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CONTENTS.

ORIGINAL COMMUNICATIONS.

Antiseptic Midwifery, 169—Valedictory Address 171

PROGRESS OF SCIENCE.

Treatment of Diseases of the Stomach, 173—On the Treatment of Catarrh of the Respiratory Passages,—Acute Nasal Catarrh, 178—On a new method of treating Sprains, 181—On the Treat-

ment of Cholera, 182—On the Treatment of Measles, 183—The Cure of Asthma, 183—Simple Inflammatory Tonsillites, 184—Administration of Quinine, 184—Treatment of Eczema of the Genitalia—Pruritus and Leucorrhœa, 184—How to Shrink Hypertrophied Tonsils by Caustic application, 184—Treatment of Fistula in Ano..... 185

EDITORIAL.

Volunteer Military Medical Officers, 185—Cholera, 186—Sel-i-kai, 187—Glycerine for Dryness of Tongue and Thirst in Febrile States, 188—Illinois State Board of Health, 188—Mellin's Food for Infants and Invalids, 188—Local Anesthetic, 188—Local and General, 188—Personal, 191
Reviews 191

Original Communications.

ANTISEPTIC MIDWIFERY.

By GEO. E. ARMSTRONG, M.D.

Professor Physiology University of Bishop's College, &c.
(Read before the Medico-Chirurgical Society of Montreal.)

That Sir Joseph Lister has done a great deal for surgery—by enlarging the field of justifiable operations and by rendering the results of all operations more satisfactory—probably none will deny. But to what extent the details of his method of operating are essential there is still a wide difference of opinion; and even the soundness of the theory upon which his practice is based may be safely questioned. Indeed there is a suspicion among not a few that, after all, we may find in the future the lesson to be learned from the practice of Lister is that absolute cleanliness of the part operated, upon the part of the operator, and of instruments used in the operation, is *the great essential* of success, and the thanks of the profession to Joseph Lister should be none the less profound because his labors have been none the less effective if the suspicion should prove to be correct. The germ theory is the fashionable way of accounting for many of the accidents of surgery, as well as for the presence among us of many diseases. Lest we again lay ourselves open to the charge, sometimes laid against us by the lay press, of allowing ourselves to be led to one extreme by some prominent professor with an unpronounceable name, and then in a short time following some other leader as blindly to the other extreme, let us pause and

examine some of the facts of familiar occurrence in every-day life, and ascertain whether or not they are in harmony with the theory advanced.

Antiseptic surgery is based on the theory that the atmosphere which we breathe and by which we are surrounded contains germs which when allowed to come in contact with wounds, are capable of lighting up unhealthy action in them, and this theory has been more and more widely applied, until now, by some, it is taught that the physiological act of child-birth should always be conducted on what are known as strictly antiseptic principles, and it is this somewhat new application of the germ theory that I purpose briefly to discuss this evening.

Do our parturient patients whom we attend in confinement in the ordinary way without the use of any antiseptic dressings or douches, and without any special previous cleansing or disinfection of their apartments, present as a rule symptoms of septic inoculation? So far as my experience goes the answer is decidedly in the negative. If I am not much mistaken, it is the exception for men who do a large midwifery practice among the middle and lower classes to have cases of septic poisoning occurring among their parturient women. We younger men are often called to attend women in their confinement whom we see for the first time when they are in labor,—women who live in unhealthy, low, badly-drained localities, and in houses not over-clean and illy-ventilated. Women whose surroundings are eminently adapted to favor the growth and spread of atmospheric germs, and yet even among these I believe it is comparatively rare to have trouble of a septic character.

Now if a man confines 100 women, and 98 of them make perfect recoveries and two of them present symptoms of septic poisoning, should he blame any one of the many surroundings common to them all as air, or should he look for some extraordinary agent, to account for the evil. The experience of ages and all medical literature teaches the latter. We constantly hear and read of septic cases due to a portion of decomposing placenta or membrane or blood-clot remaining in the uterus or vagina, or cases that can easily be traced to contagion carried by the accoucher.

Now, is it possible for the strictest antiseptic precautions to prevent the occurrence of septic infection of women during and after their confinement?

Let us suppose, for instance, that we have had apartments to be occupied by our patient newly whitewashed and papered and disinfected, and the bed and bedding and napkins and all the clothes to be used by the patient thoroughly carbolized or sublimated, is our patient then safe? I fear not, unless the accoucher and nurse themselves see to it that they neither touch nor enter the presence of any unclean thing. If the doctor comes from examining a child with diphtheria, or a patient with erysipelas, and enters that chamber, and touches the patient or he napkins, he unavoidably communicates the poisons to the patient or to the napkins and the napkins to the patient. I think I cannot better illustrate not only the *possibility*, but the *probability* of such a sequence of events than by quoting an account of similar occurrences from the latest edition of Emmet's Principles and Practice of Gynæcology. On pages 717 and 718 of this work Emmet relates the two following cases. In the first one Dr. Emmet was about to remove a small ovarian cyst from a young girl in apparently perfect health. Dr. Emmet says: "The sponges, instruments and ligatures had been prepared with unusual care, and I never performed an operation where there seemed so little liability for any complication to occur." Just before the operation several physicians from the Polyclinic or Post-Graduate Medical School sent in cards of introduction from some of the staff, requesting that they might witness the operation, and they were admitted. Just as the Doctor was commencing the operation one of these gentlemen picked up a pair of forceps or scissors from the tray to show a friend alongside.

Emmet caught his hand, requested that he would not touch the instruments, and then went on with the operation, neglecting to disinfect the hand that had touched the gentleman's coat. In less than 24 hours, the report says, the girl was doomed, and died on the sixth or seventh day. It was found at the autopsy that an abscess had formed, extending from the wound and around the pedicle, and that the girl died of septic peritonitis. Emmet adds that the man who picked up the instrument was responsible for the girl's death.

The other case is that of a woman suffering from procidentia sent to Dr. Emmet for treatment by Dr. A. Jacobs. At the operation, after Dr. Emmet had denuded a large surface, Dr. Jacobs, who was present, placed his finger upon the prolapsed surface to satisfy himself that it was unusually hard. Two days after the operation, the patient's temperature was found to be 105°. Upon removal of the sutures the whole surface which had been freshened was found covered with a diphtheritic deposit as thick as a piece of chamois leather. It was ascertained that Dr. Jacobs had examined the throat of a child suffering from diphtheria early that morning. The operator had not seen a case for years; Dr. Bache Emmet, the assistant, had not in six months. The nurses were out of the way of meeting the disease, and the patient had not been out of the house for several weeks.

Now the two points I would make here are:—

1. How remarkably easy septic matter is conveyed. From what we know of the properties of septic matter it does seem that if the air is full of them all wounds exposed to the atmosphere pressing these germs against exposed surfaces, with a pressure of 15 lbs to the square inch, should become infected; yet we know from experience that this is not the case, and the fact that this is not the case is good evidence that the atmosphere ordinarily does not contain them. That wounds heal kindly and by first intention, and that women are confined every day without any septic trouble supervening, and without the so-called antiseptic precautions being taken, certainly proves this much—that the so-called antiseptic precautions are not essential to perfect healing of the parts after an operation or to perfect recoveries after confinement.

And, 2, that, in spite of all possible antiseptic precautions, one touch from a known and well-de-

defined source of contagion, renders all our antiseptic preparations useless.

May not the question be fairly asked : if all the known and well-defined sources of contagion are strictly guarded against would we need all this paraphernalia to protect our patients against an imaginary foe ?

When going through a hospital and seeing wounds filled with pus that have been made under the spray and dressed according to Lister's method, it is really amusing to listen to the many explanations given to account for the presence of the pus and the unhealthy action. Some little detail, we are gravely told, was accidentally omitted, and this is the result. Explanations which can only be compared to the reasons given by those estimable people possessed of more goodness of heart than of wisdom when trying to account for the non-restoration to health of some one who had something the matter with him and had been prayed over by the brethren possibly for months together.

Herbert Spenser in his essay on the coming slavery says, that when railways were first opened in Spain peasants standing on the track were not unfrequently run over, and that the blame fell on the engine drivers for not stopping,—rural experiences having yielded no conception of the momentum of a large mass moving at a high velocity, and he goes on to speak of a political momentum which, instead of diminishing or remaining constant, increases. I think we might recognize a momentum in antiseptic theories—a momentum that seems to be carrying us into irrational and absurd practices, that after a time we shall be compelled to give up, but not without the loss of prestige and influence with the public. According to the present rate of progression we shall soon, when called upon to attend a case of midwifery be compelled to retire to our bath-rooms, wash and scrub in disinfectant solutions, don a fresh suit of disinfected clothes, and, like the Romish priests, when called to administer the communion at a person's residence, we shall go forth, preceded by couriers to clear the way and open doors, etc., etc., not daring to touch even a door bell knob, lest, possibly, an unclean mendicant has first handled and defiled it.

Would it not be better if our line of action were directed against more tangible sources of septic poison than the atmosphere we breathe. Instead

of becoming machines, let us more carefully and intelligently avoid known sources of danger.

We, as general physicians, must attend diphtheria and scarlatina and peritonitis, etc., but if we do, before going from these cases to attend confinements, let us take those measures to ensure against conveying them to our patients which every-day experience proves to be sufficient, rather than inflict upon our patients a long detail of preventive treatment, which is repugnant, troublesome and costly, both as to time and money.

More than this, these very precautions which some would induce us to take to insure the safety of our patients may be made indirectly to increase this danger by rendering us less careful in avoiding known sources of contagion. When in Philadelphia a year ago, in conversation with Prof. Levis, he expressed himself as a thorough believer in Listerism. He told me that when going through Sir Joseph Lister's wards Lister remarked to him that his wards were æsthetically dirty but surgically clean.

That simply proved that it was possible by great care and by the use of every precaution to keep a surgical wound clean in an æsthetically dirty ward ; but it shows the tendency to trust to these more showy and formal means of prevention, and to neglect the ordinary rules of cleanliness, which have been rightly said to rank next to godliness.

Let us first pluck the beam from under our finger nails, and then, perhaps, we shall see more clearly to pluck out the mote from the atmosphere.

VALEDICTORY ADDRESS.

Delivered on behalf of the Graduating Class of the Medical Faculty of Bishop's College, March 31st, 1885.

By the Rev. J. B. SAUNDERS, C.M., M.D.

We have reached to-day one of the goals in life's great race. The hopes of years to-day are consummated. The boding fears of many months now are dispelled for ever, and, armed with our letters patent, we gladly array ourselves for the stern battle of professional life.

We have sat in meekness at the feet of these "most grave and reverend Seigniors"—the amazement growing every day how those "small heads could carry all they know," and the still greater amazement, how we could store their instructions

all away and carry them up to our examinations ticketed and labelled ready to be fired forth at the given moment when the test questions should be launched upon us. But toil and patience, and perhaps some small modicum of "cheek" have pulled us through, and to-day we leave our Alma Mater and take upon ourselves the burdens and responsibilities of a Medical career.

Some time ago we felt it would be *such* a relief to escape from the professional eyes of those who overawed us with their learning and overwhelmed us with a most discouraging sense of our own deplorable ignorance. But now the hour has come at last: we find, mingled with an unmistakable sigh of relief, an unmistakable sigh of regret also. Your ardent love of the profession, your untiring researches after the hidden truths of science, your unceasing efforts to lead us to lay broad and deep the foundations of a true liberal medical education, your words of warning and counsel and encouragement have inspired us, not only with a deep interest in the studies of our profession, but also a deep love for the men to whom we owe so much.

I am sure I am but voicing the united sentiment of the students of Bishop's College when I say that we hope for and expect a great future for the Medical College of Bishop's University.

