important that the patient have fresh air, wholesome food—in short, everything that tends to improve the general health. Special treatment of the disease is of no avail without improving the condition of the patient. He regarded attention to the diet as most important, and said there should be a radical change both in the quantity and quality of the food; a strict course of diet should be given the patient; the majority of patients improve on starvation diet. He advised his patients to increase the quantity of fluids taken and decrease the solids; to eat less and exercise more. A change of diet almost invariably proves of value, the more radical the better; he gets the best therapeutical effects from a vegetable diet in the treatment of inflammatory skin affections. A meat diet congests the skin; a vegetable diet relieves the congestion. He is in the habit of restricting the meat in winter and forbidding it in summer. In giving directions to a patient it is better to tell them what to eat than what to avoid. Water should be taken sparingly at meals, but in quantity between meals. In speaking of local applications, he said that very few are needed. If the disease be acute, soothing applications should be given; if chronic, stimulating ones. Infantile eczema is, as a rule, too much stimulated, and chronic eczema with infiltration too little stimulated. In treating psoriasis, chrysophanic acid is the best remedy, but even this remedy should not be used in every case, as it does positive injury where there are congestion and inflammation, but later, when the eruption becomes dry, it does good. In acne a tonic treatment is best. In speaking of local applications, the reader of the paper stated that when the substance is needed to be absorbed by the skin, then the animal fats should be used; when mere protection is wanted, then vegetable fats do very well. Vaseline has but little power of penetrating the skin. He then went on to speak of arsenic, which, he said, is used too much by the general practitioner in the treatment of skin diseases, and which, as regards skin diseases, would not be missed if abolished from the pharmacopœia; he now rarely uses it. It is at best a much over-rated remedy, and its indiscriminate use in skin diseases is fraught with evil.

Discussion.—Dr. SHEPHERD said he was not prepared to go the length Dr. Fox did in attributing such a vast influence to diet in the treatment of skin diseases. No doubt it is often of importance, but he thought that Dr. Fox, like many others, was riding his special hobby too hard.

Did not think that individuals among the poorer classes with eczematous diathesis or when the disease was due to their occupation could be cured by dieting. No doubt people eat too much, and this is especially true in the higher ranks of society. In such patients diet is of the utmost importance. In this country, people eat too much meat, and he is in the habit of limiting it to one meal a day. In regard to local applications, he was thoroughly in accord with Dr. Fox. Most physicians in inflammatory diseases stimulate too much. It is a common thing for physicians to prescribe zinc ointment in every case, and give no directions about the use of soap and water. He found many skins in the acute stage of eczema unable to bear ointments at all, and to be much relieved by mild lead lotions. He also agreed partially with Dr. Fox concerning the misuse of arsenic; it, like zinc ointment, is prescribed in routine practice by many practitioners. Though of little value in eczema, he thought he had given it with good effect in psoriasis and bullous eruptions. He had no hesitation, however, in stating that it was a valuable tonic, and he would be sorry to do without it.

Dr. HOWARD said that the paper presented but few novelties in the present state of the science of medicine. Skin diseases are but local manifestations of a general condition, and it is but natural that the most successful treatment would be an alterative one, aimed at the cause of the unhealthy condition of the skin. He was not prepared, however, to hear that so much attention is given to diet, but it seems only rational. Chronic diseases generally require dietetic treatment, so one should not be suprised to find it efficient in chronic forms of skin diseases. Formerly arsenic was given for all forms of skin disease. He agreed with the last speaker in thinking that arsenic was valuable as a tonic, and he had obtained good results from its use in psoriasis and bullous affections.

Dr. HINGSTON said that for the last ten or fifteen years he had practically abandoned local treatment in skin affections and used only constitutional, and had always regarded a carefully regulated diet of the first importance. He could not agree with Dr. Fox in what he said about a meat diet. The French Canadians are great meat eaters, yet they were remarkably free from skin affections. Some, however, visit the United States, work in factories, and live in boarding-houses where the diet is largely composed of hot biscuits, doughnuts, pies and pastry, and live in small rooms; then come back with skin diseases which cannot be due to a meat diet. The speaker attributed most of the skin affections he had met with to want of fresh air and use of highly-spiced and other forms of irritating food, while not a few cases could be traced to the excessive use of green tea. Bread and meat he considered a good diet in skin diseases; he also believed in taking large quantities of water between meals.

Dr. PHELPS said that as a general practitioner in the country he could endorse every word Dr. Fox had said. He believed most thoroughly in a complete change of diet in skin affections. He had even found a change from a good diet to an apparently bad one beneficial. He mentioned some severe cases of infantile eczema which were completely cured by changing the diet from fresh cow's milk to condensed milk. Acne in females is very generally caused by uterine disease, and until this is cured the acne cannot be relieved.

Dr. LAPTHORN SMITH said he had long held that all skin diseases not parasitic or specific were due to errors in diet. He had little faith in local treatment, but considered that it is most important to attend to the condition of the stomach. He thought that the good old mixture of rhubarb and soda is too much neglected in the treatment of skin diseases.

Dr. MILLS believed Dr. Fox's paper to be of great importance to the medical public. He regarded Dr. Fox as a type of a specialist, who, though a specialist, treats his patients from a broad knowledge of general medicine and dietetics. To this in no small degree he believed Dr. Fox's successful career to be due.

Dr. WILKINS asked if Dr. Fox believed in an exclusive milk diet in eczema; also if in penitentiaries, where the diet was regulated, was there less skin disease. He also asked if in Germany, where little meat is eaten, there is a less amount of skin disease.

Dr. Fox, in reply, stated that he did not so much object to meat as an article of diet as to its excessive use. He had found the most obstinate cases of eczema yield to a complete change of diet that was only temporary. With regard to milk diet in eczema, he formerly believed in it, but found many patients could not take it. He had tried it on himself, and found he was unable to stand it for more than a few days. The excessive amount of skin disease in Germany could be accounted for by the habitual use of cabbage and beer as articles

of diet. He found beer very injurious in inflammatory skin affections, much more so, indeed, than whiskey. Rhubarb and soda he regarded of great use, but are prescribed too much in a routine manner in dispensaries and hospitals. One must always treat each particular case, remembering that what is suitable treatment in one case may be positively injurious in another patient with the same disease.

Dr. HOWARD, in proposing a vote of thanks to Dr. Fox, referred to a great privilege the Society had enjoyed in so being brought in contact with a man of such extensive experience. In Dr. Fox's paper there was nothing new, and in saying this he paid him the highest possible compliment, for the whole tendency of his paper was to illustrate the great scientific truth that in medicine we cannot treat the disease. We must treat the individual, the constitution. He was struck by the effect of change of diet, as shown by the numerous examples quoted by the previous speakers, in breaking up the sequence of disease; one speaker even advising the use of peaches as an article of diet.

Dr. HINGSTON seconded the motion. In the course of a few happy remarks he referred to the effect that the present fishery dispute might have in lessening the supply of a wholesome article of food in the American market.

It was then moved by Dr. TRENHOLME, seconded by Dr. LAPTHORN SMITH, that Dr. Fox be made an honorary member of the Society. This was carried unanimously.

Correspondence.

LETTER FROM BERLIN.

(From our own Correspondent.)

In my letter from Paris I had so much to say about Apostoli and his wonderful electrical treatment of diseases of women, that I had no space left for that wonder of this medical age, Professor Charcot. Have you ever seen him? Of medium height but most commanding presence; his long hair drawn back from his massive forehead and hanging down his neck; his head poised high and bringing into strong prominence his aquiline nose; his eagle eyes which pierce through yours so that he seems to read your very soul, but which you cannot look beyond. No wonder that he can tame the wild maniacs of the Salpetrière with one magic glance. He calls it hypnotisme this power that he has, and he and many others say that many people might learn to acquire it. But I think it is mesmerism *pur et simple;* that incomprehensible power which a great mind has over a weaker one. By it he is able to cure many diseases of defective innervation, of the hysterical class, which are due to weakness or absence of will power, and which power he supplies for them until they regain their own. It is a wonderful sight to see him like the "Great Physician" commanding the paralysed to take up their bed and walk; or to see him step up to another tortured with ceaseless movements, which are at once arrested by a single look. What a charming lecturer; he does not call them lectures or clinics, but conferences. We all sit around him leaving a little open space between him and the patients about whom he is speaking, and he just talks away as if he was recounting reminiscences of the past, now a case, now an anecdote, now a theory and now a fact, but every one of them directly to the point. As you listen you too become infatuated with him and feel that you must do like the poor maniacs and cast yourself in humble submission at his feet. Two years ago I prepared a paper on a case of genuine scleroderma under my care at the Children's hospital in London. Charcot had such a case but not nearly so marked. But how he described it! All that I had discovered about it in six months of research he gave forth in polished and familiar terms.

Within the last ten years Berlin has made immense strides forward in the advance of medical education. By the well organized German system of centralization the best man in each subject is always brought to the capital, but before reaching that summit of his ambition he may have been promoted twenty-three times, as there are that many universities in the empire, and they are all under the control of the Government. The number of the students attending them varies all the way, from forty at Giessen to thirteen hundred at Berlin, besides at the latter place some five hundred foreign doctors constituting the medical floating population. Just before my arrival there Schrœder, the Professor of Gynæcology, had died, and Olshausen of Halles was promoted to his place, and so on all down the line until they came to Giessen which was thus left without any. Then they took Hofmeier, who was Schrœder's first assistant, at Berlin and made him Professor at Giessen where he will have to remain until there is a vacancy in one of the twenty-two other univer-

sities, when he will be promoted one or perhaps several steps at a time. When I called upon Hofmeier a day or two after his appointment he was all ready with his effects packed prepared to march on the morrow. In the same way Olshausen walked into the Women's hospital a few days after leaving Halles and began operating as if he had been working in the same theatre all his life. He brought his own first assistant with him, Dr. Thorn, who will in turn be promoted to Giessen when Olshausen dies, but the other five assistants of Schrœder remain as before. Even the private hospital of the deceased professor is generally purchased by his successor.

Olshausen is a thin, pale, slightly built man with black hair commencing to turn gray, and he wears on his face that intensely earnest and anxious expression which is an indication of the price he has to pay for being great. As one of his critics told me he owed his position, a really exalted one, not to natural talent, but to indomitable energy and unceasing toil.

He is a splendid lecturer, using only the most classical language, but, unfortunately for strangers, speaks very little French or English. *Apropos* of this difficulty of languages, I found a growing feeling in favor of having one universal language for the whole world, and as English is already spoken by five hundred millions, it would be most graceful and on the whole easiest for the other nations using some fifty other languages to gradually adopt it. It could be done in a few generations, if English were taught in every school in the world in addition to the mother tongue. The same result is being reached, but much more slowly, by the present method of introducing English words into the French and German languages. Even in that way in the course of a few hundred years there will probably be only one mongrel language for all civilized nations. In the meantime I would strongly recommend all medical men who have sons destined for the medical profession to have them taught to speak English, French and German by nurses or servants from those countries, before they are sent to school. Pardon my digression. I was speaking of the splendid organization of medical teaching in Germany. One of its greatest advantages is the economising of time to the medical visitor. Thus I went there for Gynæcology and Midwifery, and this is how I spent my day. Rising at 6 a.m. and after a bath and putting on clean underclothes, both of which are obligatory, and a light breakfast, which is at you own discretion, I arrived at the Franenclinic or Woman's Hospital at 7 sharp. The porter requires you to sign a book in which you state that you understand the principle of antisepsis and that you have taken a bath, put on clean clothes, not been to any septic case, etc. You then go to a small waiting room where you remove your outer clothing, collar, necktie and braces, and where you are furnished with a clean white coat. The air of this room is saturated with carbolic spray in which you remain until 7.15, at which time you are invited to enter the operating theatre where you find the patient narcotized, the assistants in their places and the operator just about to make his incision. Absolute silence prevails; and no one dares to touch an instrument; if he did it would be discarded.

Martin, who is the best operator, never speaks during an operation; Olshausen, the next best, being slower and more labored, speaks occasionally, while Gusserow, who is much inferior to either of them as an operator, keeps up a lively conversation all the time. Olshausen operates from 7.15 until about 9.45, in which time he generally gets through an extirpation of the uterus or a laparotomy and two fistula or prolapsus operations. He then comes down to the Midwifery clinic where he remains till 11 o'clock. Here he generally has a case of labor under chloroform or serveral cases in different stages, or perhaps a case of pregnancy at the eighth month, a case of ovarian cyst and a case of ascites, in order to practice the students at diagnosing.

