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Original Communications.

THE USE OF CHLORIDE OF AMMONIUM IN COMMON GOITRE.

A paper read by A. D. STEVENS, M.D., Dunham, Que., before the District of Bedford Medical Society, January, 1880.

MR. PRESIDENT AND GENTLEMEN,—A few days ago, one of our most active young members gave me a call, and, in the course of our chat, urged me to write something for this meeting of the Association, however short it might be. Having nothing in mind at the time of any possible interest, I declined, but, upon reflection, came to the conclusion that I might say something upon common goitre, or simple hypertrophy of the thyroid gland, that would, at least, serve the purpose of killing time. And here let me observe, that I do not propose to discuss either the pathology, physiology, or etiology of this, or any other of the different diseases that the gland is liable to. I know nothing more of these than is to be found in any modern surgical work: It is simply of the treatment of the affection that I desire to speak. It is now some years since I became convinced that the common treatment of ordinary bronchocele was not at all satisfactory. I refer to the use of iodine, iodide of potassium, and tonics internally, and tincture iodine, blisters, ointments of iodine and mercury and the like externally. I was led to this opinion from want of success in several cases, especially those of a couple of girls about eighteen or

twenty years of age, who had first discovered the deformity at about the period of puberty, and happened to come under treatment at the same time. The girls were both fairly healthy and of healthy parentage, and stood the treatment patiently and well for two or three months, but with the result of only a trifling diminution, if any, in the size of the enlargement. At the end of this time I thought it best to try some other resolvent, and the one I chose was chloride of ammonium. I cannot now tell you how it came about that I selected it, but I had not given it over a month, or six weeks before I noticed a decided impression for the better had been made, and, at the end of three months, had the satisfaction of seeing them both entirely relieved. I have seen one of the girls every few months since, and it has not returned; the other left the place shortly after, and I have never heard from her from that time to this. The dose given was about ten grains, simply dissolved in water, three times a day, with the exception of now and then adding a little "coloring" to the solution, such as the compound tincture of lavender, for the purpose of "inspiring confidence" that it was not always the same medicine they were taking. Nothing else was done or given either internally or externally during the entire term of treatment with the chloride of ammonium, and, I should also add, that these girls were not only relieved of an ugly deformity, but seemed to have grown more robust. Indeed, the constitutional effects seemed

to be more like what I have noticed in giving the syrup of the iodide of iron than any thing else. No directions whatever were given as to drinks, diet, exercise, change of air, or any other hygienic measure. Were these all the cases I have treated with my chloride, you might fancy that the iodine given in the first instance had something to do with the results, but that the previous treatment had nothing to do with it I am fully convinced. Just now I am finishing the cure of two more girls—one about fifteen years of age, and the other thirteen. They have been taking the chloride of ammonium about three months in ten grain doses thrice daily, and, so far as I can judge, there is now no trace of the enlargement left. I have seen them both within a week. Then, there are three more (making seven in all), two occurring in girls under twenty years of age, and one in a married woman aged fully forty and the mother of several children. In the case of the latter, the woman had suffered a good deal from disturbance of respiration and circulation, as it had attained an enormous size. The two latter girls were treated similarly, and with similar terminations (though not at the same time), and require no further remarks from me. But the married woman took the chloride two or three months in the usual dose, with the effect of having the growth reduced in size about one-fourth or one-third, and all the circulatory and respiratory symptoms relieved. At this time I discovered she was pregnant, and discontinued the treatment. Whether or not a longer term of treatment would have been completely satisfactory I cannot say, but, it is perhaps worth while to observe that my work was not as happy as in the cases of the girls. Again, if I had another patient suffering from long standing and excessive hypertrophy of the gland, I should try the medicine in larger doses—say fifteen or twenty grains three times a day, and continue it much longer, unless something occurred to prevent.

You may say, if you like, that my experience is too limited—that a half dozen cases is not sufficient to establish a fact, but, while I know that "two swallows do not make a summer," I might say it has been quite enough to convince me that the medicine has a decided preference for the thyroid gland, and possibly for some others. If you will try it in the first

incipient cases that come under your care, I have no doubt you will meet with success quite equal to my own. We are all practising under the same conditions as to climate, soil, water, &c. Bear it in mind, please, and, if convenient, report your results at some future meeting of this Association. The trial will, I promise you, have at least one merit, that of being not a very costly experiment. That I have not been able to show a longer list of cures is because I have not had the opportunity, I firmly believe. The affection is not so very common in this neighborhood, as you all know.

So far as I am concerned I do not feel like claiming an extraordinary amount of originality, but it is perhaps only fair to say that I have examined, or caused to be examined, six different modern works upon general surgery, and do not find the chloride of ammonium in any of them mentioned or recommended in the treatment of goitre. I should likewise say that I have not read of its being used in this difficulty in any medical journal or dispensatory, or, in fact, elsewhere. As I intimated before, I believed it possessed a certain but limited power in producing absorption, but had never prescribed it for any purpose whatever, until I gave it in the cases before alluded to. Again, some of you may think that my details are not as extensive as they ought to be, that the cases would have been more satisfactorily reported if I had taken and given notes, but I do not conceive that it would have thrown much more light upon the subject if I had done so. There is just one thing more that I would like to refer to, and it is this: It is thought by some of our writers, I infer, that the commencement of these tumors or growths is in some way connected with uterine derangement, probably from the fact that many of them make their appearance at or about the time of puberty, but in my cases there was no evidence of any treatment being specially required either for correcting disordered menstruation or uterine disease, or, in fact, any other derangement that I should have been liable to be consulted for. I shall be exceedingly glad to hear any remarks any of you may have to make, or answer any questions bearing upon the subject, keeping in mind always that whatever virtues the medicine possesses, so far as my experience goes, they are most discernible in incipient cases.

A CASE OF EXTRA UTERINE FŒTATION.

By JAMES KERR, M.D., M.A.,

LONDONDERRY, NOVA SCOTIA.

Presented to the Canada Medical Association at London, Ont.,
Sept. 1879.

On June 26th, 1877, I was consulted, by Mrs. W., for an attack of severe abdominal pain, coming on suddenly, of a colicky character, and referred to the hypogastrium and left iliac regions. The pain was very acute, and only relieved by repeated large doses of opium; but it returned on the 30th with less severity, while it was more decidedly referred to the left ilium, extending through the region of the left hip and down the thigh. At this time, the attack was accompanied by vomiting.

Examined externally, and per vaginam; there was nothing discovered to explain these symptoms.

On inquiring into her history, I found that she had always been healthy, was forty-one years of age, married; had had four children—the youngest, if alive, would have reached its eighth year. Labors had all been difficult, and required instrumental assistance; had miscarried about a year before the present attack, but, since, had menstruated regularly up to June 1st, when she “took cold,” as she said, and attributed her present illness to that cause: had always leucorrhœa since her first confinement. She was a small, bright-looking woman, now rather pale and exhausted from these repeated attacks, but looking otherwise healthy. There was no tenderness anywhere over the abdomen, and no discharge except the leucorrhœa from vagina; bowels habitually constipated, tongue clean and pulse quickened. During following month she had several similar attacks of this colicky pain, but less severe; and, during this month (July), she told me that her menses had returned, and were more copious than usual; the vomiting continuing as before.

It was in the early part of August that the patient suggested the fact that she was pregnant; and, on again examining her, I confirmed that opinion. I found the abdomen somewhat enlarged, the os soft and puffy, and the uterus itself considerably increased in volume. Her health became now much improved; she had no recurrence of the colicky or cramping pains, and her condition did not differ from that of ordinary pregnancy at this stage; we agreeing

that she was now about three months gone. Nothing unusual occurred during the three following months.

In December, a return of the pain brought her again under my observation. This pain I decided was caused by an attack of sub-acute peritonitis. The abdominal tumor had much increased; and I remarked, at this time, that it was more prominent than usual in pregnancy, and somewhat of an irregular outline; an enlargement on its surface being apparent towards its upper, and another towards its lower, extremity.

The upper enlargement felt hard, bony and very superficial, the lower soft and very tender on pressure; pressure here causing pain through the region of the hip and down the thigh, somewhat resembling the pains she first complained of; the body of the tumor gave distinct fluctuation. Fœtal movements were very distinct, and appeared unusually strong, but I failed to hear the sounds of the fœtal heart.

Examined per vaginam; I was surprised to find the os now small, hard, and out of character with this period of gestation. The tumor felt firm, and immovably fixed in the pelvis, and a round firm prominence was felt filling up the recto-vaginal space. After repeated and careful examinations, which were conducted with some difficulty owing to the tenderness of the parts, I came to the conclusion that this growth was independent of the uterus, and that the body which was felt against the rectum was that organ retroflexed.

I had a consultation with Dr. Page, of Truro, who saw her twice with me about this time, and to whom I expressed my conviction that we had to deal with a case of erratic gestation. Our efforts to pass the sound were unavailing, and we were equally unsuccessful with a probe. She was also seen by two other medical men, whose diagnosis I may say did not agree with mine.

I now kept her under continual observation. Her condition remained much the same, except increased tenderness up to the second week in February last, when, after an unusually violent series of fœtal movements, they suddenly ceased. This was about two weeks from her term. About term, she was seized with all the symptoms of labor, accompanied by a free discharge of blood and of clots from vagina; these symp-

toms continuing eight hours, and gradually passing off. During the following week, she was again subjected to a very careful examination; this time, the uterine probe passed an inch and a half through the os, but only after being bent sharply back towards the rectum and right side. While conducting this examination, a very free discharge of pus flowed away from the uterus; and at this time we noticed that the tumor had shrunk in size.

About this date, being in correspondence with Dr. T. Gaillard Thomas, I requested his advice, laying the case before him. He was of opinion that operative interference then was not indicated, but he advised that we should wait for further development.

On March 19th, she was seized with symptoms of peritonitis, followed by increased distension. The vomiting returned, and she complained of continual pain, described as of a "bursting" character. These symptoms continuing, and sedative remedies being ill borne and failing to give relief, I introduced into the abdomen a trocar, and drew off fourteen ounces of a brownish, thick fluid; this was followed by almost instantaneous relief, and her improvement was very marked for some time. The feeling of distension occurring again, I again drew off ten ounces of the same fluid—this time using the aspirator. From this time to the end of May, matters assumed a new unfavorable aspect. She had several attacks of sub-acute inflammation in the sac, and hectic symptoms gradually coming on, with inability to take food from the vomiting and distress which it occasioned, and the constipation, which had always been a troublesome complication, now almost amounting to obstruction; it was only by using a long rectal tube, and a very stimulating enemata, that we were able at all to obtain any alvine action.

On June 5th, there occurred, during an unusually violent effort at defecation, a sudden discharge of pus, blood, and shreds of apparently decomposed membrane from the rectum, which I took to be the result of a communication established between the sac and the bowel. This gave temporary relief for a few days, but the diminution in size that had resulted from this discharge became again augmented by an inflation of the tumor with gas, its whole surface becoming tympanitic.