We believe she has a mission to perform in Medical Education in this land; we believe she is struggling nobly to accomplish that mission; and though other, older, institutions may now excel her in the number of her graduates, we can hardly think that one can be more loyal to the great facts of medical science or more liberal in embracing the latest revelations and sifting well the basis upon which the hypotheses stand. And we are quite sure that no similar institution has professors more deeply interested in the welfare of those who enroll themselves as students under their escutcheons. Let the professors toil together, lifted by their love of truth and their love of Alma Mater above all personal bitterness and sordid motives. Let the alumni stand firmly together, toiling for these great ends and helping each other by cheery words over the rugged steps of professional life, and the time will come, and will not tarry, when Bishop's College will number her graduates by the hundred, and her influence in this vast Dominion will rival that even of older and richer schools.

And now we have to say farewell to our profes-

sors. We have learned from you that the voracious *Tinea Solium*, the dreaded *Tinea Medio Cancellata*, the nimble *Bothio Cephalus Latus*, the destructive *Trichinæ Spiralis* slumber unobserved in the luscious beef-steak and the toothsome pork chop; that *Vacina* float slyly in the milk that is daily brought to our doors, and deadly Bacteria fill the air we breathe, and swarm in the water we drink; the cunning *Bacillus*, the insidious Microbe finds its way into every avenue of these mysterious organisms in which we live and move and have our present habitat, so now, being too wise ourselves to eat meat or drink water or breathe air, we go forth to help those whose carnal appetites still dominate their being and hold them in bondage to the merciless Bacteria. With Lister's atomizer in one hand, and Perrigo's irrigator and Campbell's insufflator in the other, we leave these classic halls to-day, swearing war to the knife against every infective germ and deadly contagium which macroscopy or microscopy has ever revealed.

We know now that if these wild and formidable creatures are caught young and evolved or rather involved some twenty generations backward, and reduced down by simple unstimulating diet they lose much of their native ferocity, and can almost be domesticated, so that 1-10,000,000 part of a grain of micrococci can impart a form of the disease so slight as not to keep a man away from his office more than one afternoon, indeed it may be so arranged that the sepsis can be imparted Saturday afternoon and leave the man ready for his Monday morning, without having lost one hour out of his business life, and yet fortified for ever against that disease for which he has received inoculation.

If we can only catch the foe whose delight it is to produce each particular form of deadly disease, and diet him down until he grows peaceful and harmless, and dole him out in minute doses, we can ensure our patients immortality, and prove to men everywhere that life, after all, may be made worth the living.

I may also say a word to my fellow graduates:—

Grand indeed is the field that stretches out before us. Bright are the hopes which beckon us on. Rich are the rewards which invite us. It will be ours to labor in three great departments of toil: The prevention of disease, the alleviation of human suffering, and the saving and prolonging of human life. In the first of these much, very much, still remains to be done. The known laws

of Hygiene are sadly neglected almost everywhere. Even this famed city has few, appallingly few, houses, even of the wealthy and intelligent, the hygienic arrangements of which are anything like perfect.

The public generally, and our aldermen in particular, need to be aroused at this time to the great principles of Sanitation.

It will be ours, too, to relieve the suffering of our fellows. What task can be more inspiring and draw more largely upon our better natures than that. If we are true to ourselves and our profession many a suffering one will bless our coming and many an anxious heart will find relief in our words of cheer. But, above all things, let us learn to be loyal to truth. Oliver Wendell Holmes says a physician's first duty is to his patient—himself second always. Strong temptations lie before us. The temptations of empiricism and quackery. A "Rule of Thumb" practice is the easiest thing in the world to fall into, and is most disastrous to the profession and dishonest to the patient. He has a right to our best thoughts, our most painstaking care and research even though he be too poor to remunerate us with anything but thanks, and too careless even to do that.

If we undertake his case we are bound by every law, human and divine, to devote our whole energies to his welfare, every phase of the disease and every symptom of the malady should be carefully guarded, and untiring efforts should be put forth for his recovery. We shall be tempted to deceive. Who is not? every profession lies open to the temptation. The most earnest minister may plead guilty to keeping back part of the truth, not because he fears a trial for heterodoxoy perhaps but because he firmly believes the whole truth is hardly best for his congregation in its present condition, and the greatest good to the greatest number is accomplished by but a partial unfolding of the truth—strong meat being reserved for the more mature. Perhaps he is wise, but is he honest?

The lawyer faces men sworn to tell the truth the whole truth, and nothing but the truth, and yet he uses all his powers to extort from him only that portion of the truth which is most advantageous to his client. Perhaps he is wise, but is he honest?

The Physician, too, will be tempted. He

must give a prescription with three ingredients and a vehicle. It would not be orthodox else, even though he knows full well that what his patient needs is fresh air and clean water and soap. Perhaps he is wise, but is he honest?

He must give a diagnosis, though the case is undeveloped and involved. Pathonominic symptoms have not yet revealed themselves, nevertheless anxious eyes are upon him, appealing accents ring his ear. He must look learned and confident and serene. Perhaps he is wise, but is he honest?

He must give a prognosis, even though he knows a true prognosis will hasten the last act of life's great tragedy, throw gloom over a happy home, and strike dismay into loving hearts; he hesitates, falters, prevaricates, fabricates false hopes, and invents a prognosis to suit the occasion. Perhaps he is wise, but is he honest?

Well, let us resolve, whatever comes, we will be honest, and if we cannot be honest at least let us resolve to be as honest as we can. And now, right here our paths diverge. But we shall travel in cycles, and, however divergent they may be, be sure they will converge at last to the feet of the Infinite.

Let us act, then, so that in that moment our retrospect will bring us at least these thoughts; that we have done our part to chase away vice and crime, to dispel ignorance, to lift opinion to a loftier seat, to blot the era of oppression and superstition out and lead an universal freedom in.

Progress of Science.

TREATMENT OF DISEASES OF THE STOMACH.

BY DR. M'CALL ANDERSON.

In the first rank must be placed diet and regimen, as many disorders can be cured by attention to them alone, while few can be treated successfully without them.

As an instance of a disease in which they are indispensable, let us take the case of ulceration of the stomach. In this affection absolute rest in bed is generally indicated, although I am by no means prepared to deny that many can and do recover without it. Here the diet must be of the simplest kind, given in small quantities, and at short intervals; and a good rule for our guidance is, that *anything which causes pain or sickness*, and this remark applies almost universally to all affections

in which these symptoms are present—is injurious. Milk, in combination with lime, Vichy, or seltzer water, and well iced, is usually the best; or if this does not agree, butter milk or koumiss, or peptonized farinaceous food (such as that prepared by Savory & Moore) or what is known in commerce as “Solution of Meat” may be tried; the quantity administered at a time being reduced to the point at which it occasions no discomfort. Even a teaspoonful may be all that can be borne at once and it is much better to give a very small quantity which is retained than a larger amount which disagrees. In extreme cases the best practice by far is for a time to suspend the administration of food by the mouth altogether, and to feed the patient *per rectum*, allowing him, however, to slake his thirst by sucking a small piece of ice occasionally. The enemata which I have latterly been in the habit of using are Savory & Moore’s “nutritive enema” and “Carrick’s beef peptonoids.” Leube’s meat pancreatic clysters—a solution of meat treated with pancreatine—are also worthy of trial. But it must never be forgotten that feeding *per rectum* is only a temporary expedient, with the view of giving perfect rest to the affected organ, because the co-operation of all parts of the digestive tract is required; Voit and Bauer having shown that the rectum is only capable of absorbing about a quarter of the albumen necessary for the maintenance of life with the addition of fat of hydrocarbons. And yet, in the case of an eminent citizen well known by reputation at least to all of you whom I saw several times in consultation, life was maintained for a whole month by the use of nutritive enemata alone, not even a drop of water having passed his lips during the whole of that time.

Dr. Debove does not approve of milk diet, owing to its tendency to dilate the stomach. He prescribes three meals daily, each composed of 25 grammes of meat powder mixed with 1 of burned magnesia, 2 of prepared chalk, and 1 of saccharated lime; and a quarter of an hour after each meal he administers 4 grammes of bicarbonate of soda. The gastric juice is thus neutralised and no peptone are formed in the stomach. On the other hand many are in favor of a method of treatment, whose principal exponent is Prof. Ziemssen, and which consists in the administration every morning of an alkaline aperient whose basis is Glauber’s salt. For this purpose he gives Carlsbad water, or the natural, or—best of all, because most aperient—the artificial Carlsbad salts dissolved in water. “I make my patients,” he says, “take every morning, fasting a solution of from 8 to 16 grammes, or 2 to 4 drachms (one or two teaspoonfuls heaped up) of the salt to a pound (one pint) of water which has been poured on when boiling, and then the whole cooled down to about 44° R. A quarter of a pint is taken every ten minutes. Two or three motions are necessary; if the bowels are moved only once, or not at all, an enema should be used, and on the following morning the quantity of the salt should be increased by $\frac{1}{2}$ or doubled, the quantity of

water remaining the same. Subsequently as a general rule less concentrated solutions are sufficient and then the patient may return to a teaspoonful of the salt to a pint of water. In cases where the gastric catarrh is very intense, and the pyrosis particularly obstinate it will be found advantageous to administer every evening during the first week, another bottle of an acidulous soda water (Giesshübel, Bilin, or Vichy). “The carbonate of soda, the chloride of sodium, and the Glauber’s salts neutralise the acids and check the fermentation. They therefore suppress the corrosive action upon the floor of the ulcer, and the reflex contraction of the pyloric muscular fibres, and by their strongly excitant action upon the peristaltic movements of the stomach they cause the fermenting liquids to be rapidly discharged into the bowel. It is evident that if the stomach is thoroughly emptied, at least once a day, its contents are much sooner rendered temporarily alkaline, or neutral, and their tendency to fermentation restricted.”

In many cases of ulceration sedatives, such as small doses of morphia with bismuth and hydrocyanic acid, are valuable, but constipation is apt to be induced or aggravated by such medication, and then they may be combined with the use of the alkaline aperient above mentioned or resort may be had to the black oxide of manganese—a gastric sedative not so well known, which was introduced by the late Dr. Leared—and which, in doses of 10 grains, has proved most useful in my hands for this and similar conditions. In chronic cases small doses of arsenic—from one to two minims of Fowler’s solution three or four times a day often yield the best results.

In acute catarrh of the stomach, even greater care is required as to food than in the case of ulceration. Indeed, on the principle of keeping an inflamed organ at rest, it is often the wisest course to abstain altogether for two or three days from the administration of food by the mouth, although ice may usually be sucked with comfort and advantage. Hot applications to the epigastric region often afford some relief, while calomel is one of our sheet-anchors, especially for those in whom it acts as a gastric sedative, and checks vomiting; it may be given in a dose of 5 grains, which may be repeated in a day or two, if need be, or in smaller doses at shorter intervals. In addition to this other gastric sedatives, such as those already mentioned, may be used, but none are so likely to prove beneficial as the subcutaneous injection of morphia. If there is great exhaustion, a little well-iced champagne may be tried from time to time, and as the symptoms subside, the utmost caution must be observed in improving the dietary.

It is often difficult to say whether we have to deal with dyspepsia or with chronic catarrh of the stomach (inflammatory dyspepsia as it is sometimes called). We may, however, suspect the existence of the latter if there is slight fever at night with some loss of flesh, if the tongue is coated and

red at the tip and edges, or red smooth and glazed, or raw looking; if thirst is present, if the uneasiness after food ever amounts to pain, if there is tenderness in the epigastric region, if there is nausea or vomiting, if mucus is vomited in the mornings, and if the urine is high colored and deposits lithates. Having satisfied ourselves that we have to deal with chronic catarrh, our first aim in treatment is to remove the causes—such as irregularities of diet and regimen, constipation, the excessive use of stimulants, gout, disease of the kidneys, obstructive disease of the liver, lungs, or heart—which we must attack on the same principles as we would do if they occurred independently of stomach catarrh. This having been done, and the symptoms persisting, we may resort to the use of occasional doses of calomel and of saline purgatives—such as Friedrichshalle, Hunyadi Janos, Püllna, &c., or a visit to one of the more celebrated spas—such as Homburg, Kissingen, Carlsbad, or Wiesbaden, may be recommended. When there is evidence of fermentation in the stomach—flatulence, acid eructations, &c.—permanganate of potash is specially to be recommended, and often speedily gives relief.