The stranger who is so fortunate as to receive an invitation to Martin's private hospital, a walk of eight minutes distant, at once proceeds there, where the operations last from 10.15 to 1.15 or less, as Martin is a much quicker operator, often doing a laparotomy in 11 minutes. He generally has one or two of these and one or two prolapsus operations, of which I shall speak later. After dinner you can go to Wyder's private course on operative gynæcology on the dead subject, which lasts from 2 to 4 and then across the street is Gusserow's clinic at the Charité. In the evening you can have a teacher of German to come to your house. If by chance some day there is no operation at one of these three hospitals the student is seach of Gynæcology can go to Veit's clinic in the Steinmetz Straus, where he can learn, what it is difficult to do at the others, the routine treatment of ordinary diseases, in addition to a fair assortment of operations. Veit is

very original, a bold operator, but not so careful as Martin. He is very affable and ready to explain every thing you ask of him.

Berlin offers equal advantages to the student of general surgery. Hahn, the surgical director of the Berlin city hospital, situated in the centre of the *Friedrickshaim* park, where he has nearly 400 beds under his immediate care, begins to operate every day, Sundays included, at 10 a.m., and generally keeps on until 2 or 3 o'clock p.m. In order to save time two patients are being chloroformed outside while two are being operated on, the assistants tying the arteries and applying the dressings while Hahn goes on with the next operation. Thus, the morning that I casually dropped in there, he opened the stomach on account of stricture, he performed tracheotomy, an excision of the shoulder and another of the knee; amputated an arm, and removed a dead tibia, besides performing a number of minor though difficult operations. Chloroform was the only anæsthetic used, and the usual inhaler was a light wire frame covered with flannel. While I was inquiring whether they ever had deaths on the table, and the assistant was telling me that he had never seen a death but several narrow escapes, the patient who was having her stomach opened suddenly ceased to breathe and nearly a minute elapsed before it was noticed by the operator. But in less time than it takes me to describe it, he had the electrical faradic machinery going and the tongue drawn out. For two or three minutes the current seemed to have no other effect than to cause diabolical contortions of the muscles and features of the apparently lifeless woman; as soon as he removed the poles the artificial respiration ceased. He persevered, however, until at last she drew a breath of her own accord, when Hahn threw down the electrodes, picked up his needle-holder and went on with the delicate work of sewing the stomach to the abdominal parietes as though nothing had occurred. The stomach was so contracted from want of use that it could not be drawn down below the ribs or cartilages but had to be brought out between the 9th and 10th ribs. I have already said that the hospital is situated in a park, but I omitted to mention that it is built on the pavillion system, there being about sixteen separate buildings, all separate, the only connection between them being a smooth stone tramway, on which the rubber wheeled waggons for hauling the beds to the operating building, and the food from the kitchen pavillion to the wards. What strikes one most are the splendid arrangements for cleanliness; thus the floor of the operating room is tiled, with a slope to the centre, so that after every bloody operation a hose is turned on and the floor washed clean in a minute. All the shelves are made of plate glass and iron; and rubber tubes of different colors bring the disinfecting solutions from barrels on the wall right over to the operating tables in the centre of the room.

In the afternoon you can go to Bergman's clinic in the Ziegel Strasse where they "run" three or four, and I have been told as many as eight tables, simultaneously; I can believe it as the material is enormous.

But to return to my Gynæcology. I spoke above of the prolapsus operation as the usual treatment now for prolapsus. Martin does not waste much time on these cases. As the os is generally hypertrophied, the bladder and rectum prolapsed, and the uterus down, he treats nearly all these cases simply by an operation which may be divided into 4 stages: 1st, amputation of the cervix uteri; 2nd, colporrhaphy anterior or removing a piece of surplus mucous membrane from the vagina covering the bladder, and sewing the wound together; 3rd, posterior colporrhaphy making the posterior vaginal wall smaller in the same way, and, finally, 4th, sewing up the torn perineum. By this means even an old woman with a vagina big enough to pass your fist into, comes off the table with one into which you can barely introduce your first finger. All these plastic operations are performed under continual irrigation which completely does away with the need of sponges, the liquid used being generally one in five thousand of sublimate. Instruments are kept during the operations in a solution of carbolic one in fifty. In the abdominal cavity filtered water which has been boiled is generally employed. I did not once see wire of any kind employed; catgut being the favorite ligature. It is prepared by immersion for five days in Ol. Juniperi Baccharum and then preserved in absolute alcohol. Silk ligatures are usually employed for tying pedicles and vessels; they are sometimes prepared by soaking in an etherial tincture of iodoform; or else in a sublimate solution. When they wish to make the catgut resist absorption longer than three or four days, they soak it in a solution of chromic acid which hardens it. Sponges when needed at all are replaced by rolls of absorbent cotton covered with sublimate gauze, and which are destroyed after

being used once. Strange to say the favorite remedy in subinvolution is the fluid extract of our own Hydrastis Canadensis, of which they speak in the highest terms. Want of time prevents me from saying more at present, but I may write again about two wonderful cases of recovery after laparotomy for extra uterine fœtation, complicated with shock and internal hemorrhage.

Till then adieu.

Yours truly,

A. LAPTHORN SMITH, M.D.

Progress of Science.

SPRAINED JOINTS.

BY EDMOND OWEN F.R.C.S.

A sprain is the result of a twist or wrench which has stretched the fibrous capsule of an articulation and its synovial membrane, but which has not sufficed to cause either fracture or dislocation. The injury should be treated upon exactly the same surgical principles as those which guide us in dealing with a fracture or dislocation of a joint; yet a joint which is only "sprained" is somewhat apt to obtain but scant professional attention. Though the common saying teaches us that "A sprain is worse than a break," the unfortunate subject of a sprain is usually contented with doing the best that he can for himself with arnica, cold water, or oil, as chance, experience, or advice may suggest, seeking the surgeon's aid only for the remote and often intractable complications. In unhealthy subjects, and especially in children, want of treatment often entails articular troubles which run a lingering course and may end disastrously; and even with the strong a severe sprain is apt to involve a long continued enfeeblement of the part.

Immediately after a sprain there is a want of pliability in the joint, due in part to the pain and tenderness caused by the violence, in part to the tension of the sensory nerve filaments from the sudden effusion, and in part also to the mere mechanical effect of the presence of blood and other fluids in and around the joint. In certain situations a serious wrench of an articulation may give no visible sign upon the surface of the body; especially is this the case with the hip, the shoulder and the spinal articulations, all of which are thickly covered; stiffness will then be only the objective sign indicative of the lesion.

If a joint in the lower extremity be seriously sprained, temporary but absolute rest should be secured by, if practicable, putting the patient at once to bed; by raising the limb on a pillow or in a swing cradle, until the heel is above the level of the chin, so as to hinder capillary and venous conjestion, and by applying firm and even compression. I am convinced that judiciously applied compression not only checks effusion, but also promotes the absorption of fluid which has already been poured out, and as a rule the patient experiences immediate comfort from it. At times, however, it is possible that from tenderness of the skin or from mere apprehension, the patient will not submit to the compression immediately after the injury. Then one must be content to apply either the ice bag or an evaporating lotion. Cold plays a double part: by stimulating the vaso-motor nerves it causes a contraction of the small arteries, with the effect of checking further hemorrhage and inflammation and limiting the effusion, and by numbing the sensory nerves it diminishes pain. The lotion should not be used, however, as is often done, as a water dressing under oil silk. It must be applied on a single fold of lint, with the fluffy side outwards, so that evaporation may proceed with energy. The lint should never be allowed to get dry, nor should the limb be covered with the bed clothes.

If a man sprains his ankle while out in the fields, it should as quickly as possible be put into running water, and then be firmly bandaged with strips of wetted handkerchiefs; the boot should be worn, if he can get it on again, for the sake of the compression it affords, but it is better not to remove the boot at all until the joint can be bandaged.

Nothing short of absolute rest in bed suffices when a child sprains a joint in the lower extremity; he must not be trusted to lie on a sofa, for he would soon be off it. Where the hip-joint is sprained, the limb should be raised and rest insured in the extended position by the application of the weight and pulley, so that if matters do not clear up there will be no need for further change of position. A sprain is often the beginning of an attack of hip-joint disease.

In the case of the knee being sprained, the leg would be extended; in case of the ankle being sprained, the foot would be put up at a right angle. But in each instance the limb should be carefully bandaged upwards before the compression is applied, or œdema may follow; complete rest would be still further insured by adjusting a splint to the back or side of the limb. Compression may be applied by means of a roller of domette, or by the additional aid of plastic splinting moulded on. With children a well padded, flexible metal splint is of great service, but a casing of plaster-of-Paris and house flannel answers even better.

I have at present two men under my care, each with a severely sprained ankle, the part being swollen and discolored and the foot stiff and useless. The foot and leg have been immoblized in well-lined plaster-of-Paris casings, and thus the patients are quickly enabled to get out of bed and go about with crutches, without risk or discomfort. In neither of these men was a fracture to be detected.

When an ankle is greatly swollen from a recent

injury, and signs of fracture are not evident, it is not advisable to conduct the examination for obtaining a knowledge of the exact nature of the injury in too inquisitive a manner. If the limb be treated on the principles enunciated above, it will be well either for a severe sprain or a fracture without displacement. Possibly the patient might be unsettled at not being definitely informed whether there be fracture or not, for the oft repeated question of the patient or parent as the surgeon examines the part is, "is the bone broken?" But I am speaking merely of the principle involved in the surgery.

Absolute rest is demanded as long as heat of the surface and intra-articular pains persist. As the pains subside recourse must be had to frictions and rubbings, and, he use of stimulating linaments and cold douches. The rubbings should be executed always in the direction of the venous and lymphatic return, and may be combined with firm fingering about the part and the rubbing in of olive oil. When effusion persists over the painless joint, one may apply over the jotnt the even compression of a Martin's elastic roller for a certain length of time each day, the skin being duly protected by a soft covering. This is a highly satisfactory method of treatment in cases of chronic thickening and effusion. Leslie's soap strapping, too, when evenly and liberally applied over a sprained joint, is an excellent therapeutic measure in the days following close upon the injury.

At other times nothing seems to render such efficient aid as a wetted calico bandage. Compression in some form is needed.

On physiological grounds the early treatment of a sprained joint by poultices or fomentation is inexpedient. The application of warmth produces a vascular fullness of the part, and a relaxed condition of the tissues which are in need of being toned up and strengthened; though if synovial inflammation of an acute kind follow the sprain, leeches and fomentations may not improperly be indicated later on. For the promotion of the absorption of the lingering products of effusion, an alternation of douchings under streams of hot and cold water gives valuable aid. In no stage of the pathological process associated with a sprain should arnica solution be applied. One has met with instances in which painful and serious cellulitis has followed its use, even where there has been no previous lesion of skin. How is it that arnica has earned its reputation in the treatment of sprains, and how has that reputation managed to survive so long?

A surgeon was driving his wife in the country when the pony fell and the occupants of the carriage were thrown out into the road. When I saw him a few hours after the accident, he was wearing his right arm in a sling, the elbow being at an obtuse angle. He said that in the fall the right hand (in which he was holding the reins) and the arm were doubled and twisted underneath him, and that though he was sure no bone had been broken, he could neither bend nor straighten the elbow on account of the severe sprain it had received. He said that on his way home, and certainly well within an hour of the fall, on placing his left hand under the damaged elbow, he found a soft swelling which seemed pretty nearly as large as an egg; his wife could also feel it through his coat sleeve. Having taken the limb out of the sling and removed some water dressings, universal and extensive effusion in the articulation was evident; the distended synovial membrane was especially bulging about the head of the radius. The intra-articular pain was intense. There was no contusion of the skin nor any definite ecchymosis; movement caused great distress.

Beginning at the fingers, we firmly bandaged the extremity with a roller of domette (which from its softness and elasticity adapts itself with delightful evenness and comfort), drawing the turns which surrounded the swollen joint itself more closely and firmly for the sake of compression. Then, having bent to the proper form of the arm a padded, flexible iron splint, and carefully adjusted it, the elbow was packed round with cotton wool, and having enclosed all in a second and wider domette roller, and having got the patient to bed, we arranged the arm upon a pillow. The compression and the security afforded by the roller and the splint gave great satisfaction. On the second day we readjusted the splint and the bandages which had now become slack. Most of the tenderness and swelling had departed. Two days later and at other intervals we tightened the bandage, finding always steady improvement. In ten days the splint was removed and cautious use of the arm was allowed, but for the entire removal of the stiffness a course of shampooing from a professional rubber was resorted to. The effusion which had come on so quickly, within an hour of the injury, was evidently not inflammatory in its nature; probably it consisted of synova, blood and serum.