This discharge continued freely for more than a week.

I next observed at this time about 1½ in. above the umbilicus a circular elevation on the surface of the tumor, about the size of a 50c. piece, which, at the end of week from the time I first observed it, resulted in an opening communicating with sac, and discharging pus and very fetid gas.

This second opening, by allowing the gas to escape, was followed by a diminution in the tumor, and its irregular outline could be still more distinctly noticed. The body of the tumor got hard and firm, and the bony prominence before observed at its upper extremity I now thought I could define as the foetal head. The temporary amelioration of her suffering that had occurred after the communication between the sac and rectum had been established was soon replaced by symptoms of septicæmia, the patient becoming drowsy and occasionally delirious, unable to take food, and the bowels finally ceasing to act altogether, death closing the sad scene June 23rd, nearly a year from her first attack of pain.

Post-mortem ten hours after death:—

Opened cavity of abdomen by an incision commencing at the fistulous opening and carried down to the pubes.

Lying immediately underneath the skin apparently was found a large fully developed male child which easily turned out. The breach occupying the epigastrium and the head filling up the brim of the pelvis; following the cord from the umbilicus I found a mass of putrid and decomposed material attached to its outer end, which no doubt was the placenta, and which seemed attached to the iliac fossa and to the wall of the abdomen along the iliac cast. The abdominal wall was much attenuated, the muscles greatly shrunk, and nothing that could be defined as peritoneum could be seen on the under surface.

After the child was removed, a large apparently empty space, extending from beneath the ribs to the pelvic brim, was exposed. The brim of the pelvis seemed covered over with layers of decomposed lymph.

The organs were everywhere covered with masses of this decomposed and putrid lymph. Intestines were not readily recognized until

the abdomen was cleansed from these decomposed shreds.

The uterus and appendages I found it impossible to demonstrate at all satisfactorily, but with one finger in the vagina and a hand in the pelvis I felt the uterus still in the recto-vaginal space, and the bladder occupying its usual position.

The opening into the rectum I did not succeed in finding, and, owing to the advanced state of putrescence in which the organs were, I had to abandon any further efforts to obtain a better demonstration. I have thought it thus desirable to go into detail in giving the symptoms of the above case.

I hope I have now placed before you the leading facts of this case, and those which may best assist us to deduce from it some practical conclusions.

We will find that this case illustrates many of the typical features of this accident. First, it has been frequently stated that, where impregnation occurs outside the uterus, a previous inaptitude for conception has been manifested; this has been remarked by Shroedder and prominently noticed by Parry, who has made the most valuable contribution to the literature of that subject that has been yet written.

Our patient had remained barren eight years succeeding a period of active generation. 2nd. Impregnation attended with attacks of violent cramping pain recurring at intervals, and lasting with less severity to the end of 2nd month.

4th. I found the uterus enlarged, and the os having the characters of pregnancy, although I never observed anything like the expulsion of a decidua, which we know is always formed in the uterus, whatever may be the location of the ovum.

One other symptom, which also is almost an invariable accompaniment of this accident was also absent, the discharge of blood from the vagina. A very free discharge did occur, but it was during the second into the third months.

There was nothing differing from ordinary pregnancy during the three following months, up to the 7th, when, after repeated examinations conducted by myself and with other medical assistance, I came to determine the real state of affairs.

I have also to record the fact, which is somewhat remarkable in this case, although the same

thing has been observed by Keller, that we failed to hear the foetal sounds.

Failing to pass the sound I think was due to the very sharp angle at which the uterus was retroflexed, and its deviation to the right side, and the hesitation that I felt in persevering with that instrument with as yet some doubts as to the correctness of my diagnosis.

An operation was considered by me justifiable, but at the time, one month after term, an attack of inflammation in the sac occurred, and from that time the condition of my patient became so decidedly unfavorable, and the presence up to her death of symptoms of subacute inflammatory action with hectic and profound exhaustion that, in the face of all the difficulties and dangers that presented themselves in contemplating the operation, I decided to give up hope of trying to relieve her of her foetal burden.

The time when, to my mind, the best chances offered for a successful operation was in the 7th month, when as yet no active inflammatory attack had contracted adhesions between the sac and wall of the surrounding viscera. When the presence of the liquid amnii left the foetal body free in the sac, and before the health of the patient had suffered by the exhaustive effects of repeated attacks of peritonitis and hectic,—then I believe had an operation been attempted it would have been with a reasonable hope of success, but at no subsequent time, except immediately after term, or from the 7th month up to term. Now the greatest authorities on this subject condemn operating until suppuration has occurred in the sac, but with this opinion I cannot agree.

The effort at delivery which nature apparently makes at the 9th month seems to increase enormously the mortality at that time. According to Parry one of every four women only lives whose pregnancy terminates at that time.

This operation to be undertaken with the object of adding the chance of saving the child to the equal chance of also saving the mother.

The increased mortality that occurs at the 9th month would thus be avoided, the dangers of adhesions to the viscera would be lessened and the health of the patient be in the best possible condition. I am fully aware that the operation as hitherto performed before term was not such as to offer much encouragement but, for my part, I cannot see why it should be so; and with the conditions just indicated, and the

improvements which have recently been made in the department of abdominal surgery, I think that we are justified, if operative interference is contemplated at all, to perform it then.

The mortality of all cases of extra-uterine pregnancy arriving at and going beyond term, which, for all practical purposes we may conclude are abdominal, as we have only one case of Tubal that has been recorded as reaching the end of gestation, thus includes those operated on amounts to 50 p.c.

Of those operated on the mortality is 43 p.c., and the morality of those left to nature 52 p.c.

Of those cases hitherto operated before term we find that the mortality was largely due to efforts to extract placenta, causing in most cases fatal hæmorrhage at the time or subsequent exhaustion; but now that we recognize the rule as established by the eminent authority in this operation to leave the placenta, I think we can with confidence anticipate better results than heretofore and avoid septicæmia by the use of disinfecting injections into the sac and other means as used by operators in the abdomen in other cases.

Correspondence.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—Montreal is now in a position to afford considerable satisfaction to those who take no interest in, or cry down sanitary matters, as it has been and is now well blessed with epidemics. In the autumn we had typhoid fever of a very severe form, and now measles is enjoying an unlimited sway in all parts of the city. It is not confined to any one locality, but the disease has even extended to outside municipalities.

In addition to this, small-pox persistently defies the spasmodic efforts of our health office. If some of our city fathers would be as eager to investigate the different causes of the city's unhealthiness as they are the conduct of officials who attempt to perform their duties as well as they can, the citizens might then expect some good results from the health office. As it is now, it is an office of confusion with few servants and many masters. The citizens, themselves, are not free from blame. They are too indifferent, and, notwithstanding all the efforts of the city press and the medical periodicals,

this indifference amounts to total neglect of all health matters; in fact, a certain portion will fully help to carry the contagion of disease from one place to another. Recent events that have come to our knowledge force us to make this last assertion. Fancy a nurse or visitor coming out of a house where is small-pox and getting into a street car right at the front door; and yet this was done. Another instance, a young lady comes to a house in this city, on a visit for a few days, from a neighbouring convent. Some of the members of the house are ill with measles, still this young lady was not told to remain away. She remains for a few days and returns to her studies at the convent. There she falls ill with measles, and the result is an outbreak of the disease in a large educational establishment. Of course in this instance, it is not the fault of the authorities of the convent, but here we have an example of the most utter ignorance on the part of a highly respectable family, who make no effort to keep themselves isolated from friends. When we see the same among the educated, how can we blame the poor laborer who has no opportunities of knowing better.

The public have yet a great deal to learn, and it is disheartening to the profession to see its teaching bringing no result. Proprietors of houses are still satisfied with cheap plumbing, as they know full well the difference between good and bad plumbing can only be detected by the trained expert. Frequently this difference is only slight in appearance, but commonly great enough to bring death into a household. Jas. C. Bayles, in his work on "House Drainage," says truly, when he states, "as the plumbing work of our houses is commonly done, it would be better for most of us if we had to bring our water in buckets from a public hydrant, and carry our waste to the culvert at the nearest street corner."

The fault of this is, in a great many instances, with the proprietor, who is not willing to pay the price of good work. In nearly every instance where we found it necessary to have a house inspected, the fault was discovered to be defective work done by ignorant workmen, or on account of the low price.

The public must still have the lecture repeated over and over again, until they understand the plain incontestible fact, that good

work well performed in the building of a house is always cheap, and that money expended in taking measures to prevent disease is well invested, and that a double return comes from it, in the preservation of valuable lives. They must remember that a "fever nest" of any kind in any hidden corner of the city may dispatch invisible messengers of death to the aristocratic and most cleanly kept districts.

PERIGRINE.

Montreal, 18th February, 1880.

MONTREAL, January 24th, 1880.

Editor CANADA MEDICAL RECORD.

In continuance of my former correspondence, which gave my first case which referred to inspection of a country residence, I will now give a few cases from many in the city without comment, leaving your readers to form their own opinions. Visited lower tenement in yard of A. M., had 3 cases of diphtheria; 2 fatal, one convalescent at time of visit. Smell in house very bad; found sink pipes untrapped, wooden drain under floor, loose cover, soil swampy, house built on soil, filled tile drain, trapped sink wastes. Used disinfectants, but smell still continued, but in a less degree. On examining surroundings, found privy vault in yard full, and in close proximity to house; nature of soil allowed contents of vault to soak into ground under house. Reported facts to health department, who were powerless (as privy was without the distance from the house prescribed by law) except as to cleaning out of vault, which was done. What was left of the family moved away, leaving premises to be re-occupied by some one ignorant of the record of health against the same. House in B street, 3 cases typhoid, one fatal. Found drains open at joints, tiles broken, soil pipes leaky, no ventilation, no concrete under floors or other protection from damp; locality and surrounding dwellings healthy. House in C street, 2 cases typhoid. Complaint of smell, difficult to find cause; drainage and plumbing good, but no ventilation; found small cracks in soil and waste pipes. House in D street, 3 cases typhoid, 2 fatal. Plumbing old but of a good class, but no ventilation; found cracks in soil and waste pipes; drains defective and joints open; complaint of smell, which ceased on repairs being made, and

ventilation provided for; family been healthy since. E street, 2 lower tenements drained with same drain, drain filled with a trap. Complaint of one tenant of smell, other tenant no complaint of smell, and reported general health of family good, after a residence of four years, but complained that water appeared on floor during heavy rains. Found trap choked, drain evidently been inoperative for a long time, and the waste from four closets, four baths and four sinks had been making its way out of open joints of drain and broken pipes under floors where filth was a foot deep; removed forty-six barrels of filth. Although occupants of one of these tenements had been living over what was in every respect a privy, and that for a long time, yet they reported no cases of illness, but at time of visit a child was ill, reported to be suffering from cold. Appearance of inmates of this tenement was anything but healthy, other tenement had been only recently occupied.