In the later stages the saline treatment may be combined with tonics—the sulphate of magnesia mixture in combination with sulphuric acid, strychnia, and columba for example. The diet must all along be most carefully regulated, consisting of milk, beef-tea, and farinaceous food, while, in the slighter cases, fish, poultry, and game may also be allowed. The meals should be small, and not too numerous; and, as a rule, all stimulants should be strictly forbidden. During convalescence, tonics may be cautiously administered—being selected in accordance with the surroundings of each case.

Arsenical treatment has already been alluded to as being sometimes useful in cases of ulceration, but there is another class of affections in which it, as well as other anti-neuralgic remedies, is sometimes of the utmost value—viz., “neuroses of the stomach.” These usually give evidence of their presence by the occurrence of pain of a neuralgic character, or of vomiting. Such cases are very apt to be mistaken for ulceration on the one hand, and dyspepsia on the other; and we may frequently aid our diagnosis, as well as contribute to their successful treatment, by means of diet, for the symptoms are sometimes relieved by giving nourishing food—even solid, hot and stimulating, food—and by administering stimulants, while those of the above-mentioned disorders are pretty sure to be aggravated thereby.

In other cases the stomach pain is but a symptom of chlorosis, and its true nature may be suspected if there is an absence of other symptoms of stomach disorder on the one hand, and the presence of waxy pallor of the surface and other symptoms of chlorosis on the other; but care must be taken to exclude ulceration, which is by no means an uncommon complication in chlorotic

subjects. In this class of cases iron in full doses constitutes our sheet-anchor, and nothing in my experience answers better than a prolonged course of Bland's pills.

Nor must we forget that these neurotic symptoms frequently result from irritation of the spine, so much so, that I make it a rule in all cases of doubt to examine the spinal region, even when the patient makes no complaint of backache, to ascertain whether there is any spot which is tender on pressure; and I have been surprised to find how often there is tenderness in the dorsal region which had never before been suspected. Such tenderness is all the more likely to be present if the gastric are accompanied by other symptoms, such as hard barking cough, or localised pain beneath the left breast. When the mischief lies in the spine it is needless to attack the stomach; but leeches, and counter-irritation by means of fly-bladders over the tender parts, along with rest, tonics, and careful attention to the general health, constitute our sovereign remedies. As an illustration of this, let me recall the case of a weakly young woman who was under my care in June, 1879, and who came complaining of persistent vomiting of several months' duration. The vomiting was easy and painless, and there was no preceding nausea nor any sensation of pain while the food lay in the stomach; it was accompanied by hard, dry cough. The vomited matters consisted of undigested food, mixed with green streaks and patches, and blood was never observed to be present. The regurgitation of the food went on getting worse, occurring after every kind of food and at gradually decreasing intervals after meals, sometimes even taking place during the act of eating. All kinds of stomach remedies, including the application of a fly-blisters to the epigastrium, had been tried ineffectually, and when I saw her she was not only in a state of the greatest debility but more emaciated than almost any patient I have ever seen. On examination of the spine, distinct tenderness was discovered for a distance of about 2 or 3 inches at the junction of the middle and lower dorsal regions. A fly-blisters was applied over the tender part, and after it rose the vomiting entirely ceased, except on one occasion, after taking some purgative medicine. From that day onwards she never looked behind her, and made a rapid and excellent recovery.

Again, as is well known, irritability of the stomach, in a very tractable form, may set in during the first half of pregnancy. It may sometimes be removed by careful attention to diet and regimen, and by the administration of gastric sedatives, such as those already mentioned, or by the use of the oxalate of cerium, a favorite remedy with the late Sir Jas. Simpson. But, as has been clearly stated by Dr. Graily Hewitt, it is in many cases the result of interference with the normal expansion and growth of the gravid uterus—there being two factors, both of which may be conjoined in a given case, capable of producing his—viz., (1) incarceration

tion with flexion or version; and (1) hardness and rigidity of the os and cervix, the first being much the more important of the two. The second factor is likely to be removed, and with it the vomiting, by Dr. Copeman's plan of dilating the internal os; while the first is obviated by raising the uterus from its displaced position, and if this can be done, the vomiting almost invariably ceases.

In the last resort we must relieve the condition by the induction of premature labor, which should be done before the strength of the patient is reduced to too low an ebb.

Of the treatment of that hydra-headed monster, dyspepsia, time will only permit of my giving one or two illustrations. Let us take the case of a full-blooded man of sedentary habits, who indulges in the pleasures of the table, and whose bowels are habitually costive. He has bad teeth or eats his food very quickly; he dines in town, making for the nearest restaurant and snatching a hasty meal of very miscellaneous and often badly cooked food. He has frequently headaches, or a feeling of "swimming in the head," which may be the immediate cause of his seeking advice. We find that his tongue is habitually coated, that his appetite is defective, that he has a craving for food, and after a meal he has "a load at his stomach," or complains of a feeling of distension, from which he finds relief by loosening his clothing. At times, too, he may suffer from uneasiness in the hepatic region or in the shoulder, and his liver may even be slightly tender on pressure.

I have taken as an illustration a typical case such as we often meet with in business circles, and which cannot readily be mistaken, but minor forms of the same condition are very apt to be overlooked, especially if our advice is sought for some ailment indirectly produced or aggravated by the dyspepsia, such as asthma or eczema, or gravel.

In such cases the bowels must be carefully regulated, and occasional doses of antibilious medicine—than which nothing is better than calomel—are indicated, or a course of Friedrichshalle or Hunyadi Janos, or of the mineral waters of Harrogate, Homburg, or Marienbad.

This treatment is, however, only of temporary service, unless at the same time, we remove the causes by making complete change in the diet and regimen.

Our patient must be instructed to take plenty of exercise in the open air, to pay a visit to his dentist if need be, to have his meals with regularity, to eat slowly, and in great moderation, to chew his food thoroughly, even soft food being well mixed with the saliva before it is swallowed—in a word, he must be instructed to do as much as possible in the way of division and digestion of his food in the mouth, so as to throw less work upon the lower portion of the digestive apparatus.

He should dine off two or three dishes, and should, for the most part, avoid many articles of diet in every day use, such as tea, coffee, spices, and stimulants, oatmeal, cheese, pastry, soups,

containing vegetables (such as hotch-potch), potatoes, raw vegetables (such as salads), and unripe fruits, fresh bread-stuffs of every kind taking toast, pulled bread, rusks, or plain biscuits instead—sweet things, unless of the simplest (such as rice pudding or stewed apples). Butchers' meat should be partaken of in small quantity, veal and pork being eschewed—raw meat is much harder of digestion than cooked, boiled than roast, old than young, and fat than lean.

A very different form of dyspepsia is one which, from a clinical point of view, may be described as weak digestion (one variety of which is the so-called atonic dyspepsia), and which is apt to be acquired by long-continued abuse of the organ of digestion, although it may occur independently of such causes, being, so to speak, natural to the individual.

The more such persons are in the open air the better, although care must be taken, in the case of those who are weakly, that exercise is short of fatigue, and intervals of complete relaxation from work and worry, with change of air and scene, are frequently beneficial, while a course of mineral waters at one or other of the more noted spas—such as Homburg, Carlsbad, or Spa—which must be selected in accordance with the surroundings of each case, may prove of much service.

The diet must be regulated with the greatest care, the food being nourishing, but light and easy of digestion. The meals should be frequent but small, fluids being taken only at the end of each, and in many cases, with the principal ones, a dessertspoonful of whiskey in potash water may be prescribed with advantage.

Tonics are frequently beneficial—especially vegetable bitters, strychnia, and arsenic—in combination with acids or alkalies, but they must be skilfully selected, for their action in different persons is very capricious and uncertain. It is in this class of cases *par excellence* that artificial aids to digestion are indicated, which consist chiefly in the use of pepsine in some shape or other, or of acids. A fresh extract of the former may be readily made according to v. Wittich's method, with glycerine as follows. The mucous membrane of a fresh pig's stomach is minced, thoroughly washed, and treated with strong alcohol, which does not affect the pepsine, but lixiviates the salts and precipitates a portion of albumen—500 ccm. of glycerine are then added; in 24 hours the extract is filtered and ready for use, the dose being 3 i or more. For those who are practising in country districts, or where expense is an object, this preparation is specially worthy of trial. For my own part I am in the habit of prescribing Benger's liquor pepticus; but there are other preparations, such as Liebreich's pepsin-essenz, which may perhaps be preferred by some.

In the majority of cases, however, it is the hydrochloric acid of the gastric juice, and not the pepsine, which is deficient, and which is

therefore much more frequently required, the dose being 8 to 10 minims of the diluted acid in a glass of water after each meal. The old-established practice of giving acid mixtures in cases of fever—during which the activity of the gastric juice is impaired—is partly due to this circumstance. It must never be forgotten that hydrochloric acid may be indicated, even when the gastric juice is very acid—as the result, for example, of acetic or butyric acid fermentation; for it takes a much greater degree of acidity to effect healthy digestion with them than with hydrochloric acid, the normal acid of the gastric juice. In order to ascertain whether it is the pepsine or the hydrochloric acid of the gastric juice which is defective, Prof. Leube adopts the following plan in some cases—"I let the patient take about 25 grammes of Carlsbad salt on an empty stomach, so as to cause anything which may remain in it to pass downwards; then about noon some plain cold roast veal, with or without bread. In from one to two hours afterwards I take out a portion of the contents of the stomach with the stomach sound, and convince myself concerning its smell and reaction, as well as how far the process of solution has advanced in the pieces of roast meat. I next put into three bottles equal quantities (about 50 cubic centimetres) of the filtered contents of the stomach, and hang in each of them a bundle of boiled fibrin of about equal volume. Into one of these bottles I put nothing further, into the second two drops of hydrochloric acid and into the third two drops of a neutral solution of pepsine. All three bottles are then placed in a large vessel of water, the temp. of which is kept at 95°-104° F. The digestion which takes place in the last two bottles will show whether one or other of the additions effects a more rapid solution of the fibrin than occurs in the first bottle, or whether they remain without import."

There are two or three other aids to digestion from which I have occasionally derived benefit—such as lactopeptine and ingluvin while Benger's liquor pancreaticus (which should be given in doses of ʒ i in a glass of water two or three hours after food—*i. e.*, when it is leaving the stomach), is specially indicated in cases of failure to absorb fats; but, on the whole, we are more likely to do good to our patients suffering from weak digestion by the administration of hydrochloric acid, or of liquor pepticus than of the above-mentioned preparations.

While there may be doubt as to the propriety of drawing off the contents of the stomach with the view of ascertaining whether the gastric juice is deficient in acid or in pepsine, there can be no question of the necessity of washing it out in cases of dilatation. For this purpose various solutions may be used—such as Vichy water, or lukewarm water containing 10 grains of pure carbolic acid, or 10 minims of creasote, or a drachm of hypsulphite of soda to the pint. But in addition to

the daily use of the stomach tube, the diet must be carefully regulated so as to keep the organ as empty as possible consistent with fair nutrition of the system. The food should, therefore, be concentrated, given in small quantity and at short intervals; and it may be supplemented, if necessary, by the use of nutrient enemata. In order further to favor contraction of the distended viscus, an abdominal support may be worn, or faradisation resorted to (one of the sponges being applied over the epigastric region), and tonics, especially strychnia and nux vomica, are indicated.

It remains for me to refer to the question of operative interference in cases of obstruction at the pyloric orifice of the stomach, such as results from fibroid or cancerous disease, or from the cicatrization of ulcers—a subject which has been carefully considered by Dr. L. Rydygier in Volkmann's *Sammlung Klinischer Vorträge*, to whom I am largely indebted for the following facts: Merren was the first (in 1810)—and later Gussenbauer and v. Winiwarter—to prove that resection of the pylorus was quite a feasible operation in the case of the lower animals. But for all that it seems never to have been attempted in the human subject until 1879, when Péan of Paris, at the urgent request of a patient, cut out a carcinomatous pylorus. Death, however, ensued five days thereafter. On the third occasion upon which the attempt was made, on account of a similar condition, in 1881, the operator being Billroth, the patient made a good recovery, but died five months afterwards, owing to a relapse. Altogether, from April, 1879, till May, 1882, the operation seems to have been performed 23 times. Of these operations, only 5 were successful.