The other occupant of the carriage had severely sprained her left ankle, which was painful, stiff, and full of sero-synovial effusion. There was no fracture. The swelling was confined within the limits of the synovial membrane; it did not extend up above the external malleolus in the manner so characteristic of Pott's fracture. The treatment adopted consisted in surrounding the ankle with an even layer of cotton wool and in bandaging from the metatarsus upward with a soft roller, the turns of which were continued well up the calf of the leg. The foot thus firmly encased was raised upon a pillow. In a few days all the excess of synovial fluid had disappeared, but the firmly applied bandage was still worn. In a week she began to use her foot, and was finding comfort in having it and the ankle rubbed with oil several times during the day. On the occasion of my first interview the patient volunteered the important clinical statement that after the accident her foot and ankle were fairly comfortable until her boot

was removed. Probably if a bandage of plaster-of-Paris casing could have been applied immediately after the accident, but little effusion or œdema would have occurred. Certainly compression of a recently sprained joint gives results, both as regards expedition and thoroughness, with which those obtainable by the system of evaporating lotions cannot be compared.

If the sprained joint be in the thumb or finger much pain and want of pliancy may result. A small splint should be moulded on ; firm compression with a pad of cotton wool and a soft bandage exercised; and the hand worn in a sling—it should not be left free except for the cold douchings. A few days' absolute rest is expedient.

Even long years after all the local signs of a sprain have passed away, a jerked or sudden movement of the joint, or a change in the weather, reminds the subject that the part is not absolutely sound. Nearly twenty years ago, I severely sprained my left wrist at football, and to this day it has not absolutely recovered. I cannot flex or extend it as I can its fellow. A sudden movement of it is often accompanied with audible crackling and discomfort. From a close and interested observation of this joint I feel convinced that in the crevices between the articular surfaces of the bones, and against the attached parts of the capsule out of the way of pressure, there are growing delicate and injected fringes of the synovial membrane. The synovial fluid is thin in quality and in excess of the normal amount; there are no adhesions inside the articulation, but there is probably some shortening of the extra-articular fibrous tissues which were implicated in the inflammation—a shortening secondary to inflammatory thickening. Probably this shortening of the fibrous tissues plays the important *role* of a perpetual splint shielding the enfeebled synovial membrane from further shock and distress. On no account, therefore, will these adhesions be broken down or stretched by manipulation ; such a treatment is contra-indicated by the pain which closely attends any attempt at more than the accustomed movements of the joint. The very audible crackling, which even a bystander may sometimes hear on working the joint, is the result of the altered synovial fluid being quickly driven by the movements of the joint between the vascular fringes.

Occasionally when a joint has been wrenched by a recent accident, and is in consequence painful and useless, the manipulative examination which it receives from the surgeon is the means of removing much of the pain, as well as of restoring a good deal of the lost function. I am satisfied that such improvement is real, and not merely subjective. Yet because in the weakly and ailing such a therapeutic measure might probably be attended either immediately or remotely by disastrous results, and because of its utterly speculative nature, it is not to be recommended as routine practice, though it may well be kept in reserve for rare and special occasions. It certainly has a close and important bearing upon the question of bone-setting. A man sprains his ankle; the surgeon examines and reports accordingly; but, because no bone is broken, he perhaps speaks of the lesion in a careless or off hand manner, and does not insist on the necessity of rest and of other appropriate treatment. So the ankle does not get sound, and the faithless patient resorts to a quack, who at once finds "a small bone out of place." Then come a sudden twist and a crack, and lo! "the bone is in again." The patient believes that a bone has there and then been restored to its place because he is at once absolutely more comfortable, and can not only move the joint freely, but can even accept the advice to throw away his crutch or his stick, and walk on his damaged foot without further help. Perhaps he is told to go home and apply ice; and at any rate from that time he considers himself to be and indeed is—cured. Forcible manipulation is, of course, the bone-setter's panacea. I have known him employ it in the case of fracture of the surgical neck of the humerus, and as may be expected, with very serious results. In the case of recent sprain, however, the patient cannot but believe that the bone-setter's statement is true, because, beyond a doubt, his manipulation has proved effectual.

The following report illustrates the point: A gentleman of highly nervous temperament came to me with considerable bruising of the deltoid, the day after receiving a fall which might have been attended with much more serious consequences. The arm was so stiff at the shoulder-joint that he could not raise it to dress himself, nor could he touch the ear of the opposite side whilst his elbow was brought towards the front of the chest—it remained permanently though slightly abducted. Any movement of the arm was attended with pain and distress. There was no definite hollow beneath the acromion process, nor any other unequivocal sign of discoloration. There was a great element of obscurity in the case; the patient was in pain and apprehension, and expressed his fear that the shoulder-bone was "out."

A consultation on the case was not obtainable, and the course of action had to be decided. So, to err upon the safe side—if error there might be—and in order to make a thorough and practical examination of the joint, I agreed with him that there was "displacement of the shoulder-bone," and laying him upon the floor, with my heel in the axilla, I flexed the fore-arm to slacken the biceps, rotated and pulled down the arm, and then adducted it *vi et arte* and in a most determined manner. There was no click, or the sign of a readjustment having taken place, but immediately on the patient rising from the ground he said that he was much more comfortable; he had lost most of the pain; he could move his arm with comparative freedom; and to his delight, and my satisfaction, he dressed himself without assistance. He was convinced that I had reduced a dislocation. In my own mind I was sure that I had not, but for obvious reasons

I did not tell him that the success attending my treatment was worthy of a more exact diagnosis. It is with no sense of pride that I record the case; nevertheless, it might be expedient to adopt this treatment on another similar occasion. With a hyper-sensitive and nervous patient, and a fat or swollen shoulder, it is occasionally impossible to affirm, without the aid of an anæsthetic, that there is no displacement. Traction on the bent elbow, with the heel in the axilla, enables the surgeon to make the necessary examination. Certain am I of this,—that my nervous patient would not have allowed me thoroughly to examine him if I had first said that I thought there was no displacement.

I have observed the same course of events in other cases. For instance, a man has just damaged his ankle, which is now painful, swelled and stiff; a thorough manipulative examination reveals no definite lesion. But immediately after the handling the patient finds the foot so much better in every respect that he talks too lightly of his injury and wishes at once to walk about. Or an elbow, knee, or wrist is stiffened by a wrench. On being thoroughly overhauled, nothing is found absolutely wrong with it; but the patient, though a sufferer during the examination, finds the joint greatly improved by it. The surgeon will rightly refuse to include such a speculative therapeutic measure in his routine practice; but its blind employment by the charlatan is the means of securing many a triumphant success.

Where a limb is stiff from chronic muscular rheumatism, much good may often be done by *massage*, and by sudden movements imparted to it, the stiffness disappearing by magic, whilst no harm can follow the treatment.

Stiffness may follow on a sprain from effusion taking place, not into the synovial membrane of the articulation, but into a sheath in connection with a neighboring tendon. One has often to treat such effusion in the sheaths of the extensors of the thumb and wrist, and also in those of the tendons of the tibial muscles and extensors of the toes. It is, of course, easy to differentiate between an articular and a thenar effusion; the same principles direct the treatment in each case. I have, at the present time, under my care, a wrist which is stiffened from slight effusion into the sheath of the radial extensors; great relief is being afforded by the firm compression and support of a domette roller which is kept constantly wet—*The Practitioner*.

THE TREATMENT OF WHITLOW.

From time immemorial the treatment of whitlow has consisted in the early performance of deep incisions carried down to the bone and prolonged poulticing. This routine treatment is in the main accepted by most surgeons, yet great varieties of opinion are held as to the time when incision should be performed, the locality, and the duration of poulticing, it being held by many that the necrosis that so often follows this affection is due to the prolonged heat from the poultice as much as to the disease itself. The subject recently has been attracting considerable attention, and Mr. Allingham (*Medical Press*, September 29, 1886) shows that there are several varieties of whitlow, and each of these requires a special mode of treatment. Mr. Allingham described five varieties of whitlow. The first, which he terms phlyzacious pustule, is nothing more than an accumulation of fluid between the epidermis and true skin. Of course, all that is required is to puncture the blister and let out the fluid. In another form, a collection of pus may form under the nail, as a result of a puncture or a breaking down of blood, following a pinch, and so give rise to considerable pain of a throbbing character. In the treatment of this class of the disease, Mr. Allingham recommends the insertion of a hare-lip pin, or some such narrow-bladed instrument, beneath the nail, keeping it quite close, so as not to wound, if possible, the tissue beneath, passing it down to the collection of pus, and then depressing the needle, and then allowing the pus to flow out. This gives instant relief, and prevents the matter from burrowing beneath the nail, and so separating it from its bed. Poulticing and waiting for the pus to work itself to the surface will entail a needless amount of unnecessary suffering upon the patient. Another form of treatment, which may be employed when the collection of pus is situated at the root of the nail, is to cut away the nail from the seat of the inflammation.

Under the term cellular whitlow, Mr. Allingham describes the inflammation of the cellular tissue covering the terminal phalanx, where the bone is free from periosteum. Inflammation of this locality, by producing strangulation of the vessels, cuts off the supply of blood to the part, and as a result causes necrosis of the phalanx. Almost as soon as the first symptoms of this affection develop, as may be recognized by acute pain in the part, with the tip of the finger swollen, tender, tense, and sometimes red, a free incision should be carried directly down to the bone, and necrosis of the terminal phalanx will thus often be prevented. When cases come under observation in which necrosis of the phalanx has already taken place, deformity may be prevented, according to Mr. Allingham, by making an incision along the palmar surface of the finger, removing the necrosed bone, and placing a narrow splint on the back of the finger, allowing it to project half an inch beyond the nail. The nail should then be fastened to the splint by adhesive plaster, so as to prevent it curling up, and it thus may act as a background on which new bone may develop. The fourth form of whitlow described is an inflammation in the sheath of the tendons over the first or second phalanx. It may arise from inflammation spreading from without, or by a purulent inflammation of the synovial sheath of the flexor tendon. The great dangers arising from this form of whitlow are that the tendons may be destroyed,

the inflammation extend into the joints, or the pus find its way into the palm of the hand. The finger in this affection soon becomes swollen and flexed, and is the seat of severe throbbing pain, the part is hot, and in the latter stages deep-seated fluctuation may be recognized. If this is allowed to progress, the whole finger may become involved, so as to present two swellings separated by a constriction corresponding to the joint.

The treatment of this affection is identical according to Mr. Allingham, with that of periosteal whitlow, from which, in fact, the tendinous inflammation can only be recognized with very great difficulty. Mr. Allingham is strongly in favor of treating these affections by lateral incisions, for on account of the difficulty of recognition of the locality of inflammation should the inflammation be confined to the periosteum, the central incition must be carried through the tendons to reach she bone, of course unnecessarily damaging the tendon. Mr. Allingham, therefore, recommends lateral incision, claiming for it the following advantages:

First.—As it is difficult to tell whether the whitlow is periosteal or tendinous, by the lateral incision, if it should be periosteal, no damage is done to the tendons by cutting through them.

Second.—By lateral incision the tendons cannot prolapse from their sheaths, and therefore the liability to gangrene is diminished.

Third.—After this method of treatment the finger can be flexed, and so relax all the structures and relieve pain, whereas by the central incision the finger should be kept straight, to prevent the tendons slipping out of their sheaths, at the same time straightening such inflamed part greatly increases the pain.

Fourth.—If the incisions are on the side they they are less likely to be pressed upon, for the cicatrix may become tender, which, if in the centre of the hand, is exposed to pressure every time the hand is closed. Again, a cicatrix in the middle line may contract, and cause the finger to become permanently flexed, whereas, if the incisions are at the side, such a result could not take place.

So much for the most recent opinions as to the surgical treatment of whitlow, a mode of procedure which is unavoidable when pus has collected.