Yours, &c.,

J. W. HUGHES,
Practical Sanitarian.

Progress of Medical Science.

MERCURIC BICHLORIDE IN DYSENTERY AND DIARRHŒA.

By BOARDMAN REED, M.D., Atlantic City, N. J.

During the last two years I have been testing the treatment of dysentery and dysenteric diarrhœa by the bichloride of mercury in somewhat minute doses, as recommended by Dr. Sydney Ringer. My experience with this treatment covers a large number of cases, including most of the varieties of intestinal flux ordinarily seen in this latitude. It has been found particularly valuable in those forms of chronic diarrhœa characterized by dysenteric symptoms, such as the presence of mucus or blood in the stools, with or without tenesmus.

In acute cases this remedy is slow in acting, and in my hands has proved much less successful,—at least until after a purge of castor oil and laudanum has removed the offending cause.

The following transcript from my case-book well illustrates the power of the bichloride in obstinate chronic dysentery:

Case I.—July 4, 1878. Consulted by J. J., aged 45: occupation, formerly a sailor; has lately done odd jobs when able to get about. Weight now about one hundred and twenty-four pounds; looks, thin, sallow, feeble, and

prematurely old. Gives the following history. In 1865, while in the army had an attack of dysentery, from which he recovered in five months. No venereal taint can be detected. Since 1874 he has suffered continually with dysentery. Has had numerous loose passages every day, with blood and slime; also constant pain in the bowels, and part of the time "a burning like fire" on defecation. Has fever some of the time, and is never free from pain. During these four years he has tried all sorts of treatment without success. Some of the various treatments increased his strength, but nothing produced any notable effect on the flux. He is now having eight or ten stools a day, and is unable to sleep at night on account of the pain. Prescribed for him hydrarg. chlor. corros., gr. $\frac{1}{2}$ dissolved in distilled water, f $\bar{3}$ vj, and directed him to take a teaspoonful every two hours. For diet, directed him to drink freely of boiled milk, and to take with this stale bread or crackers, soups, and fresh beef or mutton, stewed, broiled or roasted.

July 8.—Returns to-day, at the end of four days, with his medicine all taken, though it should have lasted him nearly a week. Says he has taken it regularly every two hours, day and night; being unable to sleep, thought he might as well take it right along. Reports decided improvement, now having only four stools a day, which are more natural in character. No blood, but little slime, and very little pain. Continue bichloride.

July 13.—Comes back in high glee to-day. Says his stools are reduced to *one a day*, and that he has *no more pain*. Feels very much stronger and better every way. Has gone to work. For a long time before he has been unable to do anything. The bichloride continued.

July 20.—Thinks he was "bound up" a little at his last visit, but has since been having three natural yellow stools a day, "about as thick as mud." No slime in them, and only occasionally a slight show of blood, since a few days after beginning the medicine, until last night, when some blood reappeared. Had been eating ham yesterday morning, and oysters in the afternoon. (At this season oysters are a prolific source of diarrœa here, even in healthy persons.) Has had no more tenesmus at all. He has gained four pounds in weight, and since last here has been steadily at work.

July 26.—Reports himself still improving. *ay* before yesterday he walked ten miles. Over-exercise makes him worse. Has now about three stools a day, but of thicker consistence than before. Treatment continued.

August 2.—Been having four passages a day for the last four days. This increase probably due to leaving off his milk. Directed him to resume the milk, and go on with the bichloride as before. Has now gained five pounds since

beginning treatment. Ordered him also a mild tonic mixture of tincture of nux vomica and fluid extract of chiretta, to be taken in small doses before meals; and a solution of zinc sulphate, gr. ii to f $\bar{3}$ i, as an injection per rectum twice a day.

August 10.—Still gaining. He now weighs one hundred and thirty pounds, a gain of six pounds. Looks quite plump in the face. Has two passages a day, of nearly natural color and consistence. His stools to-day were so hard as to bring away a few drops of blood. The injections relieved some little smarting in the rectum, which had been still troubling him. Feels no pain in his abdomen, except occasionally after unusual exertion. Continued the bichloride, and also the injection, as well as the bitter tonic.

From this time patient progressed steadily, and was discharged as well August 29. He had gained in weight eleven pounds.

He remained well till about the middle of November, when a severe cold brought on a return of the dysentery. He obtained a bottle of the bichloride again, and without any other medicine, or even a return to the use of milk, soon recovered. In the January following, a worse cold produced another attack, complicated with bronchitis. He was given hydrarg. bichlor. gr. $\frac{1}{16}$ every two hours, and an emulsion of cod-liver oil, with lacto-phosphate of lime. The cough got no better, and the diarrhœa was aggravated by the oil. Then stopped the latter, and let him continue the bichloride, with only some simple domestic cough syrup. The diarrhœa now soon yielded, and later the cough, his weight being restored to one hundred and thirty-five pounds.

This patient has since returned to his old occupation as sailor, and after living on salt pork, etc., during a long cruise, has two or three times had a return of the flux, but this has uniformly yielded promptly and completely to the bichloride in the same small doses; and so long as he remains at home, paying proper attention to diet (that is, avoiding articles notoriously hurtful to persons not possessed of strong digestive powers), he continued fairly well, though by no means robust.

Remarks.—At first, when the disease was deeply rooted and the patient's constitution seriously impaired, the remedy would scarcely have proved so rapidly curative, and perhaps might have failed altogether, if a favorable diet had not been insisted upon; but it will hardly be claimed that diet alone, without any medicine, could have accomplished equally brilliant results. The astringent enemata performed a good service in removing some remains of inflammation in the rectum. The corrosive sublimate seems to exert less influence over this part, though apparently manifesting a selective action upon the colon.

In most of my other cases the medicine did its work so quickly that the notes are necessarily short.

Case II.—February 24, 1879, A. H., clerk, aged 26, of slender frame, and evidently strumous diathesis, consulted me on account of a chronic diarrhoea of the lienteric type. He had a loose movement after each meal; was often "taken short," receiving very little warning. He had doctored much, having suffered from the disease most of the time for a year and a half. Had taken opiates and astringents in all forms without benefit, and had been for some time under the treatment of an intelligent homœopathic practitioner. I prescribed bitter tonics, and also hydrarg. chlor. corros. gr. $\frac{1}{15}$ every two hours. Patient reported a week later that he was much better and gaining in weight. After the first few days, finding it inconvenient to take the medicine so often, he had taken treble the dose, or about gr. $\frac{1}{3}$ before each meal, and apparently with equal improvement. A short time subsequently he reported himself entirely cured.

December 20.—Patient reported that he has continued free from diarrhoea.

Cases III. and IV.—These were both cases of non-febrile dysenteric diarrhoea in very delicate, feeble lying-in women. The patients had a tendency to chronic diarrhoea, one of them having been thus afflicted for over a year, following a previous confinement. Other treatment failing, I placed them upon the bichloride of mercury; in $\frac{1}{15}$ grain doses, with the effect of checking the flux in two days, improving at the same time their strength and appetite. In one of these cases the diarrhoea reappeared in a modified form immediately upon discontinuing the remedy, but stopped again upon its being resumed.

Remarks.—In case II. the good effect of the mercury was manifest, for the patient had previously taken tonics alone without any satisfactory results. His experience with an increased dose and longer intervals is suggestive. I have had no opportunity of trying the remedy further in cases of lienteria, though many more instances might be cited of its value in dysenteric diarrhoea. Its curative power in certain of the intestinal catarrhs of children especially has been frequently noted, but this paper is already too long, and further reports must be deferred. Nor is there space left for speculations as to the mode of action of corrosive sublimate in diarrhoea.

Briefly, it may be said that the bichloride of mercury in its action resembles somewhat the nitrate of silver, sulphate of copper, and various other metallic salts, which, in small doses, produce astringent and tonic effects, though in sufficiently large doses they may cause purging and prostration.

ICHTHYOSIS HYSTRIX.*

By J. B. McCONNELL, M.D., C.M.,

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Ichthyosis is one of the rarer morbid affections of the skin, and is defined by Neumann as "a disease characterized by an accumulation of epidermal matter, hypertrophy of the papillary layer, and thickening of the whole corium, with an alteration in the cutaneous glands." The depositions consist of epithelial scales mixed with sebaceous matter, and "may be either white and of the thinness of paper, or dark-colored grayish-green, brown, or black masses, or horny spines and shields several lines in length, firmly attached to the subjacent sides, and which, in the normal condition, cause the furrows and lines crossing the epidermis to be rendered evident in a very striking manner." The disease may be limited to certain portions of the skin, or more commonly occupies the greater part of the surface; it is usually developed soon after birth, although it may in exceptional cases first appear after maturity is reached. It can rarely be cured, but usually persists during the whole life of the patient. The glandular secretion is deficient, so that the skin is harsh and dry, said to be due either to congenital absence or defective formation of the sudoriferous glands or to their early atrophy. Two varieties of this disease are usually distinguished,—ichthyosis simplex and ichthyosis hystrix. The first form is applied when the epidermal masses are thin and furfureous like bran, or thick, like fish scales; the earlier conditions of this variety, where the skin is harsh and dry, with only slight exfoliation of the epidermis, is termed xeroderma. Ichthyosis hystrix is applied to the most exaggerated condition of this disease, where large, thick, dark-colored masses are formed several lines in thickness, and standing out from the skin sometimes like quills on the back of the porcupine, hence the name; there is also a considerable amount of papillary hypertrophy. These varieties may occur independent of each other or together; they vary with the age of the patient, becoming more marked as adult age is approached. The color of the scales varies with the period of the disease; at first pale, it gradually becomes tawny, dark olive-green, and at last black, and is owing to dust and dirt becoming incorporated with the scales, fat, and sebaceous matter, more than to any pigmentary discoloration of the skin proper.

In whatever form the ichthyosis occurs it attains a certain degree of development in each particular case, and then usually remains un-

* Read before the Mélico-Chirurgical Society of Montreal, January 24, 1879.

altered throughout the patient's life. It is often hereditary, but not always, and, although not regarded as strictly congenital, the predisposition to the disease, which develops later, is born with the individual. It is sometimes acquired in later life, appearing as patches on the lower extremities, the result of chronic eczema and varicose ulcers; when hereditary, it often affects the same sex through several generations.

The following case had not reached its full development, although it presents a well-marked instance of the higher grade of the disease—*ichthyosis hystrix*—and is interesting on account of the unusual manner in which the disease is distributed over the surface, and from its occupying certain localities usually thought to possess immunity from its attack.