It must be admitted, therefore, that the results hitherto have not been brilliant; and yet, when we remember that the disease from which most of the patients suffered was certain otherwise to terminate fatally, it is some consolation to know that even a small proportion of them were restored to health by operative interference; and there is little reason to doubt that—just as in the case of ovariectomy—when the rules for carrying out the operation are more thoroughly understood, and further experience has been accumulated, the death-rate will be materially lowered. The operation is specially to be recommended when there is reason to believe that the obstruction is not of a malignant nature, or, if malignant, that the cancer of the pylorus has not seriously encroached upon the pancreas or other structures in the vicinity; and it is probable that earlier resort to the knife, and before exhaustion is extreme, may lead to greater success.

I cannot conclude without referring for a moment to the operation devised by Dr. Loreta, of Bologna, for cases of non-malignant contraction of the pyloric and cardiac orifices. This consists in opening the abdomen, and making an incision

into the stomach, through which the index finger of the right hand is introduced, and with which the orifice is forcibly dilated. The cardiac orifice cannot be reached with the finger, so that a metallic dilator is used instead. In a letter from Dr. Pedrazzoli, we are told that up to July 15, 1883, Dr. Loreta has in this way forcibly dilated the pylorus four times, and the cardiac orifice once. All of these operations were successful, although one patient is said to have died 36 hours after the operation "from causes entirely independent of the operation," and the evidence is in favor of the permanency of the cures. We may, therefore, look forward with confidence to the results of subsequent attempts in the same direction.

In cases of malignant obstruction at the cardiac orifice, we may sometimes prolong life by the formation of a fistula, or by introducing food with the aid of a narrow gum elastic tube.—*Glasgow Medical Journal, March.*

ON THE TREATMENT OF CATARRH OF THE RESPIRATORY PASSAGES—ACUTE NASAL CATARRH.

By I. BURNEY YEO, M.D., F.R.C.P., Physician to King's College Hospital.

Now-a-days a "catarrh" means an abnormal increase in the secretion of any mucous membrane, due to hyperæmia, or inflammation of the same.

This inflammation may be *acute* or *chronic*, slight or severe, a mere passing irritation, or a more or less permanent malady. So that we now not only speak of *nasal, pharyngeal, laryngeal, and bronchial* catarrhs, but also of gastric, duodenal and intestinal catarrhs, catarrh of the bile ducts, but also of vaginal, urethral, vesical, and uterine catarrhs; meaning in all these cases an inflammation (or hyperæmia) of a mucous membrane, attended with an increase of or a modification in, its natural secretion. For the present we are only concerned with catarrhs of the respiratory mucous membrane, and first of all, we shall consider the occurrence and management of that very common and often distressing form of catarrh which is variously termed "coryza," "rhinitis," "nasal catarrh," or, more commonly, "cold in the head."

I need scarcely tell you that the lives of certain persons are troubled by a tendency to constantly "catch cold," as it is termed. I regret to say I am myself not free from this predisposition. But it is a curious fact that while some persons have a proneness to become afflicted with nasal catarrh, others will exhibit a tendency to pharyngeal catarrh, others to laryngeal, and others to bronchial catarrh. There are persons who are frequently the subjects of nasal catarrh and even of laryngeal catarrh, but who never suffer from bronchial catarrh; and, conversely, there are many who although frequently the victims of bronchial catarrh, never suffer from nasal or laryngeal catarrh. In my own personal experience, I find a nasal

catarrh will, if neglected at its onset, occasionally extend into the larynx; but it stops there, and has never yet extended lower along the respiratory passages. To antagonise this predisposition to catarrhs of the air passages is an important consideration in their management. So also is the possibility of their spread by contagion. It is a popular belief that "colds in the head" are catching; and it is certainly remarkable the way in which they run through families and households.

Some account for this by assuming the existence of an "epidemic" influence associated with meteorological conditions, and no doubt these affections are at times epidemic, but they frequently occur and spread through families when their origin and extension cannot be so accounted for. Fraenkel remarks that he has often observed bridegrooms who have never before suffered from coryza, become attacked by this malady on marrying brides who have been prone to such attacks!

The chief cause of nasal as well as of other catarrhs of the air passages is no doubt the existence of an undue impressionability of certain portions of the surface of the body to even slight changes of temperature. Also the extreme excitability of the nasal mucous membrane in some persons to the contact of certain substances is a well-known cause of catarrh. The pollen of grasses and other plants produce in some persons distressing attacks, of so-called "summer catarrh" or "hay fever." The perfume of a rose has been known to have the same effect, and I have seen the most distressing attack brought on by turning over the leaves of a book that had long been undisturbed on the library shelves.

The treatment of acute nasal catarrh may be conveniently considered under three heads: 1. Prophylactic treatment. 2. General remedies. 3. Local remedies.

(1) *Prophylactic Treatment.*—The predisposition to suffer repeatedly from attacks from coryza may be greatly diminished by suitable prophylactic measures. The most important of these is the adoption of some hardening process which shall have for its object the removal or diminution of a certain hyper-sensitiveness of the skin and mucous membrane which characterises such patients.

Avoidance of sedentary habits and free exercise in the open air are of great value. Cold affusion over the head and neck, begun in warm weather and steadily maintained throughout the whole year, is of undoubted efficacy. The use of the *shower-bath* for this purpose has been strongly advocated, but there are not many persons who can tolerate a cold shower-bath all the year round, but most persons can bear two or three large spongefuls of cold water wrung out over the head and neck on first rising in the morning. This process imparts contractile vigor and tone to the superficial vessels, and counteracts the tendency to vascular dilation, and hyperæmia, upon which catarrhal conditions mainly depend.

A tendency to nasal catarrh and to other catarrhal states is excited and maintained by residence in low-lying, damp, cold situations; and it is hopeless to endeavor to relieve, permanently, such conditions while the subjects of them continue to dwell in these localities. It follows that one of the best prophylactic measures against attacks of nasal catarrh is residence in a dry, bracing locality. No measure is perhaps so efficacious as a preventative to such attacks as a few weeks' residence in a high, open mountain valley like that of the Upper Inn in Switzerland. I have myself experienced this in a remarkable degree. The dry, cold, bracing air of this region seems to be of especial value in lessening the morbid sensitiveness of the surface, so far as it tends to the production of catarrh of the respiratory tracts. I believe it acts partly by causing contraction of the superficial vessels and increasing their tone. It is quite otherwise with respect to the tendency to suffer from rheumatic pains when exposed to atmospheric vicissitudes. In such cases the climate of the Engadine generally aggravates the rheumatic tendency; and this it probably does by checking cutaneous transpiration. (I have entered fully into this subject in some of the chapters in my work on "Health Resorts and their Uses.")

Next in value to mountain air, as a prophylactic, is well-directed sea bathing, during the summer months, associated with abundant exposure to the open air of the seaside. Such patients should not be allowed to remain long in the sea at one time; it is better they should make repeated plunges, for it is the bracing shock to the surface that is required, not the continued contact of the cold seawater. At Biarritz they have a plan of standing just ankle-deep, or but little more, in the sea, and allowing the Atlantic surf as it comes in to dash over them—one of the best natural douches that can be imagined. Persons who suffer from summer catarrh or "hay fever," are often immediately relieved on removal to the sea coast. This treatment of combined sea-bathing and sea-air is of the greatest value to scrofulous children who frequently show a tendency to attacks of nasal catarrh, which sometimes become chronic, and give rise to much trouble; for chronic nasal catarrh in scrofulous subjects is a most obstinate malady, and one difficult to treat with success.

(2). Next with regard to *General Remedies*.—Of all the general remedies advocated for the cure of attacks of coryza, opium or morphine is by far the best. I have again and again tested its value, and often in my own person; and if it fails to cure or cut short a cold in the head it at any rate takes from it all its terrors! Opium undoubtedly exercises a remarkable effect over the capillary circulation, especially in the respiratory mucous membrane, and I have often known a single dose of opium completely arrest a catarrhal fluxion from the nose, which, from its abundance, entirely prevented sleep, and this in fifteen or twenty minutes.

But it is by no means a matter of indifference

what method you adopt in administering the opium. When you are able to treat the cold quite in its initial stage, when the nasal mucous membrane is only a little swollen and dry, and there is an uneasy feeling over the frontal sinuses, and before the occurrence of any great amount of fluxion, the following I believe to be the best method:—Supposing the patient to have had a good meal in the middle of the day, no more solid food should be taken that day, but about three or four hours before bedtime an eighth of a grain of acetate or sulphate of morphine (I use McKesson and Robbins' pilules of this strength) should be taken with a small cup of weak tea; and at bedtime another eighth of a grain with a wine-glassful of whiskey and water.

This measure alone will constantly arrest a cold in the head if adopted in the initial stage; and even when this stage is passed it will relieve all the uncomfortable distressing feelings which attend these attacks. Yet you will often find it fail; but it fails because both patients and doctors will not attend to small details. If you do not caution your patient to the contrary, he will probably eat a heavy evening meal, following the old-fashioned maxim of "feeding a cold," and take his dose of morphine on a full stomach. Now it makes all the difference in the world whether this small dose of morphine be absorbed into the blood in a few minutes, or whether it be mixed with a mass of food and absorbed slowly with it after some hours. The result in the two cases is wholly different. In the first case you have a definite quantity of your remedy immediately absorbed into the blood and circulating with it; in the second, your remedy is slowly absorbed in indefinite quantity, and there is no reason that I know of why some of it should not pass out of the body in the residue of the food with which you have allowed it to be mixed!

When the initial stage is passed, and the nasal fluxion is thoroughly established with a distressing feeling of oppression and stuffiness about the nasal passages and frontal sinuses, I have found the following diaphoretic draught, containing opium, to be of the greatest use. I have taken it myself and given it to others for many years:—℞. Liqueur. opii sedat. Mxv; vini ipecac. Mv; sp. ætheris nitrosi ʒj; liq. ammoniæ acet. ʒiij; aquæ ad camphoræ ad $\frac{2}{3}$ iss. To be taken at bedtime.

If the patient is able to keep to the house, and, better still, to one moderately warm room for a day or two, a single dose of this kind will not infrequently remove all the catarrhal symptoms permanently as well as immediately. But although it will surely give immediate relief, yet, if the patient exposes himself to changes of temperature, the next morning the catarrhal condition will frequently return. Opium given in this form is not attended by the unpleasant effects generally found to follow its administration in the crude, solid form, such as headache, nausea, loss of appetite, &c.

Some feverishness and slight rise of temperature frequently accompany these attacks, and in these,

and indeed in all cases of the kind we are considering, we shall do wisely to give quinine in doses of one to two grains, three or four times a day. It is a valuable adjunct to the opium treatment. I am accustomed to give it in effervescence in the following form, which seems agreeable and refreshing to patients:—℞. Potassæ bicarb. gr. cxx. ; ammoniæ carb. gr. xxxii. ; syrapi aurantii ℥iv ; aquæ ad ℥viii. M. ft. mist.—℞. Quiniæ sulph. gr. ix. ; acid citrici gr. cxx. In pulvi. vi. One of the powders, dissolved in water, and mixed with a sixth part of the mixture, to be taken three or four times a day.