The less severe forms of furuncular inflammation may be aborted in many cases, according to Dr. Weiss (*Medical Record*, November 27, 1886), by the inoculation of resorcin, a plan which he has employed, as follows:

A number of shallow parallel incisions about one-quarter of an inch long are made in and around the lesion and through the integument, pain being prevented by the use of a twenty per cent. solution of cocaine and ten per cent. resorcin. Lanolin salve is then applied in a very thick layer to the scarifications. The entire part is enveloped in a strip of lint, which, in turn, is to be thoroughly saturated with the salve, and over this a layer of guttapercha tissue, absorbent cotton, and moist gauze bandage may be applied in the order mentioned.

Dr. Weiss reports a number of cases in which the employment of this mode of treatment in twenty-four hours produced complete cessation of pain and arrest of inflammation.

Of course it can hardly be expected that this mode of treatment would operate in the more serious cases of periosteal or tendinous inflammation, but it seems well worthy of trial in the less grave forms of phlegmonous inflammation.—*Therapeutic Gazette.*

THE TREATMENT OF CHRONIC ABSCESSES BY INJECTIONS OF AN ETHEREAL SOLUTION OF IODOFORM.

Verchére (*Rev. de Chir.*, June, 1886) reports twenty-three cases which were treated in this manner, and gives the following directions in regard to the operation: The solutions of iodoform should be of varying strength, one of five per cent. being used for large abscesses, and one of ten per cent. for small ones, while small, superficial abscesses may be filled with a saturated solution. If the skin over the abscess is not affected, the needle of hypodermatic syringe is introduced in an oblique direction, so as to form a valvular fold; the pus is then drawn off, and the iodoform solution is injected. If, however, the skin over the abscess is quite thin, the pus is removed with an aspirator, and the opening made by the needle is sealed with collodion, after which a hypodermatic-syringe needle is inserted into the abscess cavity, and the injection is made as before. The object of these manœuvres is to prevent the ether from escaping through the puncture, as it at once tends to do on becoming volatilized. As the solution volatilizes, the iodoform deposited over the entire inner surface of the abscess, and is slowly absorbed—so slowly in fact that the danger of poisoning by the drug is said to be very slight. The phenomena observed after an injection are, briefly, as follows: Rapid and sometimes excessive swelling results from the volatilization of the ether, but this soon subsides. If the skin over the abscess is healthy, the abscess cavity will speedily be replaced by indurated tissue, without the occurrence of any external change. If the skin is already inflamed, it will separate in a few days in the form of a yellowish slough, after which healing will occur by granulation, the resulting cicatrix being slight. The advantages alleged for this method of treatment are the perfect safety of the operation, the rapidity of the cure, the fact that the patient is not confined to his bed during the treatment, and the non-recurrence of the abscess.

THE DOCTOR AS PATIENT.

"The study of medicine and personal devotion to the alleviation of suffering do not insure the

doctor against the ills common to all mankind; nor does an intimate acquaintance with the vagaries of the sick enable a physician to pass through his own trials with equanimity. In fact, the doctor is far from appearing at his best in the *rôle* of patient; he feels as much out of place on a sick bed as would a general officer if he were reduced to the ranks. He has been so long accustomed to command that he finds it very hard to obey, at least without some sort of a protest.

"During his student days he was led astray by his imagination, which made him suffer from the ills of which he studied. He probably, at that time, convinced himself of the ease with which one exaggerates his own sensations, and learned to disregard his own feelings for the most part. Only in such a way as this can we account for the neglect in himself of those beginnings of disease which a layman would suppose would infallibly arrest a doctor's attention, as they certainly would in a second person; as it is, he usually disregards his early symptoms and goes about with a temperature higher than that of the patient whom he sends inexorably to bed. He hopes for the best in his own case, as in others, but he fails to prepare for the worst, as he advises his patients to do, for he uses up by continuing his work, the strength he ought to reserve to carry him through the sickness it needs no angel sent from heaven to foretell. Once fairly prostrate, it is usually the alarmed relatives who summon the doctor, rather than the patient himself.

"And it is no light task for the brother physician who presides over his sick bed to care for the prostrate individual, who insists on discussing the method of treatment, and, with a disordered imagination and weakened intellect, desires to sit in judgment on the conduct of his own case. The patient is apt to be skeptical as to the powers of the drug on which his friend and adviser relies. He suspects his friend of a want of candor in his bedside talk. The little talk outside his door, the ruses of his wife to gain a little private conversation with the doctor, excite his anger. He listens for the noise of the wheels after his friend has left the room, and, if the sound of his chariot is too longed delayed, he feels sure that the long suffering man is delaying at the door to tell what he 'really thinks,' and he takes pains to interrupt the conversation by some abrupt message; perhaps, if it happens to be evening, by saying that it is time to close the house for the night.

"But if he is critical and somewhat skeptical, he learns to know his physicians by their steps, and even the roll of their carriages on the street; and no patient gives them a more cordial welcome, or parts with them more reluctantly. He feels sure that his memory of their kind attentions certainly must be longer than that of certain patients, who, according to the familiar lines, whose truth is too often confirmed by experience, forget even the doctor's face when they have recovered.

"He seldom escapes making himself disagreeable to his nurses. It is hard to convince him that it is his own fault that his food does not taste as it ought. He is indignant that his own kitchen can not produce broth as good as that of his neighbor: but the tales of his own peevishness, when he hears them after recovery, he can but believe are grossly exaggerated.

"Nothing is more surprising to the doctor, when reduced to the position of patient, then to find that he himself is subject to like weaknesses as other members of the human family. The nervousness, for which, in others, he has had too little sympathy shows itself in a thousand ways. The little noises impossible to avoid disturb him, and the children of his household seem most unruly. Most strange of all, and most humiliating in his remembrance afterward, he even calls his doctor for nothing. He wakes from sleep, sure he is going to have a chill, or some equally unpleasant manifestation, and when, with grave face and careful attention, his hastily summoned physician has felt the pulse, taken his temperature, and sought for the signs of any possible complication, to inform him at the end that there is nothing to justify his fears, he admires and is grateful for the patience that has borne with his apprehensions, but he feels great curiosity to know what his doctor says to himself as he goes home to renew his broken sleep; and most of all, he wonders at himself and mutters, 'Is thy servant a dog that he should have needlessly disturbed a doctor's sleep?'

"But especially trying to an invalid doctor is a tedious convalescence. His knowledge of the possible complications and sequelæ gives a wide field of possibilities, over which his imagination wanders uncontrolled, and he is fortunate if he does not become a hypochondriac. He is pretty apt to partake of the lay fondness for talking about the unusual features his case has shown. If he thinks about the matter at all, he finds how difficult it is to know at what length to detail his symptoms to inquiring friends. Unless he keeps his tongue in due subjection, he is apt to realize that few men are really good listeners, and his kind friends, when they are released from his story, may be excused if they say, 'Poor fellow, he needs bracing up.' But realy there is some excuse for him if he is a little garrulous; personal experience of pain is different from looking on, but, interested as he is in his own closer acquaintance with disease, his account of it differs little, in the ears of his medical brethren, from the story they have often heard before.

"But a little personal experience of the sick-bed teaches the doctor many things. He certainly learns that a sick man does not look upon things as a well man does, and his charity towards an invalid's whims is greatly increased. He cannot fail, too, to be touched and softened by the many kind inquiries and pleasant messages that come to him. Busy men come and sit down beside him as though the dearest object of their hearts was

to see him recover; men who justly plead bodily infirmity as an excuse against the slightest exertion climb his stairs to express their sympathy, and patients who have seemed thankless and forgetful show that they needed only the opportunity to show their gratitude. And, when the sick man resumes his place in life, he is pretty sure to have not merely an increased enjoyment in living, and a better idea of his fellow-men, but also a higher estimate of the value of his own profession."—*Boston Med. & Surg. Jour.*

ON THE LOCAL TREATMENT OF THE BLADDER.

BY PROF. ULTZMANN.

The local treatment of the bladder should only be undertaken in the chronic forms of disease, since in the acute process appropriate dietetic and therapeutic measures bring about a cure in a short time. In the majority of cases we have to do with chronic catarrh of the bladder, in which we must manage the treatment according as the disease affects young or old persons and according to its etiological origin. If it is a case of a young individual where the catarrh is only an extension of a gonorrhœal process in the posterior urethra, then the treatment of the neck of the bladder must also be pursued in connection. This is best accomplished by placing the patient in the horizontal position, with the pelvis raised, and then introducing a thin catheter (No. 7 English), with a short piece of rubber tubing attached to it, with which the bladder is emptied. The catheter is then withdrawn about three centimetres into the neck of the bladder, and, with a syringe, about 200-300 grammes of tepid medicated fluid gradually injected. If no fluid flows back, it is the best proof that the eye of the catheter is in the right place. After the injection the patient should stand up and empty the bladder himself, so that the whole medicated fluid passes over the diseased neck a second time. Soft catheters are not good for this kind of injection because the pressure of the fluid easily forces them out. If the bladder of itself, is insufficient to expel the fluid, then it must be removed again by the catheter, and this is best done in the upright position.

When the disease affects the fundus of the bladder only, then the treatment is directed to that part alone. It must be carefully washed out with a soft elastic catheter till the fluid flows back quite clear. This can best be done in the upright or sitting positions, since then the bladder will be most completely emptied. If performed in the recumbent position the pelvis must be raised. A syringe is more suitable than the irrigator, because by the former one can better measure the pressure used. Prof. Ultzmann also does not recommend the double catheter, because, he says, the fluid can easily flow back through the efferent canal without the bladder being properly washed.

The treatment by means of the irrigators is to be recommended in cases of contracted bladder, caused by parenchymatous gonorrhœal cystitis, when, through the constant pressure of the fluid on the bladder, an increase in its capacity may be expected. For the removal of sediment the irrigator is not well adapted.

Tepid injections are to be used, except in paresis and insensitive bladders, and in cases of hemorrhage, when cold injections are of advantage. In sensitive bladders warm water injections are to be employed, or the same with tinct. opii (10 drops to 100 c. cm.), or a quarter per cent. solution of cocaine, a half to one per cent. solution of resorcin, or one-sixth to one-fourth per cent. carbolic solution, a three per cent. boracic acid, a five per cent. sulphate or chloride of soda solutions.

An astringent solution may be used—a one-half per cent. alum solution; one-quarter to one-half per cent. zinc sulphate; or one-fifteenth to one-tenth per cent. nitrate of silver.

In cases of ammoniacal urine, one-tenth per cent. permanganate of potash; tepid water, with a few drops of amyl. nitrite; three to five drops amyl nitrite to half a litre of water.

In phosphaturia, one-tenth per cent. chlorine water and cabolic acid, equal parts; one-fifth per cent. salicylic acid solution; two per cent. salicylate of soda.

When Bacteria are present, a one to ten thousand sublimate solution, or a strong solution of potass. permang. may be used.

For hemorrhage: cold water; one-tenth to one-half nitrate of silver solution; ferrum sesquichloratum, fifty to sixty drops to litre of cold water.—*Centralblatt f. Therapie.*

NOTES ON SOME FORGOTTEN OR MUCH NEGLECTED REMEDIES AND THERAPEUTIC MEASURES.

By CALEB GREEN, M.D., Homer, New York.

Those who have lived through many years of the history of medicine, and have observed the progress and oscillations of therapeutic ideas and practices, have become familiar with the tendency of medical men to run to extremes in pursuing some new measure or in making a hobby of some new remedy, until, finding that the remedy or measure would not do all that unreasoning enthusiasm had promised, they have come to neglect or set it aside for something new,—something having similar therapeutic results, but promising to act more in accordance with the old saw, "*Tuto, cito et jucunde.*"

Those who have been observant for the last thirty or forty years of the changes alluded to have seen many remedies, therapeutical ideas, and pathological theories rise higher than they ever ought to have risen, and, on the other hand, have seen them fall lower than they deserved to fall. The tendency has been, and still is, to an extreme sweep of the pendulum.

Those who practised our art forty or forty-five years ago will remember the beginning of the decline of the great and overshadowing therapeutic agent, *bloodletting*. Previous to that period no acute inflammation or congestion escaped the lancet, or scarificator, or leech. If a young practitioner was so unfortunate as to lose a case of pneumonia or peritonitis, in which he had not bled his patient profusely and repeatedly, he was in danger of being accused by his medical fathers and nursing mothers of allowing his patient to die. The young doctor was set down as timid and inefficient; he was not to be trusted. The wise and designing Sangrados could "sit down on him" in cool assurance that they would be sustained by the laity; for, notwithstanding the rising prejudice against the excessive use of the lancet and other powerful agents, the rank and file of people still blindly worshipped the "bold practitioner," while the cautious young physician was often looked upon as a skulker.