Charles Satry, aged seven years and eight months, first came under my notice in the month of November last. He was born in Chicago, but during the last four years has resided in Montreal. He is the fifth child of a family of nine, of whom three only are now living, all died at ages varying from two and a half months to two and a half years. The parents state that two died from some intestinal disorder, both having diarrhoea. From what I can make out, the disease was probably *tabes mesenterica*; two others had some affection of the head and died in convulsions, most likely tubercular meningitis; another died while teething; and the subject of the present paper died on the fifth of January of acute miliary tuberculosis. The parents are of French descent, both somewhat below medium height, and have enjoyed tolerably good health. The father states that several members of his family have died of consumption. The mother also states that she has lost a brother and sister, who were said to have died of consumption; she is at present herself occasionally affected with hæmoptysis. They do not know of any instance in either family in which a skin disease occurred similar to that seen in this child, nor have they observed it in any of their other children. The mother states that at birth he was the largest and fattest of all her children, and showed no trace of anything unusual on its skin until he was about five months old, when she noticed a rough scaly patch on the right side of the back of the neck, which she thought was prickly heat; the patch was of darker shade than the surrounding skin, and branched in different directions; at the end of a year it occupied more surface, and the scales were thicker and darker in color, especially in the centre of the patch. The skin now began to have the same appearance on the back, right side, and arm-pits, until at four years of age it existed on the thigh, groin, knee, ankle, and forearm of the right side; at this age it began to appear on the left side of the body, first on the chest and shoulder, and since then new patches have shown themselves, and existing

ones are gradually enlarging. On parts exposed to much friction from the clothing the dark masses were being continually knocked off, but would soon again re-form, and this process of shedding and being reproduced was frequently repeated. The child has, during the last four or five years, been in delicate health, always preferred remaining indoors, had a poor appetite, and bowels unusually constipated. He was a fat child until he was four years old, since then his health has been failing, and he has become wasted and pale. His skin was always dry; the mother states that she never knew any part of his body to show signs of sensible perspiration, except his hands and feet, and the latter did so to an unusual degree, as she usually found his stockings quite damp on being removed. It was difficult also to keep his feet warm. He never complained of nor seemed to suffer from any irritation or other inconvenience owing to disease.

On examining his body minutely, the patches were found to occupy the following positions: The face was free from the disease, the skin being soft and clear, and there did not appear to be any abnormal deficiency or subcutaneous adipose tissue; this condition was, however, present in a marked degree in the other regions of the body. The posterior and right side of the neck was almost entirely covered; a large patch also occupied the front of the neck just over the thyroid cartilage. On the trunk a large patch is seen in the right axillary region, extending backwards over the scapula and posterior part of the shoulder; a long belt of the diseased tissue commences at the sternum near the fifth costal cartilage, passes outward along the intercostal space for a short distance, then descends obliquely to the seventh rib, where it turns upward and terminates at the lower end of the scapula. In the epigastric and lumbar regions a similar tract is seen. Commencing around the umbilicus, it passes obliquely upward to the lower margin of the ribs, and follows the direction of the ninth intercostal space towards the spine. The posterior extremities of these three patches on the trunk all coalesce a little to the right of the spine. One cannot fail to observe how closely the course of these tracts correspond with the distribution of the lateral cutaneous nerves.

Another deposit, remarkable on account of its narrowness, zigzag course, and the length and development of the hypertrophies, reminding one of a string of coral, begins at the *linea alba*, about midway between the umbilicus and pubis, passes to the inguinal region, crossing *Poupart's* ligament near its outer extremity, it then curves around below the anterior superior spine of the ilium, and passes backward towards the *sacrum* parallel with the crest of the former bone. On the left side a long narrow patch passes from the inguinal region over the crest of the ilium

a little posterior to its anterior spine, and coils around towards the posterior spine; a patch is also seen in the left axilla, and two long patches exist on this side similar to those on the right; they follow the same course, but those on the thorax occupy a position about an inch lower than the corresponding patches on the opposite side. Those on the left side are less marked than on the right, owing to their more recent formation. On the right arm thickly set patches exist over the posterior part of the shoulder and pass into the axilla. On the forearm a narrow strip begins at the space between the internal condyle of the humerus and olecranon process of the ulna, follows the internal surface of the latter to the wrist, when it turns on to the back of the hand and terminates about the centre of the metacarpal bone of the middle finger, where it is joined by a similar branch coming from the radial side of the forearm. These patches almost exactly correspond with the distribution of the posterior branch of the internal cutaneous and the dorsal cutaneous branch of the ulnar on the inner side, and on the outer with that of the posterior branch of the external cutaneous and internal branch of the radial nerve; and the point of junction of the patches is at the same spot where the communicating branch from the ulnar joins and forms an arch with the internal branch of the radial. The left arm is affected at the anterior part of the shoulder, the patch being continuous with that in the axilla.

On the right lower extremity, patches exist on the inner side of great toe; on the second phalanx of third toe, along the metatarsal bone of which it extends for about half an inch; on the anterior part of ankle a large patch, and on the inner side of foot several elongated lines. At the knee the whole anterior and inner aspect is involved; a line extends from lower third of thigh over the inner condyle, behind a long narrow strip extending from the gluteal region down the centre of the thigh to the popliteal space, best marked at either extremity. The strip follows very closely the distribution of the cutaneous branches of the small sciatic nerve, another patch, slightly developed, exists on the outer aspect of the thigh. Two fusiform patches, lying very close together, are seen in the right groin and upper third of the inner and anterior aspect of the thigh, and extending upward as a narrow prolongation over the lower part of the abdomen. The surface covered by them corresponds with that supplied by the ilio-inguinal and ilio-hypogastric nerves.

On the left lower extremity there is considerable thickening of the epidermis over the knee and instep. The scrotum also presents a large and well-developed patch on the anterior and lower surface of the right side.

(A sketch of this boy's body in different positions, pencilled and colored for me by Mr.

Raphael, shows beautifully the appearance and position of the disease.)

The character of these patches varies on different parts of the body. The whole surface was unusually dry, but no perceptible furfuraceous desquamation could be observed between the patches, except immediately around them. The patch on the left knee seemed to be just forming, and would correspond with the variety of the disease known as ichthyosis simplex, where there is only a moderate accumulation of epidermal matter. It is grayish in color, rough, and covered with thin scales, detached to a greater or less extent at their margins. The skin is thickened and mapped out into irregular-shaped eminences, separated by deep furrows, which correspond with the normal skin lines. On the right knee and front of ankle the epithelial collection is very dense, dark olive-green and blackish in color, and has the appearance of large warts, some of them here are nearly two lines in thickness and one-third of an inch in diameter. These large, dark incrustations are horny in texture, and of about the same consistence as a vaccine crust, and can be removed; when picked off, the papillæ beneath are seen to be enlarged, dry, and shrivelled.

The patches on the neck and trunk present a somewhat different aspect; here the accumulation is arranged as triangular, quadrangular, and polygonal projections two lines and over in length and much longer than broad, mostly blunt-pointed and fitting closely with each other like a number of little blocks standing on end, their sides being converted into smooth facets by movement and friction upon each other, all being closely compacted together, their extremities forming a tolerably even tessellated surface which is very dark in color. At the post-mortem examination a minute sketch of the patch of disease in the groin was secured, this being the only part of the body besides the scrotum in which the normal appearance of the affection had not been obliterated, owing to the profuse sweating which occurred during the child's illness. Although the sketch represents faithfully the appearance at this point, it only feebly illustrates the condition which the disease presented on other parts of the body when I first saw him. The following histological description is by Dr. Osler, who performed the post-mortem:

Small bits of the crust-like exudation, teased up in saline solution, show an unusual number of flattened scaly epithelial structures, together with dust-particles and oil-drops. Cut sections through the whole thickness of the skin gave the following particulars: the epidermis in the diseased spots is enormously thickened, composed of stratified layers of epithelium pursuing a wavy course, and often projecting as pointed processes, which usually correspond to hypertrophied papillæ of the corium. In the

deeper parts the cells are not so flattened, and the outlines of those next the rete mucosum can be distinctly seen. The pigmented cells of the rete mucosum are evident in most of the sections. The corium is not much thickened, but the papillæ are greatly hypertrophied, forming pointed projections, which give to the surface a serrated aspect. In places the papillæ are infiltrated with small cells, and into some dilated blood-vessels can be traced; when a hair follicle is cut, the inner root sheath is seen to be much developed, forming a thick laminated envelope about the hair. No sebaceous follicles are visible in the sections, but the sudoriparous glands are numerous in the subcutaneous tissue.

In the various chemical analyses of the concretions there has usually been found fatty matter in considerable quantity. Schlossberger has found crystals of cholesterine and hippuric acid; the ashes he found to contain chloride of sodium and potassium, and traces of gypsum and phosphates of iron, lime, and magnesia; he also found silica and oxide of iron.

In regard to the distribution of the disease over the surface, this case presents some features not commonly seen; thus it is present in the axillæ, in the popliteal space, and on the genitals, and the prevailing direction of the patches on the trunk and limbs is along the course of cutaneous nerves.

Hillier states that "when general, it avoids the palms of the hands, soles of the feet, the *axille*, the popliteal spaces, and the flexures of the arms." Neumann states that "the disease generally begins on the outer aspect of the extremities, and spares no part except the flexions of the joints, the *genitals*, and the face." In this case the affection began on the neck, spread down the back, and the limbs were invaded subsequently. He also states that "in *rare cases* it remains limited to small portions of the skin for years, and forms moderate depositions of dark-colored cells along the distribution of certain cutaneous nerves." Hebra states that "the malady is mostly diffused over the skin in such a manner that, with the exception of the bends of the joints, of the genitals, of the palms of the hands and soles of the feet, and face, it affects the whole skin and especially attacks the skin of the elbows and of the knees, and the extensor surface of the extremities." He mentions exceptions, however, where ichthyosis hystrix occurred on the palms and soles, and where slight degrees of ichthyosis occurred on the face, resembling pityriasis. He states further, that "usually the skin on the places mentioned appears affected in *continuo*, and mostly over patches at least as large as the palm of the hand. In a few *isolated cases*, however, the ichthyosis, and especially its higher grade—hystrix—occurs in the form of warty eminences arranged in rows, between which can be seen smaller or larger normal

portions of skin. These elevations of the skin, arranged in the form of lines, have, as a rule, the same direction as the peripheral spinal nerves, which run beneath them." Duhring says, "the disease usually involves the whole surface more or less generally, although it always manifests itself more markedly in certain regions; these are the lower extremities from the hips down to the ankles, and the arms and forearms. The knees and elbows are in almost all cases the seat of considerable wrinkling, thickness, roughness, and scaliness; on the other hand, the flexions of the knees and elbows, as well as the axillæ and groin, seldom show the disease at all." Tilbury Fox states, "the parts usually affected are the knees, elbows, and those about the ankles, wrists and axillæ." Thus Hebra and Neumann both consider the cases rare and isolated in which the disease follows the course of cutaneous nerves, and both authors state that it never occurs on the genitals. In this particular, therefore, this case seems to be unique. The well-developed patches in the axillæ and groin are also very unusual, Duhring stating that the disease seldom occurs at all in these regions. In this case the affection was not inherited, as a similar disease was not known to have occurred in any of the child's predecessors. It must therefore be classed with those less frequently observed cases, which are considered to be congenital, where, although as in this case, the child is born with a surface free from blemish, or any character which would indicate a future ichthyosis, yet the morbid condition is present in the skin which predisposes to this abnormal state of the epidermis.