In children and young people, when an attack of coryza is attended with decided feverishness, and particularly if the throat is involved, and its mucous membrane is found red and swollen, great benefit will follow the administration of a few doses of aconite. Indeed, aconite is extremely valuable in all the ephemeral and symptomatic fevers of children and young people. I am in the habit of using Schieffelin's pilules of Duquesnil's aconitine $\frac{1}{4}$ gr. in each. I give one of these every two hours for three doses, and stop. Or you may give from one to three minims of the tincture (according to the age of the patient) every hour for three or four doses, and stop. My own experience of aconite teaches me that it is a drug which either produces an immediately beneficial effect, or is of no value. It is also a drug which is of much value in the initial stage of many febrile maladies, but of little or no use in advanced stages. I should advise you, with regard to the internal use of aconite, to adopt this rule: give it only in a few doses at a time, and in the initial stages of disease; never increase this dose largely, with the hope of obtaining better results from a large dose than you have been able to get with a small one. It is of more apparent benefit in throat catarrhs than in nasal or laryngeal catarrhs. I should rely, in the treatment of acute coryza, rather on opium and quinine; but in children, and in persons who cannot take opium or quinine, you may give aconite, in the way I have stated, with advantage.

Camphor is a popular remedy for coryza; a few drops of the spirits of camphor, dropped on sugar or taken in water, every half hour, will in certain persons arrest a cold in the head, if taken in the initial stage; but it is useless when the stage is passed, and not to be compared in efficacy with opium or morphia, given in the manner I have enjoined. Several cases are on record of poisoning by so-called homœopathic tincture of camphor, taken, in repeated doses, for this purpose.

There is what is called the *dry* cure, which was introduced by Dr. C. J. B. Williams. It consists in stopping the supplies of all liquids; and so, by not adding any water to the blood, while the system withdraws from the blood the fluid required for the natural secretions, the quantity of fluid in the blood vessels is diminished and the local hypercæmia thereby lessened. The catarrh ceases because the supply of fluid to the blood is

cut off! The amount of fluid permitted was a tablespoonful of milk or tea with the morning and evening meals, and a wine glassful of water at bedtime. But this has never been a popular method—the remedy appearing to many persons worse than the disease.

(3) Lastly, we have to consider the action of *Remedies applied Locally*. It is rarely necessary to apply any local treatment to acute nasal catarrhs, such treatment is more useful in the chronic forms of catarrh.

A common and popular method of attempting to cut short an attack of coryza is to inhale the vapor given off by a mixture of ammonia, carbolic acid, and rectified spirit. This mixture is dropped upon some absorbent substance introduced into a bottle and the vapor given off is inhaled by the nostrils. When there is much distress from swelling and dryness of the nasal mucous membrane, relief may be obtained by the inhalation of moist soothing vapors; the vapors of hot water, or of infusion of camomile, or of elder flowers, or of the decoction of poppy heads. These vapors may be inhaled from the orifice of a narrow-mouthed jug, which, together with the mouth and nose of the patient are covered with a towel, or they may be conducted directly to the nostrils by an india rubber tube connecting with the steam generating apparatus.

When the secretion is profuse and the nostrils feel blocked up, benefit is sometimes obtained by the application of a warm spray of a weak solution of common salt or carbonate of soda (2 to 6 grains to the ounce), or Ems' water, for a quarter of an hour at a time, for four or five times a day. Some have strongly recommended the snuffing up of a powder composed of bismuth, tragacanth powder and morphine, in the early stage of nasal catarrh. But many persons object strongly to the introduction of a sticky powder into the nostrils.

You will often find during or after an attack of acute nasal catarrh, that the catarrhal condition will extend into the pharynx and spread not unfrequently to the mucous membrane of the upper part of the larynx. The patient will then complain of an uncomfortable feeling in the throat, especially in swallowing his saliva, and he will often also be tormented by a troublesome tickling cough. This cough is generally aggravated during and after meals, and is particularly annoying on lying down in bed at night. On looking into the throat you will usually find the soft palate and uvula somewhat relaxed, a spongy aspect about the tonsils, and the mucous membrane of the pharynx redder than usual and covered with whitish mucus in patches or streaks. The reason why, in some of these cases, the patient only complains of cough when he assumes the horizontal position is because then the larynx falls back against the posterior wall of the pharynx, and the drainage of the catarrhal secretion from the pharynx instead of flowing off by the œsophagus, trickles into the aperture of the larynx, and so excites

cough. Sometimes the trailing of an elongated uvula has the same effect.

When the cough is brought on by eating and drinking, the catarrhal state has probably extended to the upper part of the larynx, and the increased supply of fluid and nutritive material to the blood is attended by increased fullness of the vessels, and increased secretion from the catarrhal surface, thus giving rise to cough for its expulsion. Local treatment is of especial value in relieving these conditions. The mucous membrane should be cleansed of the more or less tenacious mucus adherent to it by alkaline sprays or gargles. Warm Ems and Barboule Water are both good for this purpose; or a warm spray of a solution of carbonate soda, 5 to 10 grains to the oz., to which a few grains of common salt and a few drops of glycerine are added may be advantageously used. These solutions may be applied by means of a hand spray or a Seigle's steam spray producer. The mucus membrane having been thus cleansed by these alkaline sprays, astringent applications will now take much greater effect on the dilated vessels, and gargles and sprays of solution of alum, or tannin, or perchloride of iron will be found useful. Or stronger solutions may be applied directly to the pharynx by means of brushes. The glycerine of tannin of the British Pharmacopœia is a good application in some cases.

In some instances gargles containing both alkaline and astringent ingredients prove very serviceable, and many patients prefer them to the trouble of spraying. A good gargle for this purpose consists of 1 drachm of chlorate of potash, 2 drachms of aromatic spirits of ammonia, and half an ounce of tincture of catechu to 8 ozs. of water. Another good form consists of half-an-ounce of glycerine of borax, 1 drachm of chlorate of potash, half-an-ounce of tincture of rhatany, and 8 ozs. of water.

If there is much laryngeal irritation an occasional lozenge of morphine and ipecacuanha will usually allay it. But in troublesome cases, you will find one of the most reliable resources for getting rid of the catarrh, and with it the teasing cough, is to brush the mucous membrane of the pharynx, the posterior surface of the soft palate and the upper part of the larynx, so far as it is readily accessible, with a solution of nitrate of silver, 10 grains to the ounce. I have found this expedient give speedy relief when other measures have failed.

Gargling the throat with ice-water before setting down to a meal, or before going to bed, will often in slight cases, prevent the attacks of cough of which I have spoken. In similar instances a gargle of port wine after a meal is both pleasant and serviceable.—*Medical Times*.

ON A NEW METHOD OF TREATING SPRAINS.

By THOMAS L. SHEARER, M.B., C.M., Edin., Baltimore,
U. S.

Everyone who has sprains to treat in practice must have been at times annoyed by the slowness

of recovery of the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, &c., of these institutions, do not object to prolonged treatment; but in the wealthier classes in private practice the surgeon must often hear complaints that the injury is so long in recovering. I have had a considerable number of sprained limbs to treat, and after employing the usual plans of treatment, was led to adopt a new agent—clay. The clay is simply that used for making bricks, free from gravel, dried, and finely pulverized in a mortar. The powdered clay is mixed with water so as to form a thick and moist consistence. This is spread on muslin to the depth of a quarter of an inch, and applied entirely around the part. Over this is applied a rubber roller bandage, just lightly enough to keep the dressing from shifting and to retain the moisture. At the end of twenty-four or thirty-six hours the dressing must be renewed. It may be well to relate a few cases by way of illustration.

Case 1.—Mr. T——, aged fifty-eight, was thrown from his carriage, and, in addition to other injuries, received a severe sprain of his ankle, completely in incapacitating him from motion of any kind. The part was hard, swollen, intensely painful, and throbbing. The dressing, as above described, was applied, and in twenty-four hours the pain was almost entirely gone, and the swelling to a great degree had subsided. The dressing was renewed daily, and in eight days the patient was going about tending to his business. The part was free from pain and natural in every respect.

Case 2.—Mr. McC——, aged sixty, slipped and sprained his ankle so severely as to confine him to bed. The treatment was the same as that employed in Case 1, and the patient was out and walking in the streets in ten days.

Case 3.—Mrs. A——, aged seventy-four, in stepping from her carriage missed her footing, and twisted her left knee violently. In a few hours the part was greatly swollen, hot, throbbing and painful; the least motion of the joint caused excruciating agony. Pressure over ligament was especially painful. Next day I saw the patient, and applied the clay dressing. The day after the patient was much easier, the swelling rapidly subsiding. The pain was almost *nil*, and the movement of the part was not followed by such distress. The lady was walking in her house in ten days after the injury.

Dr. Hewson, of Philadelphia, about ten years ago introduced earth as a means of treating fibroid tumors of the uterus, and also sprinkled burns with the dry earth, claiming that the tendency to deformity in the latter cases was lessened. However, I am not aware of sprains being previously dressed with clay, and it was thought as well to lay the efficacy of the method before the profession. A number of other cases could be cited, but they would simply be a repetition of those already mentioned. While speaking of clay, it would, perhaps

not be amiss to state that the powdered dried earth sprinkled on the surface of an ulcer, and adhesive straps applied over it is a capital dressing for cases which are so weak that even the weakest ointment tends to break down the granulations.—*Lancet*.

ON THE TREATMENT OF CHOLERA.

By the EDITOR OF THE *Lancet*.

Our object is not so much with questions of disinfection as with strictly medical questions of treatment. There is one point on which Dr. Koch is in practical agreement with medical practitioners—that is, the wisdom of rectifying all ordinary gastric and intestinal disorders during the prevalence of cholera. Nothing is more striking in his conclusions than the bactericidal function of the human stomach when in health and when reasonably treated by its owner. He never found the comma bacillus in the vomited matters, except where he had reason to suspect that they contained accidentally some faecal contaminations. The stomach which is affected with gastric catarrh, whether from drinking or over-eating, chill, or other cause, is likely to supply an amount of mucous-protection to the cholera bacillus which will secure its transmission unkilld into the intestine, especially the ileum, there to do its deadly work. It is an old point of medical observation that drunkards and other disorderly livers fall an easy prey in times of cholera. They will do well to mend their ways in time—to live “soberly and righteously,”—and if any indigestion or dyspepsia survive such a change in their habits, to apply without delay to their medical advisers. It is a vulgar impression in cholera times that nips of brandy have a preventative effect. Nothing can be more incorrect. Such a practice would be well calculated to produce that gastric catarrh which, as Koch and all other practitioners of experience agree, is most apt to give the cholera poison its best chance of operating upon the intestine.

There is nothing in Koch's researches contradicting the general opinion of the profession that by far the best thing in cholera epidemics is to take measures to bring such cases of diarrhoea under early treatment, and to employ such remedies as are of a corrective and astringent character. The College of Physicians has done good service in recommending that in any place visited with cholera house-to-house visitation should be instituted. In this way not only are cases of diarrhoea prevented from drifting, but opportunity is gained for seeing the homes in which they occur. The nature of the remedies to be used for diarrhoea will vary somewhat according to the nature of the case and the judgment of the practitioner. In some cases of gastro-intestinal catarrh, with little evacuation, such medicaments

as bismuth and soda will be enough to correct the disorder, but where copious fluid evacuations from the intestine have begun they should be regarded as in themselves serious and first objects of treatment. No doubt there are cases of cholera, especially in the East, fatal without these, or in which the evacuations are disproportionate to the shock and collapse. But this is not the rule in this country, and indeed is exceptional. In the great majority of cases where the evacuations can be early controlled the constitution of the blood is preserved and the disease may be cured. Where there is not much vomiting, the chalk mixture with a few minims of tincture of opium will often suffice. In later epidemics, undoubtedly, the dilute sulphuric acid mixture has been rather preferred, especially where there is much sickness. More effective than either in many cases, and more easily retained in cases of sickness, is a small pill of solid opium and acetate of lead in the proportion of half a grain, to two, three, or even four grains of acetate of lead. The diet should be of a light and unirritating character; the patient should lie in bed, and have a large linseed-meal poultice applied to his abdomen; cold water should be freely allowed in quantities short of those which might excite vomiting; where that is not borne, ice is of great use.