As time wore on, however, a better system of clinical study began to prevail; empiricism gave place to a more thoughtful method of observation, which resulted first in the diminution of the amount of blood lost by the patients, and finally in the number of cases in which it was thought that bloodletting was required in any measure. The laity also began to have opinions. Slowly the fashion began to gain ground of rejecting the lancet except in extreme cases, until at last venesection, instead of being the rule, became between 1850 and 1860 the rare exception. This change, however, did not in that period become alike complete in all localities.

In the period between 1840 and 1850 two forms of empiricism which had existed for several years began to rear their heads, and even to assert themselves. I refer to the Botanic or Thomsonian "system," so called, but which now has acquired or assumed the sounding name of "Eclectic," in which all sorts of bad things are accepted,—and all sorts of bad things rejected,—in which fierce lobelia, emetics, and huge draughts of bitter or aromatic infusions and decoctions figured as the health-giving agents. The other extreme and more attractive form of charlatanism was distinguished by its therapeutic dictum of *similia similibus*, etc., and its infinitesimal dosage. These agencies, with the waning faith of both doctors and people in the former rough plans of medication, made unfashionable the former leading remedies and therapeutic measures,—bloodletting, mercurials, antimony, and counter-irritants. Cathartics never lost their hold on the people,—as witness the triumphs of Brandreth and Ayer.

The unpopularity of the lancet in pneumonia —croupous pneumonia—arose from its outrageous abuse in former times. Its use and usefulness as an adjuvant of other antiphlogistic means in early stages of this disease have been forgotten or overlooked by those who were in practice thirty-five years ago. If they will recall the prompt relief which they witnessed from an effective but judicious bloodletting, supplemented by the proper administration of antimony, they will wonder how they ever came to wholly abandon the treatment. The substitution of veratrum viride for antimony, much as it is decried on theoretical grounds (after the overburdened heart has been relieved by the abstraction of a portion of the circulating fluid), is a decided advance in the therapeusis of pneumonia. But, like the lancet and tartarized antimony, it is a powerful remedy, and is to be used with judgment, and when so used will help to limit the inflamed area as well as its duration, notwithstanding the fact that pneumonia in a certain but very limited proportion of cases suddenly subsides by crisis on the seventh or eighth day. That we do cut short—or, as the French say *jugulate*—pneumonia in a fair proportion of cases under the plan above indicated is a clinical fact too well known to be doubted, especially by those whose reaction from the extreme practice of other days was only moderate.

In a discussion which arose in the American Medical Association a few years ago, on venesection in pneumonia, a wide range of views was held. A Cincinnati professor indulged in inconsequential talk: "What advantage is there," said he, "in checking the force and frequency of the heart, when this increase in force and frequency is only compensatory, and is to be favored rather than checked? Pneumonia is due to a poison entering the blood and affecting the whole body, and no amount of bloodletting could let it out any more than we can drain out the impurities of a stream with a bucket." I say that this is inconclusive talk, and is not worthy of an attempt at refutation. In the same discussion such men as Dr. N. S. Davis, Dr. William Brodie, Dr. A. C. Post, and Dr. S. D. Gross of Philadelphia, spoke in favor of bloodletting and regarded it as an adjuvant or auxiliary of great value. Dr. Post, in allusion to the lower percentage of deaths from pneumonia treated by the modern methods, very justly remarked that no reliance could be placed on statistics, as they were chiefly drawn from a class of patients found in hospitals, who had been badly clothed, badly housed, and badly fed all their lives, and such statistics were not reliable guides. And a little reflection will show any one that in such a class of patients the modern expectant plan of management of pneumonia would show a better percentage of recoveries than the spoliative treatment of former times. But with the judicious use of the lancet among the healthy denizens of country villages and farming populations, I venture the opinion that the favorable percentage of recoveries would be recorded on the other side. If a name is treated instead of a condition, we must expect disappointment in the results.

Among modern writers, Dr. Henry Hartshorne, of Philadelphia, took a most sensible view of this whole question. He gave as reasons for the fact that bloodletting has more opponents than

defenders now, than at any earlier period in medical history: 1st, the reaction from the previously existing abuse of the remedy; 2nd, a change in the average human constitution (in large cities especially) occurring under the artificial habits of civilized life; 3rd, false construction misapplication of recent science (as in the case of the Cincinnati professor); 4, leadership and fashion. And he might have added a fear on the part of the practitioner of the prejudices of the community, and of becoming unpopular if he should bleed and blister, notwithstanding the soundness of his convictions as to the value or necessity of these measures.

By the timely and suitable letting of blood we lessen, for a time at least, the fullness of the blood-vessels, the number of the red corpuscles, the force of the heart's impulse and of the arterial impulse, and the excitement of nerve centres. "By all these influences," Dr. Hartshorne remarks, "we diminish the vascular excitement connected with an inflammation, and thus lessen the amount of the resultant exudation, and render its history more normal and its charge less degenerative and destructive."

I need only refer again to the comparative percentage of deaths under the old plan of indiscriminate bleeding in the treatment of inflammations, especially of pneumonia, as compared even with the expectant plan, to show you that, if we study the figures alone and not the facts which generate or make the figures, we may still harbor the delusion that "figures don't lie;" but, if we honestly compare facts *and* figures, we shall see how unreliable are some statistical tables, and how wofully figures *do* sometimes *lie*.

I have alluded to tartarized antimony as one of the agents resorted to in the treatment of inflammations, and especially pneumonia Before the introduction of veratrum viride, which began to be more especially noticed by Dr. Norwood, of South Carolina, about thirty-five years ago, although mentioned by Bigelow, Tully, and others twenty years earlier, antimony was the sedative generally relied on; but after a timid probation of a few years, veratrum viride acquired very generally the confidence of the profession, and tartarized antimony was forgotten. That antimony was nearly as often abused as the lancet is a fact recognized by those familiar with its literature, or who thirty or forty years ago were obliged to rely on it as a sedative,—the synergist or adjuvant of bloodletting. But the abuse of such a potent and reliable antiphlogistic was not a sound reason for its neglect or rejection. It is true that it is still used in combination and as an emetic in croup; but its valuable properties in the various forms of pulmonary inflammation are not often recognized, or are forgotten. In some conditions it cannot take the place of veratrum, and yet it is spoken of by some recent writers as "the most powerful antiphlogistic (arterial sedative) medicine." This is high praise, but a little excessive; for, by all odds, it is greatly excelled by veratrum viride as a cardiac sedative.

It seems not to be very generally known that tartar emetic is one of our most efficient agents in promoting parturition. When the pulse is tense, the os rigid, the skin dry and hot, the advance of the head slow, I have seen, by the use of small doses of antimony, the most prompt and happy change for the better. The pulse softens, the skin becomes moist, the rigid os relaxes, the vagina becomes bathed in a plentiful supply of mucus, and the uterine contractions hasten on to a speedy termination of the labor.

It is not a substitute for ergot, but it has properties which make it much oftener available as a means of hastening labor to a happy termination. If the dose can be so graduated as to produce its effect as a parturient, just short of nausea, and especially short of vomiting, the effect seems to be better than where vomiting occurs.

In this connection I may allude to the very general neglect or abandonment of emetics, except as simple evacuants of the stomach and air-passages. Thirty or forty years ago, one class of irregular practitioners were notorious for their frequent and empirical use of lobelia emetics, which they generally administered in person, in order, perhaps, to be in readiness to counteract the drastic violence of this agent should mischief threaten or occur, as it frequently did. This abuse of emetics, as well as the increasing prejudice against strikingly potent measures of all sorts, probably had its influence in inducing physicians to restrict emetics to their use as evacuants simply. But emetics for the purpose of evacuating the bile-ducts and stimulating a torpid liver to a more healthy performance of its functions, and at the same time exerting an "alterative" effect on the glands of the stomach and intestines, are not as often resorted to as formerly. They often relieve in a most evident manner that condition which, for want of a better name (and we scarcely need a better one), we call *biliousness*. But the physician who will, even "semi-occasionally," resort to emetics with all proper precautions is in danger of being branded a "fogy." Yet, with the proper restrictions and precautions, we know that they are powerful for good. Shall we be brave enough to use them?

Fashion in medicine is shown in a marked degree in the change of professional opinion, or rather of practice, in the use of blisters in chest-affections. Rubefacients and poultices are relied on when active vesication should be resorted to, especially if there is pleuritic pain indicating a simple pleurisy or one complicating pneumonia. Of course, the other depleting and sedative measures should accompany or precede the blister. It is a powerful adjuvant to other antiphlogistic measures, even when resorted to early in many cases of pneumonic inflammation, and, as I intimated before, where pleuritis is an early and marked complication. I am fully aware that this is not the doctrine

or the practice of the profession at the present time, and that I shall be criticised for holding this view. If rubefacients will contribute to the reduction of pain, vesicants will more surely reduce the pleuritic inflammation, and thus help to arrest and limit the amount of pulmonic engorgement, and not add to it, as we are taught to believe. One distinguished writer on the practice of medicine objects to the early use of blisters in pneumonia, in part because it interferes with the physical exploration of the chest, rendering it difficult to follow the progress of the exudation,—as though the object of the blister was not, with the other remedial measures, to help to arrest and limit that exudation.

In pleuritis I am positive that we withhold one of the most potent measures for its arrest and reduction if we do not at once resort to liberal vesication.

Even in the progress of tubercular phthisis I believe that we may protract the lives of some patients, and add to their comfort by attacking the local pleurisies that occur from time to time in the progress of the case by small blisters, thus arresting the inflammatory condition beneath, and preventing the early softening and breaking down of tubercular deposits at the seat of pain. I am sure that in several instances I have thus postponed the inevitable, and that without debilitating the patient.

I hope that in all that I have said (and much more in the same line might with profit be said) no one will infer that I do not appreciate the many valuable recent additions to our materia medica and to our therapeutic measures. My object has been rather to call attention to the partly-forgotten remedies and measures which are still worthy of our notice and regard, and also to call attention to the tendency to push new remedies to extremes, and then, if they fail to accomplish all that they at first promised, to abandon them, so to speak, as fossils of a former art buried deeply under the succeeding accumulations, which must also wait their turn for historic extinction unless a better medical philosophy shall assert itself. Hold fast that which is good.

I am aware that the tendency of advanced life is to conservatis ; but then there need be no bigotry if the individual has continued to cultivate his art and its literature during his accumulation of years. He will, however, be better able to point out thatwhich is of permanent value in former views and practices, but which in the rush of new discoveries and inventions is liable to be forgotten or neglected.—*Phil. Medical Times.*

DANGER IN SANTONIN.

Danger in santonin, even when given in moderate doses, was reported some weeks since in the *Lyon Médical* to have been observed so frequently that the matter has been inquired into by the *Rép. de Pharm.*, with the following results: The white santonin was found more toxic than that which had become yellow through exposure to sunlight, though the latter did not show any diminution in its therapeutic properties. Lawre thinks that the dose for a child of less than two years should not exceed three-fourths of a grain. In all cases it should be associated with a purgative—calomel, for example—to facilitate its elimination. "Santonin is innocuous or toxic," he says, "in proportion to the rapidity with which it may be eliminated, and this varies in individuals." Lewin and Caspari recommend that it be administered in oily solution. In this form it is absorbed by the intestines slowly enough to permit a direct and prolonged contact with the worms.—*Journal of Pharmacy, June*, 1887.

PERFUMERY AS A SEDATIVE.

Dr. Watson Smith, London, reports the case of his own boy, critically sick with dysentery, and the stomach so sensitive that vomiting was excited immediately any attempt was made to administer anything. The doctor then thought of the sedative effect of perfumery, and argued that if he could so deceive the patient as to cause the imagination to attribute to the article administered the delicate flavor of the perfumery, the effect upon the olfactory nerves would be soothing upon the nerves of the palate and stomach.

Some simple diet was given in a spoon held with a handkerchief, upon which a delicate perfume was sprinkled. The effect was excellent, and after a short time medicines could be given in the same way, and were retained without further disturbance of the stomach and the patient rapidly recovered.

This plan of masking the sense of taste through the influence of perfumery upon the olfactory nerves may be equally pleasant to adults.