As the child, from the time I saw him, was laboring under the disease which caused his death, I had no opportunity of following out any course of treatment. Mostly all of the remedies which have proved of benefit in skin diseases generally have been prescribed in this affection, but have proved unavailing in effecting a permanent cure, and only in some cases have afforded transient amelioration to the patient. Local therapeutics only have been found of any service, and the most useful of these are warm water and vapor baths frequently repeated, and frictions, with glycerin and various oleaginous substances; alkaline and sulphur baths are also of benefit. Hebra mentions some cases where complete cures followed attacks of measles and variola. This child was never known to perspire until a week or two before he died, when the sweating at night was sometimes very profuse; this soon had the effect of softening and loosening the epidermal deposits, so that at his death they were almost entirely removed from the most exposed parts of the body.—*Journal of Dermatology.*

ON THE TREATMENT OF TINEA TONSURANS.

In a clinical lecture reported in the *Lancet*, November, 1879, Dr. Robert Liveing says:—

Nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established on the scalp. It is important that you should understand how the remedies in common use act. They may be conveniently divided into two classes—(1) Those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) Those of a milder kind, which act simply as antagonistic to the development of the *Trichophyton tonsurans*. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter belong sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine, as it were, these two properties; as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolyzed glycerine. How are you to choose between all these and many other remedies? You must be guided by circumstances, and take into consideration both the age of your patient, and also the extent of the mischief. *Strong remedies are always contra-indicated in very young children*; a little tincture of iodine painted on once a day, for a few days, followed by the use of the white precipitate ointment, is all that is necessary. In older children stronger treatment must be used, but even then you must be guided in your choice by the extent of the mischief. It is very unwise to make a large sore place on the scalp, as it will very likely give you and your patient more trouble than the ringworm itself. If, however, the disease is in an early stage, and consists of one or two small circumscribed spots, your best plan is to cut the hair short all round the spots and apply with a brush Coster's paste, acetum cantharidis, or iodine liniment. At this stage a few applications will sometimes arrest the mischief. A single painting with pure carbolic acid is thoroughly effective, but it is a strong remedy, and gives some pain. Always bear in mind that it is very unwise to trust strong remedies to unskilled hands. When the disease extends over a large surface, you must be content with using milder measures—tincture of iodine of double strength, painted on every day, is a good and safe mode of treatment. This may be followed up by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury and sulphur, or the oleate of mercury (10 per cent). For many years I have used, in certain cases, goa powder or chrysophanic acid ointment (thirty grains to the ounce is usually strong enough), and I have found it a very effective remedy, but there are

great drawbacks to its general use. First, it stains everything with which it comes in contact, and, in the second place, we are uncertain as to the amount of inflammation it may set up; some children bear it well, while in others it produces so much irritation, swelling, and discoloration of the skin, as to alarm those who use it. It must, therefore, be used with caution and patients should be warned of its properties; nevertheless, I repeat, it is a very effective remedy.

Your success in the treatment of ringworm will depend on your choosing your remedies with judgment, being guided in your choice by the circumstances of the case, and always bearing in mind that you have to steer, as it were, between setting up too much inflammation on the one hand, and not using sufficient strong means on the other. Whatever treatment, however, you adopt, you will meet with a certain number of cases that defy your best efforts and that get well only, perhaps, after years of tedious care. As a rule, shaving the head is quite unnecessary, but the hair should be kept quite short. Skullcaps are best avoided, as liable to propagate the disease. With regard to epilation, which is so largely used in France as a mode of treatment, I do not find that it is often necessary; it is, however, occasionally useful. Take, for example, the case of a boy anxious to return to school, who has a patch of chronic tinea tonsurans. In this case the extraction of the diseased hairs will shorten the treatment required, and enable him to return to school cured somewhat sooner than would otherwise be possible. Lastly, most observers agree that ringworm is often associated with a generally unhealthy condition of the skin, which is badly nourished. Under these circumstances, tonics, such as iron and arsenic, are often useful. This is quite in accordance with the fact that many strictly local affections are influenced by general treatment.

RESIDENCE ABROAD IN LUNG CONSOLIDATION.

When on examination of the chest an apex is found consolidated, it seems, as a rule, to be taken for granted that active mischief is a-foot. But is this really the case? Personally, we would feel warmly grateful to any observer who could tell us, in a great many cases, whether that consolidation has existed weeks, months, or years. The patient's real condition is not modified by the discovery of the consolidation, further than the influence the discovery exerts upon the future management of the case. Yet, ordinarily, the discovery is followed by hasty and excited action, as if acute illness were being encountered.

In a large number of cases the physician and

the friends alike lose their heads; the occupation must be abandoned; the prospects in life, may be after years of persistent toil, must be foregone; everything must be sacrificed; and the most acute mental misery occasioned, as well as monetary loss. For why? Because we are only slowly emancipating ourselves from the thralldom of Lannec's views on tubercle. The dark shadow of his teaching overhangs the professional mind to a great extent, and the lay mind completely.

Once tubercle is established, and the patient is as certainly doomed as was Jephthah's daughter. That was the belief of the past. But what is tubercle? We have heard a physician say he would rather serve on the treadmill than be compelled to write an exhaustive treatise on the subject at the present time. When consolidation is established, it may last for years, without undergoing any active stage of change; and the only discomfort the patient experiences is from a want of breath on exertion, *i.e.*, so much lung is rendered functionally useless, and the only danger, often a remote one, is the risk of the part breaking down. There is no evidence of such a change setting in until moist râles are heard, and the temperature rises. The physician then having detected the consolidation—a very easy matter—has next to face a subject of infinite difficulty, *viz.*, the aspect of the case.

It is not sufficient to jump to the conclusion that the condition is a recent one, imperatively demanding the complete overturning of the patient's existence. Such tumultuous action is neither creditable to our knowledge nor advantageous to the patient. An exact calculation should be made as to the condition of the lung, the general state of the patient, and the family history; and this should precede the decision. The lung trouble may not dominate the whole subject so tyrannously as partial knowledge may suppose. Certainly a consolidated apex lowers the value of the life from an insurance point of view; but, if the researches of pathologists are to be credited, evidences of by past apical mischief are commonly found in persons who have long survived any symptoms of lung-trouble; some of whom have reached a fair length of days without being conscious that there ever was anything abnormal in their chest. When a person with a consolidated apex begins to emaciate, either from night sweats, or diarrhœa, or indigestion, and, if a woman, leucorrhœa, then this weak spot becomes a cause of anxiety. Just as in a regiment, when sent on a campaign, it is the weakest, the men who are diseased which break down first; so in the body when the organism is running down, then the injured structure is most likely to break down first. Defective nutrition, with the loss of blood-salts, is felt in the lowered tissue more than elsewhere; degeneration of the

altered lung follows, and caseation reduces portions to a pulp; ulceration opens an air-tube, and the softened *débris* is expectorated, leaving a cavity. In the meantime the patient's life has been in most imminent danger. If the ulceration opens one of the pulmonary blood-vessels, probably the patient dies suddenly of hæmoptysis. At other times the patient dies of exhaustion; the result partly of a persisting high temperature, partly of the loss of blood-salts in the profuse night sweats.

Now let us seriously ask, are we still in such outer darkness that we can only influence the lung condition and avert danger by sending the patient away from home and from England? Are the advantages to be derived therefrom sufficient to outweigh all other considerations? Does the discovery of a consolidated apex authorise exile, family sacrifices, often comparatively ruinous, and an upheaval of the patient's whole existence? Is it not possible that the cases which improve very markedly at Davos are just the cases which would have improved at home in a suitable locality and under judicious medical and hygienic treatment. Is there not a tendency towards regarding these health resorts as possessing powers so peculiar as to approach the miraculous? Consequently, a strong probability that cases which, nothing short of a miracle could cure, will be sent there—or order themselves there—to die in the delusive search after cure.

It is high time that a protest be made against the prevailing habit of ordering opulent patients away to foreign lands; if it were only on behalf of those unfortunate persons who, with lung disease, cannot afford to go abroad, and who are unnecessarily depressed thereby; who lose hope accordingly; and whose peace of mind is destroyed, and their prospects of life diminished, because they cannot reach those lands where they believe they could live and recover; but must stay home and perish. Do those fashionable physicians who lightly order their wealthy patients abroad—in many cases because they wish a change, rather than any actual need—do they, in doing this, ever reflect on the poor consumptive lady's maid pining in a cheap lodging, whose remainder of life is embittered because she has not the means to reach those lands of which she has heard, or over-heard, so much, where phthisis cannot exist. Is it humane to extol so highly these far-away places? and, in doing so, to add to the sum total of human wretchedness in those who cannot reach them?

This is an aspect of the subject which we present to these physicians for their consideration.—*Dublin Medical Press.*

DUPLICATING PRESCRIPTIONS.

A recent medical act in Wisconsin reads as follows: "If any physician practising medi-

cine in this State shall write or cause to be printed on any prescription the words 'No duplicate,' any vender of medicines who shall duplicate such prescription without the physician's consent shall be subject to a fine of ten dollars for each offence."

ON BRONCHITIS.

By G. HARRISON YOUNG, L.R.C.S.I., L.K.Q.C.P.I., &c.

BRONCHITIS is a disease than which there is none more frequent or more important. Its importance depends as well on its frequency as on the serious morbid changes which may remain behind, and on the number of deaths which it causes, especially in young children and old persons. It is therefore essential that we should be acquainted with the disease in its every detail, and be prepared to treat it in all its varieties.

Bronchitis usually results from exposure to cold, but it may arise from other causes. Thus we have mechanical bronchitis, resulting from the irritation of the mucous membrane, due to the constant inhalation of air rendered impure by the presence of particles of dust, iron, &c. Again, we have secondary bronchitis, occurring in fevers, gout, and Bright's disease, and depending on the vitiated state of the blood. Another important cause of bronchitis and one which should always be borne in mind, is mitral regurgitation; in this case it is due to the constant state of congestion of the lungs. There are numerous classifications of bronchitis, but the most practical is into Acute and Chronic. Another important division is that based on the part of the bronchial mucous membrane affected, viz., ordinary bronchitis, where the mucous membrane of the large bronchial tubes is implicated; and capillary, where the disease is confined to that of the small tubes. Of course both of these forms frequently co-exist.