When the stage of diarrhoea is passed, much more complicated changes and lesions have to be realised, and a wise treatment becomes increasingly difficult. It is not the least valuable part of Koch's investigations to have given more precise pathological definition to these changes, and to have shown us that, besides deadly collapse, with lividity, suppression of urine, pyrexia, etc., we have in a large majority of cases remarkably “severe intestinal lesions” to deal with—dark reddish brown color of the mucous membrane, with superficial hemorrhages, or the mucous membrane necrosed or covered with diphtheritic patches; the contents of the intestine being sanguinolent, ichorous and putrescent. Opium here is out of place. Stimulants, too, can only be used with great caution. Food must be of an unirritating character. Mr. Macnamara recommends warm enemata of beef tea with brandy every third hour in cases where the purging has abated. Food given by the mouth may be iced, and the powers of life must be husbanded by warmth and rest.

The difficulty in the treatment of the advanced stages of cholera will have two lessons for all sensible people:—First, that what is difficult for doctors must be much more so for those who are unlearned in disease; and, secondly, that their whole efforts should be directed to giving the profession every assistance in promoting the early treatment of cases, and diffusing general intelligence as to the laws which regulate the spread of the disease.—*Lancet*.

ON THE TREATMENT OF MEASLES.

By D. MACLEAN, M.D., Glas.,

Physician to the Glasgow Public Dispensary, Chest and Throat Clinique.

In the present prevalence of this disease it may not be out of place to call attention to a method of treatment which has been found, in my hands, of what might be called universal success. Considering that this disease is one that must be passed through by almost all members of the human family at some period of their existence, we may take it for granted that it is something essential that the human frame should undergo for the purpose of perfect health. Taking also for granted that it is the cause of cutting short many lives, it behoves us to take advantage of every means that can abbreviate the duration of the disease and diminish the mortality which so unhappily springs from it. We see every now and again in the journals and newspapers that an epidemic of measles has taken place in such and such a quarter, and that it was necessary to close the schools, etc. Nor is it only in our own country that we learn of so many deaths taking place, but we read of how its fearful ravages decimate whole populations, such as have recently taken place in Fiji. It thus seems essential that any form of treatment (for we cannot apparently prevent the onset) that can diminish the mortality must be of paramount importance whenever these epidemic or even sporadic cases appear. The form of treatment which I propose to lay before the members of our profession, and the remedies which I have been in the habit of using for a good many years, will enable them to try the same in their own practices, and ultimately refute or corroborate the conclusions I have long ago arrived at.

As this disease is considered one of the zymotic class, we have in its treatment to consider principally two things—(1) the management of the ferment, or whatever it is; and (2) the management of the effects of this ferment upon the system. The most marked of these latter present themselves to us in the effects of the ailment upon the mucous membranes. The greatest action of the disease, as we all know, is upon the mucous membrane of the lungs, and it is from its action there we have the immediate cause of the ensuing death, or the prolonged ill-health afterwards. We have thus clearly set before us the line of action to follow:—(1) To relieve the congestion of the mucous membrane, which is the immediate cause of danger; and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe successfully, by giving (say to a child of two or three years of age) a teaspoonful in water of the following mixture every three hours:—Ipecacuanha wine, half a drachm; syrup of squills, half an ounce; quinine, two grains; acetate of ammonia solution two ounces. Of course the quinine is increased according to age.

We have thus in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. It may be necessary to add to or modify the form in which this plan of treatment is carried out; as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. So with the quinine; sometimes the stomach is so irritable that it is necessary to omit it from the mixture; but as it is essential that it be introduced into the system for the destruction of the ferment it can be administered separately by giving it in powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

This form of treatment for measles is good in all types of the disease, whether the attack be mild or severe, and more especially valuable when we have that dangerous form in which the eruption is of a deep-purplish color, a form which is generally recognized as being the most fatal. This style of treatment I have followed for a number of years. I have seen many cases, and, as a justification for submitting it to the notice of the profession, I do not remember having signed a certificate of death for either the disease itself or its effects.

THE CURE OF ASTHMA.

By RICHARD B. FAULKNER, M.D., PITTSBURG, PA.

From the *Medical Record*, 24, 1885:—I understand by the term asthma the condition of spasm of the bronchial tubes of both lungs, with hyperæmia approaching or amounting to inflammation, accompanied by râles upon both inspiration and expiration, with great difficulty of breathing. And the term is applied to the paroxysm alone, which returns at regular or irregular periods. Disturbance of function or disease of structure of the pneumogastric nerve is always present.

To cure the paroxysms I originated a method of treatment nearly five years ago, and repeated observation has confirmed its great utility. When called to a case of asthma, with a camel's-hair brush I make a streak of Churchill's iodine over each pneumogastric nerve, in its course in the neck, from the upper part of the thyroid cartilage to the upper borders of the clavicles. By counter-irritation thus applied, the capricious and abnormal exercise of nerve-force by the pulmonary filaments is controlled, and bronchial spasm promptly relinquished. Such is my original method—simple, certain, quick. Churchill's tincture is the best counter-irritant, because, first, it is convenient; second, its action is easily controlled; third, it does the work. To permanently cure the paroxysms, it is usually necessary to remove the underlying morbid condition upon which they depend or are associated.

SIMPLE INFLAMMATORY TONSILLITIS.

A modification of the guaiac treatment, which consists in the use, as a gargle, of a mixture known in the House Pharmacopœia of the Philadelphia Polyclinic as the gargarysma Guaiac Composita, is highly recommended in the treatment of this affection by Dr. J. Solis Cohen. Two fluid drachms each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid drachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution, consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid ounces, is then gradually added, the shaking being continued.

Without due care in the preparation of this solution the resin will be precipitated. Gargle with this mixture freely and frequently, and at intervals of one-half to three hours. In some cases a saline cathartic is first administered. Should any of the guaiac mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.

For some time past Henry G. Houston, M. D., (*Atlantic Journal of Medicine*) has been using eucalyptus in case of quinsy with very gratifying results. Dilute one ounce of the fluid extract with one drachm of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it.

It has been his good fortune to see all the cases so treated recover speedily, without suppuration. No other remedy was used, except in one instance, when he prescribed quinine.

He suggests that, owing to its antiseptic properties and its special action on the respiratory tract, eucalyptus would be an excellent local application in diphtheria, either used as above or to medicate vapor for inhalation.—*Medical Age*, November 26, 1883.

ADMINISTRATION OF QUININE.

The following summary gives the pith of notes on the administration of quinine contributed by David Young, of Rome, to the *London Practitioner* :

(1.) Never to give quinine in antipyretic doses in cases where the bowels are confined and the secretion of urine is scanty.

(2.) In cases where it is being administered and an increase of dose is desirable, this may be safely done if the skin, bowels and kidneys maintain their normal functional activity.

(3.) In many cases of remittent and intermittent fevers the combination of the drug with chloride of ammonium or a salt of potash or soda is likely to be more easily tolerated, as well as more useful, than if it be administered in a pure form.

(4.) During the administration of quinine,

should a headache come on or increase in intensity, the case requires the most careful attention.—*Boston Med. and Surg. Journal* Nov. 8, 1883.

TREATMENT OF ECZEMA OF THE GENITALIA; PRURITUS AND LEUCORRHEA.

In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful :

Chlorate of potassium, 30 grains.
Wine of opium, 50 grains.
Pure water, 1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar-water (tar-water holding the iodine in solution), used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa, two or three tablespoonfuls (in a quart of warm water morning and evening, as an injection) of the following formula will be found useful :

Chlorate of potassium, 13 parts.
Wine of opium, 10 parts.
Tar-water, 300 parts.

Or,

White vinegar (or wine), 300 parts.
Tinct. eucalyptus, 45 parts.
Acid. salicylic, 1 part.
Salicylate of sodium, 20 parts.

One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day.—*Obstetric Gazette*.

HOW TO SHRINK HYPERTROPHIED TONSILS BY CAUSTIC APPLICATION.

Among the various caustics for local use in causing shrinkage of tonsillar hypertrophies, Dr. Chisholm (*Virginia Medical Monthly*) has found the chloride of zinc the most available and the least annoying to the patient. He employs it in the following manner: A wire, the size of a fine knitting-needle, is roughened for a half in from one end, so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc, and thrust it to the very bottom of the crypt, and keep it there several seconds. When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle, several may be thoroughly cauterized at the same sitting, without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after destructive cauterization has been made to the interior of the follicles.—*The Medical Record*.

TREATMENT OF FISTULA IN ANO.

Dr. Poingt claims (*Le Courrier Medical*) that any fistula amenable to treatment by the elastic ligature may be cured by simple drainage of the fistulous tract. The drainage-tube is inserted by means of a stylet passed up the tract from the external opening. At the end of two or three weeks the drainage-tube falls out, after having destroyed the superficial wall of the fistula. A granulating surface of small extent is left, which gradually heals by cicatrization. The procedure is wholly painless, and the patient may pursue his ordinary avocations during the entire course of treatment. The operation is never followed by any of those serious complications sometimes seen after the cutting operation. *Medical Record.*

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EDITORS :

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VOLUNTEER MILITARY MEDICAL OFFICERS.

The rebellion in the North West, necessitating the dispatching to the front of nearly five thousand of the Volunteer Militia of Canada, has rendered necessary the organization of a very considerable medical force, to attend to the relief of the sick and wounded. For this work a series of ambulance corps have been organised, and the number of medical men who have volunteered for this service has been very greatly in excess of those required. A number of dressers have been attached to these ambulance corps, being selected from advanced medical students, who have shown an equal enthusiasm in coming forward to take part in the noble work of relieving the medical necessities of our gallant Volunteers. All this medical organization is independent of the medical and

surgical equipment of each corps which has taken the field—each of course having its Regimental Surgeon and Assistant Surgeon. We are pleased to notice that, with few exceptions, the Regimental Medical officers who appear in the Militia List have proceeded to the front. A Montreal Battalion, the 65th, we regret to say was, we believe, the first to make an exception to this rule. When this Battalion left our city it took with it two Surgeons who went as substitutes for the gazetted Regimental Surgeons. We believe one of these Regimental Surgeons had a reasonable excuse in the very delicate condition of his health, but we have not heard any reason assigned why the other did not obey the call of duty. Halifax next becomes notorious in this respect, the surgeon who declined to accompany his regiment being, it is said, presented with a considerable number of white feathers. Eventually so excited did the recreant medico become under the castigation of public opinion, that he assaulted in the public street a brother M.D., whom he believed to have been loud in denouncing his conduct. The ordering to the North-West of the Montreal Garrison Artillery has again brought our city disagreeably to the front in this respect. On the 11th of May this Battalion started, leaving behind both its medical officers, and taking with them substitutes for these gentlemen, in the persons of two gallant young medicos. This has given rise to a large amount of talk, which has not been of a character very complimentary to those who, in the hour of trial, failed to fulfil their duty, and has reflected unfavorably on the entire medical profession of Montreal. A volunteer medical officer, when he accepts her Majesty's commission, takes upon himself an obligation of a very responsible character. Of all the officers of a Volunteer regiment he is the one that could be most easily dispensed with so long as his corps is not in active service in the field or in camp. Even in the latter case, were it not that it gives him some slight insight into the duties he would have to perform in the field, his services might be dispensed with and the slight ailments of the men attended to by a local practitioner. But the Government places him on the strength of his regiment, pays him his annual drill money—not that he may attend balls and levees clothed in the Queen's uniform but that he may learn something of the interior economy of his department and familiarise himself with those duties which are peculiar to his position. All this is done so that

when his Regiment is called upon for service he may enter upon his work having some idea of its character. It is at this period that the medical officer of a corps becomes a useful appendage of their regiment. To fail to perform their duty at such a time, and to be replaced by perfectly green hands, is a very serious matter, and one which we think deserves, as it is receiving, all but universal condemnation. What right, we ask, has the surgeon of a corps to absent himself from his post at such a time as this? If the other officers must go, why not the surgeons? We trust we have seen the last of those evasions of duty on the part of Medical volunteer officers. If it is again attempted we trust those in authority will show that they understand their duty in such cases.

CHOLERA.