STROPHANTHUS IN HEART-DISEASE.

Dr. J. Hutchinson, of Glasgow, writes as follows to the *British Medical Journal*:

"As the influence and value of strophanthus in heart-disease is at present attracting a good deal of attention, my experience may be of interest. I have administered the drug in twelve cases of heart-disease: nine were functional and three organic, and I have much reason to be pleased with the success of the treatment, and with the amount of relief I gave my patients.

"On looking over my notes I find two cases of mitral disease, in one of which there was a loud murmur, both obstructive and regurgitant. The patient was a woman, aged 45, in whom the prominent symptoms were harsh, hacking cough, occurring in paroxysms, dyspnœa, and at times orthopnœa ; palpitation and œdema of feet and legs. The pulse was intermittent, with a regular irregularity, and beating 90 to the minute. Strophanthus was given in half-drop doses at first, and was gradually increased until she was taking 2 minims three times a day. Almost from the first

dose taken, an alteration in the sufferings of the patient was observed. The heart-sounds were firmer and steadier; pulse-beats, though still irregular, were not so fast; cough was much less troublesome, and the palpitation was neither so frequent nor so violent. Along with this there was a copious increase in the renal secretion, which soon relieved both the visceral engorgement and œdema in the feet and legs. In fourteen days she felt so well as to be able to return to her household duties. In the other case of mitral disease the symptoms were much the same, but not nearly so severe. The same dose was given, and the effect was as satisfactory and rapid.

"Another case of aortic stenosis in an old lady aged 60, who had for years been a martyr to chronic cough, palpitation, and the other symptoms attendant upon stenosis of the aortic orifice, received great relief from a one-minim dose of the drug. In this case palpitation was very violent, the pulse was rapid, and there was extensive passive congestion of both lungs. Œdema of the feet and legs was also present in a marked degree. Under the influence of strophanthus the pulse became slower and firmer, the congestion in the lungs lessened day by day and copious diuresis soon made an alteration in the œdema. The palpitation was trifling compared to what she previously suffered, and her cough was much relieved.

"In the other nine cases in which I administered the drug I could find no trace of a murmur, and the purpose for which the medicine was administered was to allay in some measure the turbulent palpitation of which these people complained. In seven of these cases the palpitation seemed to be dependent upon dyspepsia; remedies were given for that condition. Strophanthus was also used in the hope of its exerting a calming and steadying influence upon the heart, which in all of them it succeeded in doing.

"The remaining two were cases of disordered innervation. The pulse was very rapid and irregular, the heart's action turbulent—so much so that at times the sounds could not be differentiated, but seemed all merged in a confused rumble. Both of these patients were much benefited, and though the symptoms of which they complained the loudest—namely, palpitation—is not banished, they find that it can be kept within reasonable bounds by a timely dose of strophanthus. All the patients expressed the opinion that the drug had a stimulating effect, which, however, soon wore off. Some of them professed to feel beneficial effects ten minutes after taking their appointed dose. The effect of the medicine was rapid, but did not remain long, and at the end of three or four hours required to be renewed. The system quickly became used to the drug, and to get the amount of benefit the dose required to be gradually increased.

"In prescribing it I combined it with some bitter infusion, and never failed to get physiological action. I have never seen sickness or gastric irritation produced, such as we meet with sometimes after digitalis.

"The preparation I used was tincture of the strength of 1 in 8."

TANNIC ACID AS A SURGICAL DRESSING.

Dr. T. J. Hutton writes to the *Journal of the American Medical Association*, that after sixteen years use of tannic acid as a surgical dressing, he is thoroughly satisfied as to its efficiency:

"It forms an excellent dressing in three classes of wounds, viz.:

"1. Incised wounds—applied after the sutures are inserted, or adhesive plaster is on—if the wound does not require stitching.

"2. Small wounds of irregular form and recent occurrence.

"3. Wounds of moderate size in compound fractures. Whenever applicable it excels all other dressings in the following respects.

"1. Convenience.

"2. Cheapness.

"3. Cleanliness.

"4. Efficiency.

"It is always ready. It costs but a trifle. It requires no greasy mixing, measuring, or muddling, and has neither smut nor smell.

"The method of application is simply to keep the wound covered with the powder. Wounds thus treated heal on the average in about one-third of the time required for similar ones treated by liquid, oily, or salve dressings. In converting compound fractures into simple fractures by this method, the flesh-wound is often healed in one-twelfth of the time required to heal it by wet dressings of salves that are frequently removed and re-applied."

THE TREATMENT OF ORCHITIS AND EPIDIDYMITIS.

There is such a diversity of opinion as to the best treatment of orchitis and epididymitis the result of acute gonorrhœa, that the results obtained by Mr. Frederick W. Lowndes (*Lancet*, July 24 1886) for the last eleven years in the Liverpool Lock Hospital are of considerable importance. The plan practised in this hospital is almost invariably that introduced by Mr. Furneaux Jordan in 1869, namely, by painting the affected testicle with a strong solution of nitrate of silver (two drachms to the ounce), at the same time enforcing strict rest in bed, and supporting the inflamed organ upon a small pillow so as to prevent it hanging down. Mr. Lowndes has invariably employed the same treatment, and in eleven years has treated two hundred and sixty-nine cases. He has always found his plan highly successful. The acute pain often amounting to agony is soon subdued, and in the majority of cases the organ returns to its normal size in the course of a few days. Sometimes a

second painting is necessary, but this then suffices. The same plan of treatment has also been used by him successfully in private practice. When the patient cannot be induced to take absolute rest in bed, and when the patients are compelled to follow their usual occupations, the recovery must obviously be slower, as it is not possible by suspensory bandages or by means of handkerchiefs, however skilfully applied, to insure such perfect rest as when the patient is lying in bed. While the rest is an important item in the treatment, it is not by itself sufficient to effect a cure. The immediate effects of the nitrate of silver in allaying the pain are most marked, though for obvious reasons the nitrate must act more powerfully while the organ is in a state of quiescence than when constantly active.—*Therapeutic Gazette.*

CALOMEL IN THE TREATMENT OF CARDIAC DROPSY.

The striking results of Jendrássik as to the diuretic action of calomel in the treatment of dropsy, especially of cardiac origin, have already received confirmation. In the *Wiener Med. Wochen.* (July 10, 1886) Prof. Stiller, of Buda-Pest, publishes the details of eighteen cases of dropsy of cardiac origin which he has treated both in hospital and in private practice by the administration of calomel after the directions given by Jendrássik. His results, although he but seldom obtained the immense increase of urinary secretion reported by Jendrássik, were in their general results quite equally favorable to his. Two cases he gives in full detail, and either alone would be sufficient to prove the truth of the statement that in calomel a drug has been found whose value seems in such cases almost inestimable. Cases with intense œdema of the extremities, peritoneal and pleural effusions, enlarged and congested liver with marked dyspnœa, he has succeeded in restoring almost to health, certainly to comfort, by the administration of calomel. He has seen œdema entirely disappear, abdominal and pleural effusions and albuminuria removed, an enlarged liver return to its normal size with complete relief of respiratory distress. Such results have followed the administration of calomel alone after digitalis had failed to produce relief, and also in cases where the use of digitalis, on account of the unfavorable symptoms which so frequently interfere with its action had compelled its suspension. Dr. Stiller thinks that he is perfectly warranted in confirming in all respects the statements of Jendrássik. He believes that in dropsy of cardiac origin small doses of calomel constitute the most efficient and rapid means of relief, even in cases where digitalis fails, while no other drug can in any degree sufficiently approach it to be worthy of being brought into the same category. Its action is not only exerted on the removal of the œdema, but also on the effusion of serous cavities.

The diuresis, agreeing again with Jendrássik, he found to suddenly occur on the third or fourth day after the commencement of the administration of the drug, and it is advisable to suspend its use, to be renewed again in considerably decreased doses, when the diuretic action appears to be disappearing. This action in the removal of effused liquid is only to be explained by some particular facilitation of absorption by the blood, since Stiller as well as Jendrássik found that calomel so administered was entirely without influence on the heart or kidneys. In his first few cases Dr. Stiller found that diarrhœa, and in one case stomatitis, complicated his results, but in his later experience he found that the administration of opium with the calomel entirely prevented the appearance of diarrhœa, while it did not interfere with its diuretic action. According to his experience, the most marked diuretic effects have been produced from calomel without the least sign of mercurialization.

In spite of these favorable reports, calomel cannot, however, be regarded as a substitute for digitalis, since it is in no respect a heart remedy. In the numerous cases where digitalis fails or is contra-indicated, and where numerous substitutes for digitalis are either not applicable or have proved themselves unreliable, according to the above authors the value of calomel cannot be overestimated. Enough has already been determined by those two authors to prove that calomel in such diseases must in future occupy a very important place. As to the more exact indications as to its use, cases in which it is most favorable and as to whether its employment exerts any influence on the further progress of the cardiac disease, these facts must, of course, be left to future investigations. It is to be hoped that in the treatment of heart-disease calomel will receive the investigation which it without doubt seems to deserve.—*Therapeutic Gazette.*

SIMPLE CONSTIPATION AND ITS SUCCESSFUL MANAGEMENT.

Among the morbid states of the system for which suffering humanity seeks relief, often with but oftener without medical advice, none is probably of more frequent occurrence than constipation. From time immemorial to the present day countless expedients, including the use of innumerable drugs, have been resorted to in the endeavor to spur to renewed activity the flagging function of defecation. Sir Andrew Clarke has recently published some suggestive remarks concerning this subject, which, though not very original, nevertheless carry with them the weight of large experience and eminent practicality.

Sir Andrew inveighs particularly against the ignorant and unskilful domestic management of constipation, with its many untoward consequences, some of which may indeed become quite serious. He might with equal propriety have denounced the unskilful, because routine, practice of dealing with this disorder still practised by many medical men. The real mischief often begins by

the self-conscious patient seeing imaginary evils impending from the accidental failure of his bowels to act on some occasion when he has decided that they ought to have done so. The *malade imaginaire* forthwith concludes that the only way to relieve his "attack of constipation" is to take "a dose." And, he argues, the stronger the dose, the more effectual the cure. The medicine having operated, the bowels are probably found more inactive than before, which leads to renewed "doses." Soon the bowels fail to respond to natural stimuli, and periodical discharges are excited only by repeated doses of stronger and stronger aperients. In the words of Sir Andrew, "With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded by a pack of petty nuisances which lower his health, vex his temper, and cripple his work."

Now, it is quite true that "for the most part all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation." Chief among these conditions are a sufficient quantity of digestible food—including plenty of liquid—the presence of enough refuse matters in the colon, a decent regard to nature's promptings, regular solicitation once every twenty-four hours, the co-operation of the will, and contentment with a moderate evacuation. Of course, this simple and natural regimen presupposes a healthy nervo-muscular apparatus, without which the function in question cannot be properly performed. Sir Andrew briefly discusses each of the above conditions; but they are so well known to the profession that it is unnecessary to dwell on any of them, except, perhaps, the last-named—*i.e.*, contentment with a moderate discharge. On that score there is probably more ignorance than on any other point connected with the subject. According to Clarke, "for a man of average weight, consuming an average amount of food, the average amount of fæces ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aërated to float, and coherent." There is not the slightest doubt that "many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it." Such persons commonly resort to aperients in order to obtain "relief" from their imaginary constipation, and thus invite the very condition from which they are making misguided efforts to escape.

To effect a cure in such cases it is necessary, first of all, to stop aperients, and then to renew obedience to physiological laws. Sir Andrew's instructions to this large class of patients are so simple, direct, and practical that we cannot do better than here transcribe them:

"1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On rising, take a cold or tepid sponge-bath, followed by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and, if desired, and it do not disagree, take also a slice of bread-and-butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive-oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions: your object is to coax or persuade the bowels to act after the manner of nature, by the production of a moderate more or less solid-formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the beet Lucca oil."

The author maintains that if this programme be faithfully adhered to, aperients will rarely be found necessary. Of course, Clarke admits that the use of drugs is not altogether avoidable. His own preference is for the compound aloin pill (aloin, gr. ½; ext. nucis vom., gr. ½; ferri sulph., gr. ½; myrrh and soap enough to make one pill), taken half an hour before the last meal of the day. We fully agree with Dr. Clarke in believing that "the particular agent employed for the relief of constipation is of much less importance than its mode of operation." Whatever the remedy, it should act after the manner of nature in securing a daily formed stool. If in place of yielding to the importunities of patients demanding new and stronger aperients physicians would always take the pains to insist upon some such plan as outlined above, we have no doubt that there would be less trouble for and from constipated persons.—*N. Y. Medical Record.*

SALICYLATE OF LITHIA IN ACUTE ARTICULAR RHEUMATISM.

Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. Four to four and a half grams, and even five grams, may be given in the day. If the improvement is not lasting, fifty centigrams may be added to the daily dose. Sometimes, when the dose is increased to five or five and a half grams, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of fifty centigrams. The physiological effects of the drug are headache, giddiness, and deafness.—*British Medical Journal.*

TREATMENT OF SCIATICA.

Dr. Metcalf, of New York, says that no prescription for sciatica has ever equalled in efficacy the following: Tinct. aconit rad., tinct. colchic. sem., tinct. belladonna, aa 3 j. M. Sig: Dose, six drops every six hours. He also uses triturate tablets, each containing three drops of the following:—Tincture of aconite root, tincture of actea racemosa—equal parts by volume. Dose, one every four or eight hours.—*Journal American Medical Association.*

HOW TO GIVE CASTOR OIL.

Dr. Field, in a recent book, "Evacuant Medication," gives the following formula as useful in administering castor oil, especially in dysentery and enteritis, when purgation and a healing and tonic influence is required:

Ol. terebinth..... .....gtt. lxxx;
Ol. cinnamon.....Mv;
Ol. ricini..... 3 v;
Mucil. acac.....q.s.;
Syr. simpl.....q.s;
Aq. puræ, q. s .ad..... ..... ʒ ij.

M. Sig: Shake thoroughly. One teaspoonful, repeated *p. r. n.*

THE TREATMENT OF STYE.

Styes are such troublesome little ailments that the following remedy for their cure, recommended by M. Abadil, may be welcome:—

℞ Acidi boracic, 10 grammes
Aquæ dest., 300 grammes
Dissolve.

With a wetted piece of wadding, drop some of this solution on the stye several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

ANTISEPTIC GAUZE.

Dr. A. G. Gerster, in the New York *Medical Journal*, describes a way to make antiseptic gauze easily and cheaply. Twenty-five yards of cheese cloth, which can be procured at any dry-goods store for a trifling sum of money, are divided into four equal parts. Each of these is folded eight times, rolled up loosely, and tied with a string. To make the gauze absorbent it is put into a common wash-boiler, covered with water, to which a pound of washing soda or saleratus has been added, and boiled for an hour. After this it is rinsed in cold water for ten minutes to free it from the soda, passed through a clothes-wringer, and placed in a stone or glass jar or an enamelled kettle, filled with a corrosive sublimate lotion of 1 to 1000 strength, to remain therein for twenty-four hours. It is then passed through the wringer again, and hung up to dry over night when the air is free from dust. The string put about each piece should not be removed until the time of drying, as it will keep the folds from getting disarranged. The dried pieces are ready for use, and will keep clean if wrapped in a towel or put away in a jar.

When the gauze is used, suitable sized pieces, each eight folds thick, can be cut out with a pair of stout scissors.

Iodoform gauze is made by sprinkling iodoform powder from a pepper-shaker uniformly over the moist compress, and rubbing it thoroughly into the meshes between the fingers.

An excellent substitute for gauze in an emergency is common cotton batting well soaked in solution of corrosive sublimate (1 to 1000). The package of batting is unrolled in an ordinary manner, and cut into square pieces of desired size. Each of these is refolded into a small square, and thoroughly kneaded in a wash-basin filled with the mercuric solution till completely saturated. When wrung out, and unfolded to its original shape, it is ready for use. Any clean fabric of cotton or linen, soaked in mercuric solution, makes a good antiseptic dressing.

CHEADLE: CONSTIPATION IN CHILDHOOD AND ITS SEQUEL, ATONY, AND DILATATION OF THE COLON.

(*Lancet*, December 4 and 11, 1886.)

In these two lectures the author discusses this important subject in an interesting and profitable manner.

Among the causes existing in adults for constipation, he mentions dread of stool from the pain which accompanies the act as being an important factor in many cases among children. The continued and habitual use of coarse foods, such as oatmeal, etc., he thinks not advisable, as these, like too many purgatives, tend to produce atony of the muscular coat from continued over-stimulation.

The habitual use of enemata is productive only of harm. Cases are cited where this practice had

been continued for months, sometimes two or three enemata being retained in the bowels for some time before expulsion took place, with the result of causing such dilatation of the colon as to crowd up the heart and lungs, producing dyspnœa and impeded circulation, and great abdominal distention.

Puncture of the bowels with a small trocar was used in one case with success; this being followed by the use of abdominal bandages.

The method of treatment he has found most satisfactory is the continuous use of non-stimulating purgatives, especially the salines, together with the administration of strychnia and belladonna in all cases of long standing, where atony is probably a feature.

For young infants he employs the carbonate of magnesia, given in doses of gr. x to gr. xxx, once or twice a day in milk.

For older infants and young children a mixture of the sulphates of magnesia and soda in a little larger doses than the above, together with strychnia, belladonna, and iron, if the case is a chronic one.

In older children a nightly pill of aloin with the last-mentioned drugs is advised.

Attention to diet, exercise, bathing, and habits generally, is not overlooked by the writer. Great benefit sometimes results from systematic massage of the abdomen with castor or cod-liver oil. *Archives of Pediatrics.*

THE ANTISEPTIC TREATMENT OF SUMMER DIARRHŒA.

At the annual meeting of the New York Academy of Medicine, held January 6, 1887, Dr. L. Emmet Holt read a paper on the "Antiseptic Treatment of Summer Diarrhœa" (*Medical Record*, January 15, 1887). The speaker stated that he did not undervalue other methods of treatment than the use of drugs, such as careful feeding, change of air, etc., but the object of the paper was to discuss what additional measures were useful.

All the causes of summer diarrhœa—excessive heat, improper or artificial feeding, and bad hygienic surroundings—united to produce a dyspeptic condition, which was really at the bottom of nearly all of these cases. The age showed it could not be heat alone, for the disease was not frequent at the most tender age,—under six months. Of 431 cases, only twelve per cent. were under six months, while fifty-nine per cent. were between six months and two years. The explanation was that under six months most of the children were fed at the breast. Improper and artificial feeding was quite as important as heat, as Hope had found in 591 fatal cases that only 28 had no food but the breast.

Heat depressed vital energy, increased decomposition in the streets and sewers, and thus vitiated the atmosphere; but, most of all, it produced in the food given to young children putrefactive changes before it was taken into the stomach.

This was especially likely to occur with milk. One instance was cited of every one of twenty-three healthy children being taken in one day with diarrhœa from bad milk.

Closely related to this subject were the poisons produced from food, or ptomaines. Brunton had stated that most of the alkaloids produced from the decomposition of albumen caused diarrhœa. It was believed that many of the nervous symptoms in summer diarrhœa had their explanation in the effects of these alkaloids. This was true especially where the discharges were abruptly arrested, either spontaneously or by opium. They were to be looked upon as a form of toxœmia.

The inflammatory changes found in the intestine were to be looked upon as a consequence of the diarrhœa rather than the cause of it. The most marked lesions were always found in the cæcum and sigmoid flexure, just where the irritating substances were longest detained in their passage.

Immense numbers of bacteria were found in the discharges, but no sufficient evidence had yet been adduced to establish the existence of a special microbe as a causative agent.

The indications for treatment were four: 1. To clear out the bowels. 2. To stop decomposition. 3. To restore healthy action in the alimentary tract. 4. To treat the consequential lesions.

It was proper to begin with a cathartic in all cases unless the stomach was very irritable. Castor oil was by far the best. If much vomiting were present, a copious injection of water, enough to wash out the colon, should be given.

Many mild cases could be cured by the oil alone, provided suitable dietetic regulations afterwards could be carried out. In severe ones it gave only temporary benefit.

For the second and third indications an antiseptic should be given and the diet carefully regulated. The best antiseptics were sodium salicylate and naphthalin. The former should be given in doses of 1 to 3 grains, according to the age of the child, every two hours, and the latter in about double the dose.

If vomiting were present, all food should be stopped for from twelve to twenty-four hours, and thirst quenched by thin barley-gruel or mineral-waters,—cold, and in small quantities.

Unless the child were upon the breast, in which case it should, of course, be kept there, it was better to *withold milk entirely*. Wine-whey, animal broths, expressed beef-juice, or even raw beef, could be used, and were usually sufficient.

To meet the fourth indication—*i.e.*, to treat the lesions—astringents by the mouth were useless, with the possible exception of bismuth. The diet should be as carefully looked to in chronic cases as in acute. The antiseptic should be continued, to check fermentation and decomposition in the intestine, and the large intestine should be washed out once a day with pure water or a weak antiseptic or astringent solution.

Attention was called to the fact that, except opium, nearly all the drugs which had held their place in the treatment of this disease were antiseptics of more or less power. Bismuth, calomel, the mineral acids, iron and silver salts were cited. Pure antiseptics had been used in the treatment of diarrhœal diseases since 1846. Creasote was employed, and with great success both in England and in this country. Ten or fifteen years ago salicin was largely used, especially in the South, with uniformly good results, particularly in chronic cases. The use of salicylic acid and its salts, the bichloride of mercury, and naphthalin was also referred to. The last was of latest introduction, and seemed likely to prove of very great value, perhaps the most valuable of all.

Notwithstanding the successful results obtained by antiseptics, the great majority of the text-books still advocated the old plan of the use of opium and astringents as fifty years ago. An inquiry into the public practice of this city showed that in fourteen institutions and dispensaries, where it was estimated that twenty-five thousand children were treated yearly for diarrhœal diseases, the main reliance was still upon opium, bismuth, chalk mixture, and castor oil.

The speaker had tabulated 300 cases of his own treated by such remedies. Of these, 50 per cent. were cured; 27 per cent. improved; 18 per cent. unimproved; and 7 per cent. died. During the past year he had treated 81 similar cases by an initial dose of castor oil, followed by salicylate of sodium, these being the only drugs used. Of these, 84 per cent. were cured; 7 per cent. improved; 7 per cent. unimproved; 1.2 per cent. died. Forty-four cases were treated by naphthalin, usually preceded by the oil. Of these, 67 per cent. were cured: 15 per cent. improved; 13 per cent. unimproved; and 2 per cent. died. Resorcin was used in a similar manner in 27 cases. Of these, 55 per cent. were cured; 22 per cent. improved; 22 per cent. unimproved; and none died.

The duration of the disease in these cases before treatment was about the same in each class. The duration of treatment in the cured cases was much shorter by sodium salicylate than by the use of opium, astringents, etc. In cases of long standing the very great superiority of the salicylate and naphthalin was clearly shown. Resorcin was much inferior to the drugs just mentioned.

The following conclusions were drawn from the paper:

First.—Summer diarrhœa is not to be regarded as a disease depending upon a single morbific agent.

Second.—The remote causes are many,—heat, improper and artificial feeding, bad hygiene, etc.

Third.—The immediate cause is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes often are begun outside the body.

Fourth.—These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

Fifth.—The routine use of opium and astringents is not only useless, but, especially at the outset, may do positive harm; since, by checking peristalsis, opium stops elimination and increases decomposition.

Sixth.—Evacuants are to be considered an essential part of the antiseptic treatment.

Seventh.—The salts of salicylic acid and naphthalin are the antiseptics which, thus far, seem to be best adapted to the treatment of diarrhœal diseases.

Dr. R. W. Wilcox spoke especially with reference to the use of naphthalin in diarrhœa in adults. Since reading Rossbach's paper in the *Berliner Klinische Wochenschrift*, in November, 1884, he had used naphthalin in thirty-two cases, nearly all being in adults. He had come to feel as much confidence in the use of this drug, under certain circumstances, as in the use of mercury or the iodides in syphilis or of quinine in intermittent fever. As mercury and quinine may fail to accomplish their work if used without observance of a few well-known precautions, so naphthalin may fail if improperly employed. The most frequent cause of failure has been the use of too small quantities, less than 60 grains daily being a needless waste of a very good medicine. He had given up to 120 grains during the twenty-four hours in divided doses, usually in starch capsules with a small quantity of oil of bergamot to conceal the somewhat unpleasant odor. If the impurities of the drug are removed by washing with alcohol, no such untoward effects as have been occasionally reported in the journals will occur. Frequently during its administration the urine will assume a smoky color, resembling that of acute nephritis, but a careful examination will fail to detect either albumen or casts.