The symptoms of bronchitis are chilliness and coryza, followed by pyrexia. The temperature rises to 101° or 102° ; the skin becomes hot and dry, the pulse rapid and full, the tongue is furred, there is thirst and loss of appetite, the urine becomes diminished in quantity, high in colour, and deposits lithates; the bowels are constipated; there is cough, at first frequent, preceded by an unpleasant sense of tickling in the throat; it sometimes comes on in paroxysms, and is especially troublesome at night. There is a feeling of post-sternal oppression, and of soreness and tenderness at the lower part of the sternum, caused by constant coughing. At the commencement of the attack the secretion of the mucous membrane is diminished; soon a clear, viscid, frothy mucus is expectorated; after some days the expectoration becomes thick, muco-purulent, and only partially aerated. The physical signs are quite distinctive in un-

complicated cases. Bronchitis is bilateral; percussion is normal. At the commencement of the attack sonorous bronchi are heard on auscultation over the larger tubes, while over the borders and apices of the lungs vesicular breathing is heard as usual. These morbid sounds are caused by the air entering tubes whose calibre is lessened by the swollen and dry state of the mucous membrane. When the bronchial secretion becomes profuse, large bubbling râles take the place of the dry sounds.

Capillary bronchitis, or suffocative catarrh, is a highly dangerous affection. It is much more fatal when it attacks, as it usually does, young children, or persons who are past middle age. The attack may be primary, or it may supervene on an ordinary case of bronchitis. The symptoms are very severe, and are generally quite characteristic. The attack is ushered in with the usual febrile symptoms; soon, however, urgent dyspnoea, with occasional paroxysms of orthopnoea, sets in; cough becomes violent and paroxysmal, expectoration is very difficult, owing to the very viscid nature of the sputa, the circulation through the lungs becomes greatly embarrassed, the right side of the heart is engorged, the jugular veins are distended, the face assumes a dusky hue, and the lips are livid. If the case proceeds to a fatal termination the face becomes covered with cold sweat, the surface begins to cool, the pulse becomes weak and irregular, the expired air is cold. The patient becomes comatose, and in some cases dies convulsed from the action of carbonic acid on the brain. The physical signs are the same as in the former variety, except that in this case fine bubbling râles are heard instead of the large ones.

Chronic bronchitis usually follows the acute. In old persons, however, it comes on every winter, when it is known by the name of winter cough. It is this winter cough which is the great cause of emphysema; it should, therefore, be looked upon as a most serious affection and should receive prompt and careful treatment. The symptoms and physical signs of chronic bronchitis are the same as in the acute. The diagnosis of uncomplicated bronchitis presents no difficulty. In some cases, however, where complications occur, it may not be easy to determine the exact nature of the disease. Thus, there may be dulness on percussion; this is due to the mucous membrane having lost its usual sensibility. The patient is, therefore, not aware of the necessity for coughing. The accumulated secretions gradually gravitate to the base of lungs and produce the dulness. This dulness has not infrequently been mistaken for pneumonia. It may, however, be readily recognised by the absence of the characteristic symptoms of pneumonia, such as the prolonged rigor, the rapid rise of temperature, the pungent burning skin, the great disturbance of

pulse-respiration ratio; &c. On physical examination the dulness in bronchitis will be found to occupy the most dependent part of the lung, not, as in pneumonia, mapping out a lobe. The dulness will also change with change of posture, while vocal fremitus and resonance are diminished.

Chronic bronchitis with dilated bronchi may be mistaken for phthisis. Dilatation of a bronchus may be caused either by collapse of a lobe of the lung, the bronchus then dilating to fill the vacuum thus formed, or, from long continued and difficult cough, the bronchus giving way at some weakened point. These cases resemble phthisis in the following points—emaciation, sweating, debility, cough, expectoration. It may usually be diagnosed from phthisis by the fact that phthisis begins at the apex; dilatation generally takes place at the root of the lung, in the vicinity of the large bronchi. In phthisis there is hæmoptysis; in dilated bronchi this is absent. The sputa are fetid in dilated bronchi; they are not in phthisis. Attention to the above points, together with careful physical examination, will generally be sufficient to clear up the case. If not, the progress of the case will remove all doubt.

In speaking of the morbid anatomy it is necessary to know that bronchitis may prove fatal and yet no marks of inflammation appear on the mucous membrane. This, however, can only occur when the smaller tubes alone are affected. It is due to the fact that the mucous membrane of the capillary tubes approaches in character a serous membrane, and serous inflammations frequently disappear after death. In ordinary cases the mucous membrane is covered with thick tenacious mucus. When this is removed the membrane underneath is found thickened, red, and irregular. In some cases even slight ulceration of the mucous membrane may be seen.

Plastic bronchitis deserves mention here, as, though not often met with, it may be mistaken, when it does occur, for phthisis or pneumonia. Its symptoms are wasting, cough, hæmoptysis, and expectoration of plastic casts, called bronchial polypi, and dulness on percussion. It may be diagnosed from both phthisis and pneumonia by the fact that plastic casts of the bronchial tubes are expectorated, and on physical examination vocal fremitus and resonance are diminished instead of increased.

Syphilitic bronchitis is an affection deserving of careful consideration from the fact that it is liable to be mistaken for phthisis, and which, if not properly treated, will assuredly become phthisis. The symptoms resemble those of phthisis in the following points: There is great emaciation. In the syphilitic affection, however, the patient has a peculiar dull, cachectic appearance, which is very suggestive of syphilis. There are night sweats, but in this

case the cutaneous exhalation is clammy, and has a heavy unpleasant smell. Hæmoptysis is a marked symptom, but the expectorated blood, instead of being of a bright arterial hue, is dark in colour, and somewhat grumous. Diarrhœa is a very troublesome and persistent symptom, which usually defies all ordinary treatment. There is dulness on percussion, but, instead of being at the apex, as in phthisis, it occurs in scattered patches over both lungs, being due to gummatous deposits. Cough is not usually so troublesome a symptom as in phthisis. Expectoration is usually profuse, and the expectorated matter is fetid.

From the above we see that the following are the chief points of distinction between these affections:—

1. In syphilitic bronchitis the sweat is clammy and unpleasant in odour; in phthisis it is not.
2. In syphilitic bronchitis the expectorated blood is dark and clotted, in phthisis it is bright in colour.
3. In phthisis the dulness in apical, while in the bronchitis it occurs in scattered patches.
4. The expectoration is fetid in syphilitic bronchitis, it is not in phthisis.
5. In phthisis the patient is bright and hopeful, while in syphilitic bronchitis the expression is dull, heavy, and depressed.

The morbid appearances distinctive of syphilitic bronchitis are the presence of gummata in the substance of the lungs. These growths are situated in the connective tissue between the air vesicles and bronchial tubes. They are surrounded by a layer of connective tissue which contains a number of blood vessels; inside this is a covering of fibrous tissue; the centre of the tumour is filled with a dirty yellowish-grey substance, which after a time undergoes caseation.

It is now necessary to consider shortly the most important sequelæ of bronchitis. Of these that which first claims attention is phthisis. Frequently repeated attacks of bronchitis may produce phthisis in subjects in whom not the slightest hereditary tendency exists. If such is the case how much more likely is phthisis to result in persons who are already predisposed to the affection. In patients who are phthisical bronchitis works the greatest havoc, so that in these cases it is of the greatest importance to treat the slightest attack at once, and continue the treatment until the disease is thoroughly cured.

Another very important sequella of bronchitis is emphysema. It most frequently occurs in old persons who have suffered for some time from winter cough; yet no age is exempt from it, and it may even be met with in young children where strong family predisposition to fibroid degeneration exists.

Emphysema may be caused either by collapse

of a lobule of the lung, when the surrounding vesicular portion becomes emphysematous to fill the space formerly occupied by the collapsed lobule. This, however, is of comparatively little importance. Or the whole or greater part of the lungs may become affected. In these cases it is caused by frequent cough, especially where any obstruction exists to the free expiration of the air. When such is the case, the air is forced into the air vesicles, which distend and burst. After a time the lungs permanently lose their elasticity. When this takes place a disease becomes established, which causes the greatest possible inconvenience to the patient, and which exerts a most detrimental influence on his general health.

In the treatment of bronchitis the indiscriminate use of expectorant medicines frequently does much harm. Thus I have several times seen cases where the mucous membrane was dry, inflamed, and irritable, yet in these cases turpentine was ordered, which, being a powerful styptic, as we know, could only aggravate matters. Yet, if the prescribers are asked why they use turpentine in these cases, their invariable answer is, "Because it is an expectorant"! Such treatment is manifestly incorrect and unscientific, for expectorants have their special modes of action as well as any other class of medicines. If we consider these special modes of action we find that tartar emetic and ipecacuanha increase the secretion from the mucous membrane. Alkalies, especially ammonia, increase the amount of, and at the same time liquify the mucus, thus assisting its expectoration. Blue pill increases the secretion, and also acts as a powerful alterative. It is very useful when combined with ipecacuanha.

The medicines which facilitate expectoration are carbonate of ammonia, senega, squill, and stimulants. Turpentine diminishes the secretion, but, from its stimulant action, it also assists expectoration; it is therefore specially indicated in debilitated patients in whom there is profuse expectoration.

Opium, morphia, and hydrocyanic acid relieve cough, but they should only be given where they are really necessary, as they diminish the secretions.

When a person is seen suffering from the premonitory symptoms of bronchitis, the attack may sometimes be cut short by a hot mustard bath and ten grains of Dover's powder at bedtime. I have often seen this treatment successful in what threatened to be a very severe attack of bronchitis. If, however, this does not succeed in checking the disease, the patient should be confined to the house, or, if the attack is bad, to bed. The temperature of the room should be kept at about 65 deg.; it should be well ventilated, but the patient must be carefully preserved from all draughts. The action of the skin should be promoted either by vapor

or camphor baths. (a) If the bowels are irregular 5 gr. of calomel, followed, if necessary by a dose of castor oil in the morning, acts better than any other aperient. In bronchitis, occurring in strong adults, I prefer tartar emetic, in one-sixth gr. doses, to any other remedy; it frees both the bronchial and cutaneous secretions, and lessens the inflammation. It may very advantageously be combined with spt. ammon. arom. Tincture of aconite in 2 m. doses every hour is very useful, especially in phthisical persons, where the great object is to overcome the inflammation in the shortest time possible; it should, however, be used with caution. Leeches to the chest and dry cupping afford great relief. Linseed meal and mustard poultices should be kept frequently applied.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterwards spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with flying blisters about the sternum, afford the best results.

In chronic bronchitis it is of great importance to improve the general health. The diet must be carefully regulated; stimulants are needed in most cases; and a general tonic plan of treatment should be adopted. The condition of the bowels should be inquired into, and if necessary corrected. If the heart is affected tincture of digitalis should be given. Where there is bronchorrhoea, turpentine, chloride of ammonium, and the balsams, together with inhalations of turpentine, creosote, or iodine, are most effectual in relieving excessive secretion. If there are foetid sputa, carbolic acid inhalation will usually correct this unpleasant symptom. When the healthy action of the mucous membrane is becoming re-established arsenic is very beneficial; it increases the appetite, improves the state of the blood, and restores the tone of the pul-

(a) To give a camphor bath the patient is undressed and placed on a cane-bottomed chair, being then surrounded by a cloak. About one drachm of camphor is placed in a crucible and burned under the chair; after remaining for a few minutes in the vapour the patient is removed to bed, in a short time a gentle perspiration sets in which is most beneficial. The bath may be repeated every second day.

monary tissues. If there is anæmia tincture of the perchloride of iron may be combined with the arsenic; if this is done the bowels should be kept regularly acting, or the iron will have little effect. Iodide of ammonium and sulphur are most useful in gouty bronchitis.