In March, 1866, pursuant to an order of the Governor-General in Council, the Minister of Agriculture convened a Medical Conference, to discuss the cholera question in all its bearings and report thereon. The Members of this Conference were: Dr. Macdonnell, Chairman; Dr. Taché, Secretary; Drs. Van Cortland, Hill, Landry, Dickson, Aikins, Beaubien, and Grant. Their report was so complete and exhaustive that it was printed by the Bureau of Agriculture in 1866, and reprinted in 1878. A very slight revision would bring it up to date. It is interesting to note that the appointment of Government Health Officers on board all vessels landing passengers at Quebec was suggested by the Conference as an important preventive measure. The following extract embodies their views:—

“The point at which a quarantine is of all importance, as proved by the constant experience of former epidemics, is on the St. Lawrence at the entrance of the port of Quebec. The Government possesses already, and very fortunately at that very point, an admirable establishment which only requires to be made at times of more than ordinary dangers adequate to the circumstances. A better selection for a quarantine than the Grosse Isle station cannot be made, situated as it is at some thirty odd miles from Quebec, on an island of about 600 acres superficies, with deep water and good anchorage, at least three miles distant from any parish or village, and yet sufficiently near to prompt and commodious public means of communication. There can be

practised a reasonable sequestration, embracing on one side the relative security from infection which quarantine measures can afford, and on the other side, neither vexatious nor ruinous to commerce and international intercourse.

* * * * * There is, as connected with the quarantine, a question on which it is important that the public should possess some practical information, in order to prevent one-sided notions taking possession of the public mind, and thus becoming a subject of very serious embarrassment. This question may be thus written: what rules shall apply to steamers of passenger lines frequenting the ports of Quebec and Montreal, one of which is subsidized by our Government and carries our European weekly mail? It seems impossible to exempt them entirely from quarantine when coming from a country laboring under the scourge; but a strict quarantine for such ships may prove very disastrous even absolutely ruinous for the Company and calamitous for commerce in general. This simple expose of the question at once suggests that it is one of no small importance and one which is fraught with serious difficulties. Without any attempt to solve the question, it will not prove useless, it is hoped, to suggest a measure the adoption of which may result (if not always, at least in several instances) in the avoidance of the greatest danger on the one side, and of immense losses to the Company, passenger and merchants on the other. This measure is suggested by the practice for a long time adopted by the Austrian Government towards their company of steamers trading between Smyrna and Trieste. To follow this practice would require that a special Medical Health Officer be placed on board each steamer; it will then be, whether there is disease or not on board, assimilated to a quarantine station—this officer to be appointed by Government at the first warning of cholera, for a limited required time, besides the ordinary physicians of the ship. During the storage of the cargo, sanitary precautions would have to be enforced, and preventive disinfection practised in a way not to damage the goods..... Every day of the passage sanitary measures would have to be resorted to, according to the regulations made to that effect; and, amongst others, the goods and effects of the passengers in daily use would have to be ventilated on deck. In the case of five days having elapsed since the last attack of cholera on board, at the moment of arrival at Grosse Isle all those yet on sick and conval-

escent lists being landed, the ships, without further detention, would be permitted to proceed to Quebec, and, if free from cholera on her arrival at Quebec, be allowed to pratique; if not free from cholera, ordered to remain at anchor at the mouth of the St. Charles, to be dealt with according to the orders of the inspecting physician at the port, after consultation with the Quebec Board of Health. In the case of detention at Grosse Isle a shorter period, less stringent measures of purification to be adopted for these ships than with ordinary vessels. Even partial admission to pratique might be allowed them.

The recommendations of the Conference, though not as far reaching as we would like, are nevertheless a step in the right direction. If the quarantine arrangements at Grosse Isle are to succeed in preventing cholera from invading the country by way of the St. Lawrence, all ocean vessels carrying passengers from infected countries must be compelled to submit to one of two courses—either: 1. A fourteen-days quarantine when they arrive at Grosse Isle; or, 2. The presence of a Government Health Officer throughout the voyage, who, by co-operating with the Health Authorities on both sides of the ocean, will be able to keep the ship virtually in quarantine from the beginning of the voyage. At the present time, such a scheme is imperative in the interests of the country; in due time we hope to see the principle extended by the permanent organization of efficient Marine Medical Service under Government control for our passenger steamship lines.

SEI-I-KWAI.

That Japan has advanced in modern ideas and has taken her place as an active member of the community of nations is shown by the development of Medical Science as viewed by European and American methods of research. Among our exchanges is a monthly journal with the above title. Not understanding Chinese Hieroglyphics we are unable to furnish our readers with extracts of the proceedings of their Society. A supplement of eight pages in English is, however, appended. From the January number we gather that a society with the above name was founded in Tokio in 1881. Since then it has held 158 weekly meetings, conducted on the same plan as with our own medical societies. The society is contemplating the erection of a special building with Museum and

Library. We append the following extracts:

THE TOKIO MEDICAL LIBRARY AND MUSEUM.

For many years past there has been felt in the Capital the growing necessity of a public library, in which might be found the principal foreign and native publications relating to medicine, and especially those written in the languages of the west. A medical library is no new thing in Japan, and there are several to day which contain foreign medical works; notably among which is that of the Medical Department of the Imperial University at Tokio, which, according to a recent report, contains quite a large number of foreign medical works, mostly in German. These libraries, however, are not readily accessible to all, and with the rapidly increasing extent of medical literature, in the East as well as in the West, some readily accessible means of information as to the progress of medicine should be had by those whose business it is to teach others, as well as by those who receive instruction. This need has hitherto, in a measure, been met by the half-score of medical periodicals published in Japanese, and by a few foreign journals having a limited circulation in this country. Yet both of these are inadequate to meet the need; the former, all devoted to Western medicine or allied sciences, and ably edited as they are, probably do not reach more than one-fifth of the practising physicians; while it is doubtful if the circulation of foreign medical journals in Japan exceeds two hundred copies. At the same time Western medicine is gaining a great and permanent hold, and within a few years the practice of Chinese medicine will undoubtedly be a thing of the past. There is, too, a growing tendency toward the more extensive use of foreign languages in the medical schools, German having been in use in the principal course of the Medical Department of the University for a number of years past, and the knowledge of at least one Western language is fast becoming a recognized necessity among physicians. Again, the translation of a sufficient number of foreign medical works into Japanese—and much has already been done in this direction—will take years to accomplish, and then the work may require revision on account of the, at present, unsettled state of Japanese terminology. Such being the case, the encouragement of the study of medicine in those languages in which the greater part of the literature of the subject is written, namely, German, French, Italian and English, will lessen the difficulties in the way of

the student and practitioner alike, and hasten the coming of the time when Japan may begin, in a measure, to repay the debt she owes to the Western world for the wealth of learning made available to her.

The object of the establishment of this library may therefore be stated as two-fold : to encourage the more extensive reading of Western medical works, and to endeavor to raise the standard of medical literature by furnishing sources of reference now only available to very few. It is also intended to collect for reference the works of the principal writers upon the Chinese system of medicine, as well as the writings of Japanese upon Western medicine. A museum will also be added in due course of time.

As to the management of the Library, it should be stated that it is under a committee of the members of the *Sei-I-Kwai* ; and that it is intended, so soon as arrangements can be completed, to erect suitable fire-proof buildings ; meanwhile the Library has been opened at No. 11 Yariya-cho, Kiyobashi-ku, Tokio, where books, pamphlets, etc., may be sent.

It is the purpose of the Society to notice in its Transactions in Japanese, all foreign books, and in the English Supplement all Japanese works purchased for, or donated to the Library.

GLYCERINE FOR DRYNESS OF TONGUE AND THIRST IN FEBRILE STATES.

From a foreign exchange we learn that Surgeon Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch ; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.

ILLINOIS STATE BOARD OF HEALTH.

This Board has sent us a quarterly report of its proceedings for the period ending April, 1885. In a previous issue we drew attention to the advanced character of its work, which is far ahead of anything attempted by any other State or Province in America. Though this Province has done something for sanitation we fear that a long time will elapse before our legislators will become sufficiently enlightened or patriotic to establish a like system.

MELLIN'S FOOD FOR INFANTS AND INVALIDS.

A recent analysis by Mr. G. W. Wigner, the President of the Society of Public Analysts of England, throws considerable light, not only on the composition, but on the physiological action of this popular preparation. It appears that it contains nearly 87 per cent. of dextrine, maltose, etc., soluble in cold water.

As Mr. Wigner points out, it is not a mere starch or sugar food, but a soluble preparation, containing those nitrogenous and phosphatic principles which contribute largely to the growth of bone and tissue in young children. Being thoroughly malted, it is not only readily digestible itself but actually assists in the digestion of milk and other foods with which it is mixed. It must of necessity be of great value in the case of feeble infants who cannot digest ordinary starchy foods.

Mr. Wigner's analysis has evidently been performed with great care, and is of much interest.

LOCAL ANESTHETIC.

A mixture of two drachms each of chloral and camphor, half a drachm of sulphate of morphia, and one drachm of chloroform, makes a useful anesthetic paint for minor operations. It should be applied several times with a camel-hair brush and allowed to dry before the incision of the parts.

LOCAL AND GENERAL.

Typographical and other errors in the April number, furnish no explanation of the reason why Dr. Wanless should misconstrue the evident meaning of a paragraph in the February number. I assumed of course that my readers knew that in the United States a class of empirical healers exist who call themselves Christian Scientists. They do

not give remedies, but rely upon the "influence of the mind" over disease.

A much better educated class, several members of which I have known and respected highly, are those who rely upon so-called hygienic measures and are known as Hygienic Physicians. Now, I asked the question, which I repeat for Dr. Wanless' benefit, and he may answer it, if he can; I wonder what a Christian Scientist, M.D.—(or, for the matter of that, a Homœopathic or Hygienic M.D.) would do if called to attend a case of cholera morbus?

Probably he would be sent for at 2 a.m.; when on arriving at the house he would be told that the patient had been vomiting and purging for several hours; that the cramps in the stomach, legs and arms were getting unbearable; that if nothing were done for him he could not live. Of course we all know there is very little chance of his dying, and that if he were left to fight it out he would finally recover, after being thoroughly exhausted, principally by the intense pain. Now, what shall be done and what course is best? Shall we trust to infinitesimal doses of arsenic? shall we solemnly warn him to beware of indigestible food in the future? shall we endeavor to try mental remedies only, or shall we take the magic hypodermic syringe and put half a grain of morphia and 1-100 grain of atropine "where it will do most good?"

I heartily join with the Doctor in his desire for truth for its own sake. He who will sincerely and respectfully state his views in my hearing or within the circle of my influence will command my respect, and I will think of him as a brother whatever *pathy* he owes allegiance to. Speaking for myself I consider that I am bound by no man's dictum, and I would accept to-morrow the teaching of any one whom my reason and experience show me to have the right on his side. It has been my pleasure to know many heretics in my time, and I have a leaning in their direction, but I cannot think it possible for anyone to read O. W. Holmes "Currents and Counter Currents in Medicine" and believe in Homœopathy as a scientific system of medicine.

I am opposed to much of what commonly passes for charity in our day; I would not do

everything for the poor; I would rather try to help them to help themselves. Instead, therefore, of asking her rich neighbors to meet all the expenses of such an organization I would suggest that the recipient of the assistance be informed that she would be expected to contribute what she thought she could afford towards the wages of her nurse. I think that the amount, if any, to be paid might be fixed by the medical attendant, who would be likely to know something of the circumstances of his patient.

One of the best suggestions I have ever heard, and one which I would greatly like to see carried out in this city, has been made by Dr. John P. Gray of the Utica Institution for the Insane. He insists that for at least a month after her confinement a woman should be entirely free from toil, worry and anxiety, and that she should during that time at least have a generous and suitable diet. That these necessities, which are beyond the reach of most poor women, may be obtainable he advises the employment, by an association, of women of the same social class to do the housework and to be paid for it by this association. This is what he says in support of his views: "If women knew they would have all needed care, not in a hospital, with its necessary publicity and separation from home, but in their own homes and among their families, and without the notoriety of their condition, what a burden would be lifted, what health saved, and what insanity prevented."