In chronic diarrhœas he had used naphthalin as the only drug in twenty-one cases. Nearly all degrees and varieties had been represented; some could be traced back to an acute process, others were the result of improper food or followed debilitating diseases.

He related one case: James D., messenger, 18 years of age, came to him, complaining of a diarrhœa of over two years' duration. Its commencement was in the second summer previous to his first visit. The assigned cause was overindulgence in unripe or spoiled fruit. The trouble had continued through the following winter, with intervals of cessation, and had been aggravated the following summer. Since summer his loss of flesh, previously considerable, had increased, his tongue was heavily coated, the appetite poor; his discharges were five to six daily, unformed, varying much in amount, sometimes watery, very foul-smelling, much gas, no tenesmus, no blood; pain at times, but no fever. Although he was in a deplorable condition, and so long as his work remained severe and his food unsuitable recovery seemed impossible, by the use of 60 grains of naphthalin daily the number of movements were

reduced, within a week, to two daily, and, for the first time, became formed and devoid of odor. About six months afterwards he reported that after three weeks he had discontinued his medicine, having had no further necessity for using it.

In *chronic dysentery* he had used naphthalin in seven cases, with excellent results. The most interesting case was that of James C., 66 years of age, who contracted dysentery while serving in the Federal army in 1862-64. He had never been free from the disease except for a few weeks at intervals. He could remember no day during which he had not had more than one passage. He was emaciated, with sallow, dirty skin, marked tenesmus, abdomen painful on pressure, red tongue, pulse very feeble, no appetite. His stools averaged seven movements daily,—slimy, blood-stained, of extremely foul odor. This man had 90 grains of naphthalin daily, and at the end of the month he would have hardly been recognized as the same man. Four months after he reported himself so much improved that he considered himself a well man.

His experience in the diarrhœa of *typhoid fever* had been limited to two cases: Charles B., 25 years of age, and John F., 16 years of age, both of whom he saw for the first time in the third week, the diagnosis being thoroughly established. In both there was commencing tympanites; diarrhœa, to the extent of six to ten passages in the twenty-four hours. Naphthalin was administered up to 60 and 90 grains in the day, with the result of "stiffening up" the motions and reducing them to two daily. The odor of the stools, in both cases, was lost. In fact, he felt so confident that the intestinal canal and, consequently, the fæces were disinfected that he did not take any other precautions. He also directed attention to the antipyretic effect of this drug. In general, the use of antipyretics in typhoid fever he considers unsafe; but if the practitioner was thoroughly imbued with the idea that he must use an antipyretic, let him use naphthalin, which reduces temperature, indirectly, by disinfection of the intestine. In point of safety it compared favorably with such drugs as antifebrin, thallin, antipyrin, etc. Whether typhoid fever had ever been aborted by this or any other drug he did not pretend to say; but if it could be accomplished, in his opinion, naphthalin, by its vigorous action upon the contents of the alimentary canal, should tend to that result.

Of the use of naphthalin in acute intestinal catarrhs, and in the diarrhœas of children, he had had no experience. In the diarrhœa of chronic tuberculosis he had had no opportunities for experiment. In all his cases of diarrhœa evidences of tuberculosis in other organs were sought for, but were not found. He would emphasize the claims of naphthalin as *the* drug to use in all cases in which it was necessary to disinfect the alimentary canal, as in typhoid fever, intestinal catarrhs, and dysentery, because it seems to be, of all the drugs at our disposal, the most certain, and at the same time the one most free from danger.—*Therapeutic Gazette.*

ANTI-DIARRHŒIC PILLS.

Trousseau recommends the following formula in rebellious cases of diarrhœa which have resisted treatment by salines:

℞.—Powdered ipecac. . . . . gr. viij.
Extract of opium,
Calomel . . . . . aa gr. iss.
To make twenty pills.

The dose, one to three pills daily, is continued for a week or longer.—*L'Union Médicale.*

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CANADIAN MEDICAL ASSOCIATION.

We would remind our readers that this Association holds its twentieth annual meeting at Hamilton, Ont., under the Presidency of Dr. Holmes, on the 31st of August and 1st of September.

SIR JAMES A. GRANT, M.D.

Dr. J. A. Grant of Ottawa, who ever since that city became the capital of Canada has professionally attended the various governor generals and their families, has just been created a Knight Commander of the most distinguished order of St. Michael and St. George. Dr. Grant has the proud distinction of being the first Canadian medical man who has received the honor of knighthood. He received his medical education at McGill College, where he graduated in 1854, since which time he has become an L.R.C.P. London, and an F.R.C.S. at Edinburgh. Dr. Grant has been President of the Canadian Medical Association and of the College of Physicians and Surgeons of Ontario; he has also contributed many valuable articles to medical science. We congratulate him on his promotion and wish him long life to enjoy it.

A MAGNIFICENT DONATION.

Sir Donald Smith and Sir George Stephen have notified the Mayor of Montreal of their intention to contribute the sum of one million dollars to build, equip, and endow a General Hospital in this city, to be known, in commemoration of Her Majesty's Jubilee, as "The Royal Victoria Hospital." This magnificent donation is accompanied by a request that the city should contribute the land on which to erect the building, and the donors asked for a site on the side of the Mountain, next to the residence of Sir Hugh Allan. This has been granted and perpetually leased to the hospital at one dollar a year rental. The charter has since been obtained from the Dominion Legislature and the money has been deposited in the Bank of Montreal. Such a noble donation made in the life time of the benefactors, cannot be too highly appreciated, and we trust that these two noble hearted Scotchmen will live many years to realise the benefit which their liberality is bestowing on suffering humanity. We have not yet seen the charter, but trust its terms place its management upon a broad and liberal basis.

PERSONAL.

The many friends of Dr. Robert Howard, of St. Johns, Q., will be glad to hear that he is now able to get about slowly, with the aid of crutches. His eye sight, however, continues poor. His progress so far has been a surprise to many of his medical friends, when the serious character of his disease is remembered. They are now hopeful of a still further improvement—though it may be slow.

Dr. Kerr of Winnipeg has gone to England on a brief trip.

Dr. Guerin of Montreal has returned from Paris.

Dr. Grasett has been appointed to the chair of surgery in Trinity Medical College, Toronto, rendered vacant by the death of Dr. Fulton. Dr. Covernton, sr., takes medical jurisprudence, and Dr. Covernton, jr., sanitary science.

Dr. F. W. Campbell, has been appointed Medical Referee for the Dominion of Canada for the New York Life Insurance Company. In this capacity he has entire charge of all Medical matters pertaining to the Company. This appointment is entirely distinct from the position of Medical Examiner for the Company in Montreal, which he has held for the last nineteen years.

Dr. Birkett (M.D. McGill College, 1886) has been nominated Assistant Surgeon of the Victoria Rifles of Canada, (Montreal).

Dr. Corson (M.D. McGill 1885) has been appointed Surgeon, and Dr. Rollo Campbell, (M.D. Bishops', 1887) Assistant Surgeon of the Royal Scots of Montreal.

Dr. Weir Mitchell of Philadelphia is on the Restigouche River, salmon fishing, as is also Dr. Frank Thompson of Philadelphia. Dr. F. W. Campbell of Montreal is also engaged at the same sport on the same river.

Dr. Paré of Lachine has been appointed an Assistant Surgeon in the North West Mounted Police. The appointment is a good one.

Dr. R. Palmer Howard of Montreal is fishing on the Little Cascapedia.

Dr. A. L. Smith, Professor of Medical Jurisprudence, University of Bishop's College, returned from Europe by the *SS. Lake Ontario* which arrived here on June 22nd.

Dr. James Stewart has been appointed assistant physician to the Montreal General Hospital, *vice* Dr. J. C. Cameron, appointed consulting physician.

Dr. Wolfred Nelson (M.D., Bishops' College and McGill College, 1872), Foreign Medical Inspector for the New York Life Insurance Company, sailed a few days ago for Europe on Company business. He will be absent several months, and his time will be passed entirely on the continent.

Dr. T. J. Alloway has been appointed assistant surgeon of the Montreal General Hospital *vice* Dr. Girdwood, appointed consulting surgeon.

Dr. R. A. Kennedy, Registrar of the University of Bishop's College and one of the Editors of this journal, has returned from Colorado where he had been spending a few weeks for the benefit of his health, which we are glad to say is greatly improved.

REVIEWS.

"*Which? or Between Two Women*," in press for immediate publication by T. B. Peterson & Brothers, Philadelphia, is the latest and most powerful novel from the pen of the celebrated French novelist, Ernest Daudet. It is fully worthy of its famous author's great reputation, and is one of the strongest and best love romances ever issued from the press. The action is brisk and spirited, while the interest is of the most absorbing kind.

The scene is laid in Paris and the country, and the events are described with rare vigor and completeness of detail. Many of the incidents are of the most thrilling and dramatic description, while the characters are all well drawn, and speak and act like living people. It will be issued in a large duodecimo volume, price 75 cents.

Athothis, A Satire on Modern Medicine by THOMAS C. MINOR, Cincinnati, Robert Clarke & Co., 1887.

This is a cleverly written Egyptological fable, in which the author gives some, perhaps, well deserved hits on the customs of fashionable medical practice in this the nineteenth century. Even the germ theory is not forgotten and comes in for a goodly share of criticism. The various types of successful medical practitioners are very vividly caricatured, and the general style and contour of the book will amply repay the physician's perusal while enjoying a few days' vacation.

A Treatise on Diphtheria Historically and Practically Considered; Including Croup, Tracheotomy and Intubation. By A. SANNE. Translated, annotated and the surgical anatomy added; illustrated with a full-page colored lithograph and many wood engravings. By HENRY Z. GILL. St. Louis: J. H. Chambers & Co., 1887. 665 pages. Price: Cloth, $5; Sheep, $6.

We highly recommend this exhaustive volume on a subject of such very vital importance to the medical profession in general. The work deals with diphtheria in all its various forms, with its history, prophylaxis and treatment in such an able manner that it cannot fail to be appreciated by our readers. The paper and variety of type are of the best quality, as is also the binding. The translator who has so ably performed his duty as well as the publishers are deserving of all possible success, for not having spared any effort to bring this valuable work creditably before the American public.

What to do in cases of Poisoning. By WILLIAM MURRELL, M.D., F. R. C. P., Lecturer on Pharmacology and Therapeutics in the Westminster Hospital, etc., etc. First American from the Fifth English Edition, Edited by Frank Woodbury, M.D., Fellow of College of Physicians of Philadelphia, Professor of Materia Medica, Therapeutics and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia. Published by the Medical Register Co., Philadelphia, 1887.

This little work having gone through five editions in England proves beyond doubt that it must have supplied a long felt want in the medical literature of a toxicological character. The author says he disclaims any responsibility in the matter of the large circulation of this work. That this book has saved some lives is doubtless true, one case being recorded of a gentleman who contemplated poisoning himself, but changed his mind on reading the directions for treatment. The general "make up" of the book is very good, and the various poisons and their antidotes are so arranged (being placed alphabetically) as to make reference easy. A chapter has also been added regarding the fee which should be charged in cases of poisoning. Altogether the work is one of the best for the busy medical man, being very concise and compact, capable of being carried in the pocket or medicine chest.

Earth as a Topical Application in Surgery. Being a full exposition of its use in all the cases requiring topical applications admitted in the Men and Women's Surgical Wards of the Philadelphia Hospital during a period of six months in 1869. By ADDINELL HEWSON, M.D. Second edition, with four photographic illustrations. Published by the Medical Register Company, Philadelphia, 1887.

This book contains numerous very concise statements regarding the results of the use of dry earth as a dressing in surgical cases. Although the author in the first edition of this work made several suggestions in regard to the treatment of surgical affections by the use of earth or clay, the medical profession do not, as yet, appear to have taken much interest in the subject, although the results of Dr. Hewson's experimental labors, have been all that could be desired. The writer appears to have used the dressing in some severe and complicated cases, such as fractures, compound and comminuted, ulcerated wounds, involving joints, and in excisions and amputations, and has evidently given the dressing a severe trial with the best results. The author claims the following beneficial results are to be obtained from the proper application of this substance, viz.: Relief of pain, absence of inflammation and putrefaction, deodorizing properties, and promotion of the healing process.