Persons who suffer from winter cough should, if possible, reside during that season in some mild climate. If this cannot be they should be kept constantly under observation, and the slightest pulmonary symptoms should receive attention and treatment.

In syphilitic bronchitis mercury should on no account be given, or the case will become one of phthisis. Iodide of potassium and iodide of iron, with decoction of cinchona, will generally greatly relieve the symptoms. Codliver oil with good diet will assist in restoring the patient.—*Dublin Medical Press.*

HOW TO CURE FITS OF SNEEZING.

During the recent rapid changes of temperature, I caught severe cold in my head, accompanied by almost incessant sneezing. My unfortunate nose gave me no rest. The slightest impact with cold air, or passing from the outside air into a warm room, equally brought on a fit of sneezing. In vain I snuffed camphor and pulsatilla; the light catarrh still triumphed over me. At length I resolved to see what the maintenance of a uniform temperature would do towards diminishing the irritability of my Schneiderian membrane, and accordingly I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again I tested the efficacy of this simple remedy, always with the same result; however near I was to a sneeze, the introduction of the pledgets stopped it *sur le champ*. Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing; for incessant sneezing is among the greater of smaller ills; and it seems only a rational conclusion to hope that in this simple plan we may have the most efficient remedy against one of the most distressing symptoms of hay-fever.—S. Messenger Bradley, in *British Med. Jour.*

HOW NOT TO TAKE COLD.

Dr. Beverly Robinson, in a lecture on "colds and their consequences," gave the following good practical suggestions:—

If you start to walk home from a down-town office, and carry your coat on your arm because the walking makes you feel warm, you are

liable to take cold. Therefore, don't do it. If you should take the same walk after eating a hearty dinner, your full stomach would be a protection to you, but even then my advice would be, don't take the risk. A person properly clothed may walk in a strong wind for a long time without taking cold, but if he sits in a room where there is a slight draught, he may take a severe cold in a very few minutes. Therefore, don't sit in a room where there is a draught.

Unless you are affected by peculiar nervous conditions, you should take a cold sponge bath in the morning, and not wash yourself in warm water. Plunge baths in cold water are not recommended; neither is it necessary to apply the sponge bath all over the body. Occasional Turkish baths are good, but those who have not taken them should be advised by a physician before trying them. Warm mufflers worn about the neck do not protect you against taking cold, but on the contrary render you extremely liable to take cold as soon as you take them off. They make the throat tender.

Ladies ought to wear warmer flannel underclothing than they now do, if one may judge from the articles one sees hanging in the show-windows of the shops. People take cold from inhaling cold air through their mouth oftener, perhaps, than by any other way. Ladies dress themselves up in heavy furs, go riding in their carriages, and when they get home, wonder where they got that cold. It was by talking in the cold, open air, and thus exposing the mucous membranes of the throat. The best protection under such circumstances is to keep the mouth shut. If people must keep their mouths open in a chilly atmosphere they ought to wear a filter.

Above all, be careful of your feet in cold, damp weather. Have thick soles on your shoes, and if caught out in a rain which lasts so long as to wet through your shoes despite the thick soles, put on dry stockings as soon as you get home. But in cold, wet, slushy weather, don't be caught out without overshoes. Rubbers are unhealthy, unless care is taken to remove them as soon as you can get under shelter. They arrest all evaporation through the pores of the leather. Cork soles are a good invention.

When you go into the house or your office, after being out in the cold, don't go at once and stick yourself by the register, but take off your coat, walk up and down the room a little, and get warm gradually. Warming yourself up over a register just before going out in the cold is one of the worst things you can do. Never take a hot toddy to warm you up unless you are at home and don't expect to go out of the house again till the following morning. In short, make some use of your common sense, and thus emulate the lower animals.—*Boston Journal of Chemistry.*

THE ANTISEPTIC TREATMENT OF PHTHISIS.

Dr. Curschmann, of Hamburg, strongly advocates the inhalation of antiseptics in phthisis. His mode of treatment is described in a Berlin medical journal. He employs a respirator made of vulcanite, with a rim of soft india-rubber, where it touches the face, to insure close contact and prevent air from entering the lungs except through the respirator. He generally covers both nose and mouth, so that all the air which the patient breathes is saturated with the vapor in the inhaler.

The substances used for inhalation are pure oil of turpentine, carbolic acid, thymol (either pure or diluted with from one to three parts alcohol), and creasote. Dr. Curschman finds no bad results from using the agents either pure or very slightly diluted. Careful examinations of the urine after the prolonged inhalation of oil of turpentine never revealed the least renal irritation; nor did the patients complain of any unpleasant symptoms, except occasionally a little oppression of the head and headache. The same is true of the use of undiluted carbolic acid previously liquefied by a gentle heat. If care be taken to wipe the edge of the inhaler frequently where it touches the face, and to anoint the face itself with simple ointment, there is no local soreness. Dr. Curschmann has never seen any irritating effect produced either on the inside of the mouth or on the larynx by the carbolic acid in so concentrated a form; nor has any instance of so-called carbolic "intoxication" occurred in his practice. He explains the harmlessness of the pure acid, first, by the small amount of it which evaporates and reaches the lungs at all; and, secondly, by the fact that a large part is, very soon after reaching the dilated bronchi or cavities, expectorated with their secretion, and that the false membrane lining these cavities probably offers considerable resistance to its absorption into the system. Both carbolic acid and thymol evaporate much more freely in alcoholic solution than when pure; and he has almost invariably used thymol in this form alone. Alcoholic solutions of carbolic acid are more apt to cause paroxysms of cough than the undiluted acid. More patients, however, object to the use of thymol than of carbolic acid; but the former is, no doubt, safer for children's use than the latter.

Creasote never requires dilution, but it is very important to see that the druggist supplies a pure article. Dr. Curschmann prefers creasote in cases where there is a tendency to hæmoptysis: he finds that it not only has a styptic action and disinfecting properties as powerful as those of carbolic acid, but that its vapor is sedative, and allays rather than excites cough.

Dr. Curschmann relates the history of two

cases of phthisis with abundant and fetid expectoration. One was treated by inhalations of pure carbolic acid; the other, first by oil of turpentine, and later by carbolic acid. The inhalations were at first kept up for two or three hours at a time, later continuously. Both patients were relieved of their cough, and during the six months they were under observation gained twenty pounds in weight.—*Boston Journal of Chemistry.*

MRS. HIPPOCRATES.

The *American Practitioner* for January says: The doctor's wife rarely appears in ancient history, and so all references to her are peculiarly interesting. Some months ago, having access to a copy of Littré's "Hippocrates," we were very much interested in a letter from the Father of Medicine to his friend Dionysius of Halicarnassus. A large part of the letter related to his wife,—shall we call her, after the fashion of the present times, Mrs. Hippocrates? Too poor to own the writings of Hippocrates, we must quote some of the salient points of the letter from memory. It appears the Abderites had concluded that their distinguished fellow-citizen, Democritus, was insane, and were very anxious to have Hippocrates visit him; but in order that the latter could make this visit it was necessary some one should come and attend to his patients during his absence, and he accordingly wrote to Dionysius to do him this favor. The wise physician states in his letter that he does not believe Democritus is seriously ill. Those, by the way, who are curious in regard to the interview between the illustrious physician and the famous philosopher will find it very fully given in Burton's "Anatomy of Melancholy;" how the latter was found engaged in dissecting animals, and how, after a long discussion with him, Hippocrates left him, and told the anxious Abderites that although Democritus was a little careless as to clothes, food, and even for his body, the world had not a wiser, a more learned, a more honest man, and they were much deceived to say he was mad.

But what about the wife of Hippocrates? In this letter he tells his friend that although her father and mother will be there to watch over her—honest people, who will try to keep her in honest ways—yet he is not satisfied with this supervision alone, but wants Dionysius to exercise his watchfulness as well, for his belief is that a man can leave his wife more safely nowhere than in the care of a friend. It was very ungallant in Hippocrates to speak such words as these: "For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given; and if they be not curbed in time, as an unpruned tree, they will be full of wild branches and

degenerate of a sudden." Especially was there danger when the husband was absent, and therefore he besought the watchfulness of Dionysius. Doubtless Mrs. H., thus triply guarded, brought no dishonor on her husband; though now-a-days no doctor would write of his wife and of women as Hippocrates did.

INVERSION OF THE BODY IN CHLOROFORM ASPHYXIA.

Dr. Spörer describes an interesting case of this treatment in a recent St. Petersburg journal. A leading English medical weekly refers to it as a "novel treatment," but the value of inversion of the body in such cases was demonstrated long ago, though many physicians may not be aware of the fact. The case in question was that of a boy eleven years of age, in whose ear a pea had become embedded. After numerous trials to remove it, from thirty to thirty-five drops of chloroform were inhaled from a handkerchief in order to relieve the great pain which these trials caused, and the body was then easily removed. But scarcely had the inhalation ceased when the boy's pulse entirely failed, and he gave every sign of approaching death. Efforts of restoration of the usual kind were tried in vain for more than twenty minutes. His head and the upper part of the body were then thrust out of the window to try the effect of the cool September air; but as no effect was produced, one of the assistants seized hold of the boy by the legs and hung him out of the window with his head downwards, swinging him to and fro like a pendulum. After four or five minutes of this procedure the boy's death-like face became reddened, and to the joy of all present he uttered a cry. The respiration and circulation were restored after more than half an hour's arrest. Dr. Spörer does not believe the recovery was due to the mere exposure to the air, but rather to the inverted position of the body inducing a passive congestion of the anæmic brain, and thus giving an impulse to the action of the heart.

THE MEDICAL USES OF MILK.

M. Biot, in the *Revue Mensuelle de Médecine et de Chirurgie*, 1879, gives a summary of the clinical facts observed at the Hôtel Dieu at Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutic views on the subject are thus summarized:

The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the high rise in temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient. The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from acute articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *citò, tutò, et jucundè*. The milk diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents, in great measure, that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Beside these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly; density, on the contrary, experiences a proportionate decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analyses of urine seem to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

IMPORTANCE OF ATTENTION TO SLIGHT PERINEAL LACERATIONS.