The *Medical News*, referring to the subject, says:—"The conviction appears to be gaining ground that, in view of the great fatality of acute diffused peritonitis, and the futility of ordinary modes of treatment, laparotomy should be resorted to, thereby placing effusions into the peritoneal cavity on the same footing as pleural effusions. Its success in cases of peritonitis complicated by the presence of an ovarion tumor has long been established; and Mr. Lawson Tait states, in the *British Medical Journal* of March 21st, that he has opened the abdomen in not less than 44 cases on account of peritonitis, and that 41 recovered."

Small pox is slowly but surely spreading over this city, and it is to be hoped that Dr. Bessey

and the other public vaccinator will be able to vaccinate all those who require that prophylactic operation. At the same time I am still of the opinion that it would have been better to have retained the vaccinators previously appointed, as there will be work enough and to spare for all of them.

Of the propriety of Dr. Bessey's appointment there can be no doubt, but his time would have been more profitably expended in the propagation of reliable vaccine.

Dr. Wanless promises to tell me how he would treat a case of cholera morbus, and then immediately goes on to discuss the relative value of homœopathic and allopathic treatment of a very different disease, viz., Asiatic cholera. Now McLachlan's report, if it prove anything, simply goes to show that the allopathic treatment of true cholera, as he saw it, was worse than none at all, and I freely confess that I do not think, and have never thought, that it is or has been much better. In other words, Dr. Wanless, in their sincere desire to find a remedy for this dreadful disease certain medical men did more harm than those who, equally sincere, deluded themselves into thinking they were giving remedies but were not. I do not believe that any remedy has yet been discovered which exercises any appreciable effect upon true cholera.

L'Union Medicale for April has a common-sense editorial on the relief of the pains of labor. The writer refers to M. Doléris' experience with cocaine, where relief from the pain was marked in six out of eight cases. The remedy was applied directly to the uterine neck during dilatation. I should imagine that the great cost of the drug would be a serious drawback to its use in any large quantity.

I have always insisted that burning sulphur in the sick room, after infectious diseases, should only be employed as an adjunct to further disinfection. The germicide power of dry sulphurous oxide is low, and its action on many microbes is practically nil. I quote the following from the report prepared by the Chairman of the Committee on Disinfectants of the American Public Health Association:—"Fumigation with sulphurous acid gas alone, as commonly practised, cannot be relied upon for the disinfection of the sick room and its

contents, including bedding, furniture, infected clothing, etc., as is popularly believed. To secure any results of value, it will be necessary to close the apartment to be disinfected as completely as possible, by stopping all apertures, and to burn not less than three pounds of sulphur for each 1,000 cubic feet of air space in the room." The report advises that the wood work in the room should, in addition, be thoroughly washed with a 1 to 1,000 solution of mercuric chloride, and then after 24 hours scrubbed with soap and hot water. The clothing should also be subjected to the action of disinfecting agents.

None of the regular surgeons attached to the two regiments ordered on active service from Montreal have gone to the North-West with their corps. It is a question whether it is desirable that medical men with large practice should be forced to leave it for several months, and yet the other alternative—resignation in the very face of duty—must appear to the public to be equally undesirable. I suppose, however, that every man must settle this question for himself.

As I stood by the bedside of a patient dying from an attack of suppurative peritonitis the thought occurred to me that such cases might furnish legitimate scope for the operation of laparotomy. Shortly afterwards I came across an account of Dr. Treves' recent address before the Royal Medical and Chirurgical Society, in which he reports the case of a woman whose abdominal cavity was successfully opened and freely irrigated with water and a drainage tube inserted, on account of diffuse peritonitis, the result of the bursting of a pelvic abscess. In the discussion which followed Bryant, Thornton, Powell and others commended the practice of Mr. Treves. Mr. Howard Marsh also read notes of the case of a young man, aged nineteen, who was suddenly seized with symptoms of acute peritonitis. An incision into the abdomen was followed by the discharge of two pints of fetid pus. The cavity was thoroughly washed out with a weak (1 to 60) solution of carbolic acid, a drainage tube was inserted, a solution of iodine (1 to 1000) was subsequently injected, and the patient recovered. I intend to employ similar treatment in the next suitable case I have.

P. A. LAVER, M.D.

Montreal, May 8th, 1885.

PERSONAL.

Dr. C. E. Nelson, of New York, and lately editor of the *Planet*, has become assistant editor of the *Eastern Medical Journal*, published in Worcester, Mass. We have had occasion to mention Dr. Nelson's name a good many times, and therefore it is unnecessary to add anything more at present. The name of Nelson is a prominent one in the Medical history of Montreal, and the representatives of the family abroad have not diminished its lustre. We wish him every success in his new office, and the *Journal* a long subscription list.

REVIEWS.

The International Encyclopedia of Surgery: A Systematic Treatise of the Theory and Practice of Surgery, by Authors of Various Nations. Edited by JOHN ASHURST, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with Chromo-Lithographs and wood cuts. In six volumes. New York: William Wood & Co.

Vols. III., IV. and V. These volumes are large and attractive, and in every way are worthy of the success to which this truly great work has already attained. The articles are contributed by writers of wide reputation, giving in many cases a complete summary of the subjects upon which they treat. When complete they will form a valuable surgical library, as the important subjects with which they deal have not been condensed within the narrow limits usually given to text-books.

Volume III. is devoted to injuries and diseases of various tissues of the human body, muscles, tendons and fascia, Lymphatics. Injuries of blood-vessels, discussing hemorrhage, vascular inflammations and gangrenes, resulting from traumatic lesions. This very extensive article is from the pen of Dr. John A. Liddel, late Surgeon of Bellevue Hospital, &c., and contains the sum and substance of the treatment of such injuries. Dr. John A. Wyeth contributes the article on Surgical Diseases of the Vascular System. That on Aneurism, by Richard Barwell, F.R.C.S., is also an exhaustive treatise of great practical value. Injuries and Diseases of Nerves is by M. Nicaise, of Paris. The concluding article in the volume is by Dr. Edmund Andrews, of Chicago, on Injuries of the Joints, include Dislocations, Sprains and Wounds of the Articulations.

Volume IV. opens with a long and carefully digested article upon Injuries of Bones by Dr. John H. Packard, of Philadelphia. The various forms of fractures and modes of treatment are thoroughly discussed. Dr. Barwell, of London, on Diseases of the Joints, gives the different forms of synovitis; joint diseases due to osteitis, to syphilis and nerve disease. Dr. Ashurst, the able editor of this work, contributes the article on Excision and Resections; Dr. Fenwick, who was expected to furnish this article, having appended a chapter on his own method of excising the knee-joint. Tumors, by Henry T. Butlin, F.R.C.S. Injuries of the Back by John A. Liddel, and Malformations of Diseases of the Spine, by Frederick Welles, F.R.C.S., concludes this volume.

Volume V. The fifth volume of this truly great work fully equals, if it does not exceed, in interest the preceding numbers. A large portion of this volume is occupied by special surgery. There are fourteen articles, half the contributions emanating from the pen of English surgeons, the remainder being American.

The present issue of this large work is occupied with the surgery of the head and its parts, of the neck, chest, breasts, and abdomen, including hernia. Dr. C. B. Nancrede writes on injuries of the head; Mr. F. Treves on malformations and diseases of the head; Dr. E. Williams on diseases and injuries of the eye; Dr. A. H. Buck on diseases and injuries of the ear; Dr. Geo. M. Mefferts on the nose and sinuses; Dr. A. C. Post on the surgery of the face, cheeks, and lips; Mr. Christopher Heath on the mouth, fauces, tongue, palate, and jaws; Dr. N. W. Kingsley on the teeth and adjacent parts; Dr. Geo. H. B. Macleod on the surgery of the neck; Dr. J. Solis-Cohen on the air-passages; Dr. E. H. Bennett on injuries of the chest; Mr. T. Annandale on injuries of the breast; Mr. Henry Morris on injuries and diseases of the abdomen; and Mr. John Wood, of King's College, London, on hernia.

The article on Diseases of the Abdomen is perhaps the most interesting and valuable, owing to recent advances in abdominal surgery. This subject covers nearly 300 pages. It is impossible, for want of space, to do justice to the monographs which comprise these volumes. One more volume will conclude the series, and there is now no doubt that this encyclopædia fully realizes the expectations that were formed of it. The Publish-

ers have done their part well, and the able supervision of the Editor has left nothing to be desired.

Modern Therapeutics of the Diseases of Children, with Observations on the Hygiene of Infancy.

By JOSEPH F. EDWARDS, M.D. Philadelphia; D. G. Brinton, 1885.

This is the fourth of Dr. Brinton's "Modern Therapeutics" Series, and is a companion volume to Naphey's Surgical Therapeutics and Atkinson's Medical Therapeutics, which have already run through seven or eight editions. Culled chiefly from periodical literature and monographs, these books present in convenient form the treatments of representative men at home and abroad; being therefore almost encyclopædic in character, they are valuable as works of reference to those who have not access to a large library.

The Influence of Sea-Voyaging upon the Genito-Uterine Functions. By J. A. IRWIN, M.A., M.D., New York: Trow's Printing Co., 1885.

We have received from Dr. Irwin the advanced sheets of his essay read before the Co. Med. Society of New York at its last meeting. Coming most appropriately at the opening of the summer tourist season, it is well worth careful perusal. An ocean voyage is often prescribed empirically for the relief of tedious or obscure uterine troubles, with a sort of vague hope that change of scene and air may somehow prove beneficial; but the experiment is frequently unsuccessful, and the patient returns with symptoms unimproved, sometimes aggravated. Such disappointments could be easily avoided by carefully studying the therapeutic effects of sea-voyaging, and recommending it only in suitable cases.

While ship-surgeon on several first class passenger lines, a large number of female passengers have come under his care. That he has utilised his opportunities for observation, may be gathered from the fact that he has collected the records of 104 pregnancies, 11 parturitions, 3 miscarriages and 451 menstruations or missed periods among women whose functions were usually normal.

Though recognising physical and atmospheric influences, he nevertheless attributes the chief effects of a sea-voyage to the ship's motion. His theory of seasickness (*ŒKinetia*), first published in the *Lancet* in 1881, is well known and now pretty generally adopted. It may be summarized as follows:

"The ordinary form of seasickness, that is the

form caused by the easy gyrations of a large ocean steamer is essentially a disturbance of equilibration.

The initial lesion takes place within the semicircular canals of the internal ear, where the endolymph and otoliths, following the irregular movements of the vessel convey to the sensorium erroneous impressions of the position of the head in space; this soon results in dizziness, which is followed in due course by nausea and vomiting; and even when later, as is usual in tedious cases other parts of the organisation become involved, a hyperæmia of the parts concerned in equilibration remains a main factor in the general synæresis of nervous and functional derangement. In fact for practical purposes, seasickness may be regarded as a mild, transitory, semiphysiological prototype of the noncochlear part of Ménière's disease."

He finds the effect of sea-voyaging upon the menstrual functions to be highly stimulating, resulting in disturbance of periodicity and duration, as well as increase in quantity and degree of discomfort. In pregnant women abortion and premature labor are apt to be induced; in the non-pregnant the symptoms most commonly noticed are dysmenorrhœa, menorrhagia, a premature recurrence of the flow, and a more or less erotic tendency.

As a therapeutic agent, Dr. Irwin ranks sea-voyaging as a potent *emmenagogue*, with well marked tonic, alterative and sedative effects. He recommends it especially in cases of chloro-anæmia, amenorrhœa with deficient tone, retarded sexual maturity, certain forms of leucorrhœa uterine asthenia and sterility, and "especially in those delicate gawky over-schooled girls, in whom abeyance of uterine function is often among the first warnings of approaching phthisis."

PAMPHLETS RECEIVED.

Disinfection and Disinfectants—Preliminary Report of the American Public Health Association.

Many Drugs; Few Remedies. Geo. T. Welch, M.D.

Eulogy on the Life and Character of Lumsford Pitts Yandill. By J. A. Ochterlony, A.M., M.D.

Idiopathic Anæmia. By J. H. Musser, M.D.

Bulletin of the Natural History Society of New Brunswick.