Before the Boston Society for Medical Improvement (*Boston Medical Journal*), Dr. Lyman read a paper on slight perineal lacerations, which he said were extremely frequent in women who had borne children, so much so that Schroeder estimated that they existed in over one-third and Olshausen in over one-fifth of all parous women. He said that no laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order

of their gravity, and more or less likely, of course, in proportion to the extent of the laceration, are, primarily, septicæmia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with consequent derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. He did not mean that all, or many of them, perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urged that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation, with its necessary accompaniment of cicatricial induration.

PLANS FOR REDUCING OBESITY.

Among the complaints which are not maladies which the physician is at times called upon to treat, obesity is one which is frequent and troublesome. The remedies which have been suggested for it class themselves under three heads—

1. Diet. 2. Exercise. 3. Specific Medicines.

The diet plan is well-known throughout the civilized world, by the pamphlet of Mr. BANTING, of London, nearly one hundred thousand copies of which, if we recollect rightly, were published in the English language alone. The practical difficulties in carrying out his plan are that it cuts off the very articles most generally prized by fat people, and that it brings about in some constitutions a decided debility, and even certain forms of kidney disease. Nevertheless, we know several persons who have for years regulated their weight and prevented a natural tendency to lay on fat, with very little trouble, by a more or less rigid observance of BANTING'S rules.

Every one knows that sufficient exercise, hard, bodily labor, if you please, will certainly prevent obesity, and remove it when present. The first step in training for an athletic contest is to work off the fat, and there is never any difficulty about it in the hands of a skilled trainer with a willing pupil. But to many it is not at all a pleasant method, and to many more it is practically out of the question, because they have no time and no opportunity to take it up. We are, therefore, often driven to

Specific Medicines. The question is, are there any? To begin, certainly natural mineral waters have quite a reputation this way. This may seem singular, as a favorite plan to reduce

fat, with the older physicians, was, as near as possible, absolute avoidance of all liquids. Thus Ettmuller, writing in 1685, says:—"In obesity remedium infallibile est abstinencia à nimio potu" (*Opera* I, p. 240). But these mineral waters, such as Marienbad, Montmirail, Andabre, etc., are more or less alkaline and laxative, and thus, it is believed, counteract the effect of the fluid itself. Best of all, probably, is sea water.

Not long since, in a number of the *Paris Médicale*, there were some remarks on the treatment of obesity by the administration of sea water combined with a residence at the seaside. Sea water taken internally, it is stated, acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practiced, and fattening articles of food strictly avoided. It is stated that sea-water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

A sea weed, the *fucus vesiculosus*, has, of late years, been brought into notice as an attenuant. It contains iodine and bromine in small quantities, and was administered by Lænnec, in phthisis, as a tonic. In some parts of Ireland it is used to fatten pigs, and even in famine times the peasantry have prepared it for food. That it could have, therefore, any attenuant properties must be held doubtful, particularly as the recent experiments with it have led to very conflicting results. STILLE, in the last edition of the *National Dispensatory*, dismisses it as quite obsolete for any such purpose. But Dr. Mulheron, of Detroit, thinks that much depends on the idiosyncrasy of the patient. According to him it is in the obesity of those of the lymphatic temperament that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these, he adds, strict regulation of diet affords almost the only prospect of relief, but, owing to the keenness of the appetite which usually exists, this regulation can very rarely be enforced. The cases in whom *fucus vesiculosus* shows its most decided beneficial effects are women, in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.

Arsenic, in some cases, has been found effective by Dr. Whittaker, of Cincinnati. He thinks it may act in the reduction of fat, by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically

and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

Alkalies, preëminently the *liquor potassæ*, in full doses, are unquestionably successful in diminishing the weight; but the quantities required to accomplish this effectively are nearly sure to bring about alkaline dyspepsia of an intractable character, and a cachectic condition much more distressing than that of polysarcia.

Such are the alternatives before our fat friends. Perhaps the best advice we can give them is a judicious combination, in moderation, of all three of the agencies for reducing weight which we have enumerated. Taken together or in turn, one or all, will be sure to lessen weight.

PRURITUS ANI.

A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint:—

Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlorid, *mxxx.* every four hours; orders the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium carbonate, $\frac{1}{2}$ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be

added. If the attack is severe blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than 3 ij. should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v. doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°—109° F., the cold bath is necessary to ward off certain death.—Prof. Bartholow in *Med. News and Abstract.*

A PLEASANT REMEDY FOR TOOTHACHE.

Our cook presented herself to me with a swollen cheek, asking for something to relieve the toothache, from which she had been suffering all night, and for which she refused to have the tooth extracted. As there was nothing of the usual kind at hand, I was on the point of telling her to call later at my office, or go to a dentist, when it occurred to my mind that there was in the house a vial of *compound tincture of benzoïn*, which I had been using upon a young mother as a protection against sore nipples.

After cleansing the decayed tooth, I saturated a pledget of cotton lint with the tincture, and packed it well into the cavity, hoping this would suffice for the time, and bidding her come back in two or three hours if she was not relieved. I was turning away when she remarked that it might not be necessary, perhaps, as the pain was already gone. Supposing her faith had a large share in the relief, I would not allow myself to think that the medicine had anything to do with the cure any more than so much hot water would have done.

But when I arrived at my office there were two other patients awaiting me with the same affliction, and I determined, by way of experiment, to use the same remedy. To my agreeable surprise both patients declared themselves immediately relieved, and begged a vial of the tincture for future use.

During the winter a number of similar cases applied; and were instantly relieved by the same treatment, all expressing much satisfaction with the remedy.

In December I told my druggist of the discovery, and recommended him to sell it to any person applying for "toothache drops." This, he reports, he has done, and that every one seems delighted with the medicine. * * *—T. C. Osborn in (Baltimore) *The Practitioner*.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

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MONTREAL, FEBRUARY, 1880.

MEDICAL OFFICERS IN THE CANADIAN VOLUNTEERS.

In the May number of the CANADA MEDICAL RECORD there appeared an article in which we claimed that, after a lengthened period of service in the Canadian volunteers, Medical officers should be entitled to the rank of Surgeon Major, a promotion which at that time was denied them. We at the same time expressed our opinion that such an important body should have a recognized head, one to whom they could look for guidance and instruction when called upon to perform active duty. At that time we were not aware that hardly would our article be read, before an order would issue giving to them the desired rank. Such an order did, however, appear, dated the 11th of June, in the following words: "Surgeons who have served consecutively as such during twenty years in any corps of the Active Militia shall have the rank of Surgeon Major, but without extra pay for such increased rank. Assistant Surgeons

who have served as such consecutively in any corps of the Active Militia during ten years shall rank as Surgeons, without extra pay."

This order has given rise to no end of dissatisfaction among the profession, and is in itself a strong argument in favor of having a Medical Chief to the Militia Staff. If we had had such an officer, no such outrageous error would ever have been issued. What knowledge can those at the head of affairs have of the wants of the Medical Militia service? Absolutely none. If, then, such an order was issued on their own presumed knowledge, they committed a grave error. If it was issued after consultation, as we have heard it was, with medical men not connected with the force, not only was a grave error committed, but the Medical Staff of the force was insulted by the slight shown to them. We have styled the order an outrageous one, and we call it such, because to ask a Medical man to serve ten years as an Assistant Surgeon and then twenty years more as a Surgeon, making thirty years consecutive service before he can get his rank of Surgeon Major, is not only outrageous, it is simply monstrous. There is absolutely no excuse for such an order, not even the excuse that the granting of the rank was going to increase the expenses of the Department, for the paltry increase of pay which usually accompanies the rank is denied them. In as far as has been possible, the Militia organization of Canada has been copied from the regular army of the mother country; we have the same officers, as regards number and designation, and they, at all events when in active service, receive much the same pay. Why, then, should the Medical officers be treated differently than those of the regular Medical service. Surely the Department cannot be aware that they contribute as much, not only in influence but in means, towards the support of the force as those who are styled combatant, while perhaps none others connected with it sacrifice so much financially, when called, as they have been several times within the last fifteen years, to accompany their regiment upon active service. What then is the rule with regard to the matter of relative rank of the Medical Staff in the regular army? We answer the question by giving the reply of Dr. Muir, the Head of the Medical Department of the British Army, to an enquiry

from us regarding this point. He says: "In any circumstances twelve years service as Surgeon will ensure promotion to Surgeon Major (of which three must be passed on foreign service)." In reading Dr. Muir's reply it must be borne in mind that twelve years' service as Surgeon really means simply twelve years' service as a Medical officer, for the position of Assistant Surgeon does not now exist in the regular service. On entering they are now styled Surgeons, and they receive their relative rank from length of service. What is to hinder the Militia of Canada following the same rule? Active service of course cannot be insisted upon, because the country has it not to offer, but they can give the promotion within the same or nearly the same period of service. Surgeon Major Coffee, who for distinguished service in the Zulu war was lately decorated by Her Majesty with the Companionship of the Bath, entered the army in 1863, sixteen years ago, yet for the last four he has been a Surgeon Major. As a contrast to this, we know of Medical officers in the Canadian Militia who began their medical services in 1860, and who, getting their promotion to Surgeon in 1866, have, under the order of June 11, 1879, to serve till 1886 before they are entitled to their rank of Surgeon Major, making a period of twenty-six years. And this is the best side of the question, because, unless they get their promotion to Surgeons before ten years' service as Assistant Surgeons, they will have to serve thirty full years before the rank can be obtained. The entire Medical Staff are unanimous in favor of rescinding this order. We, therefore, ask the Militia Department to act at once in the matter. They have perhaps unwittingly been led into a most grievous mistake, and not a moment should be lost in rectifying it. At the same time we would suggest that the additional pay which the rank carries with it in the regular service should be granted. It is a comparatively small matter to the Department, but if insisted upon will still constitute a grievance, concerning which the Medical officers will still have reason most justly to complain.

PERSONAL.

Dr. Neilson "B" Battery, Quebec, is on two months' leave. He is visiting Cuba and the Southern States. Dr. Colin C. Sewell performs duty for him during his absence.

LEGAL LIABILITIES OF HOSPITALS AND OF MEDICAL MEN.

The New York *Medical Record* of Nov. 19th, 1879, says: "A recent decision by the Supreme Court of Rhode Island will have considerable interest to the medical profession, and especially to those members of it who are connected with charity hospitals. It appears that a man in Providence, R. I., while working in a lumberyard, had two of his fingers cut off by a circular saw. He was taken to the Rhode Island Hospital, and there put under the care of interne. Ether was administered, and attempts were made to stop the bleeding. This could only be done, however, by the application of the tourniquet, and that instrument was kept on for seventeen hours. The result was, that eventually the arm had to be amputated at the shoulder-joint. When the patient recovered he sued the hospital for damages on account of unskilful treatment, and because the interne did not summon the visiting surgeon in accordance with the hospital rules.

In the Court the judge directed the jury to give a verdict for the defendant, on the ground that an institution supported as this was, by public charity, should not be made liable for negligence or unskilful treatment. The knowledge that there was such a liability might deter the benevolent from giving money to such institutions. The case was appealed, however, and this judgment reversed.

In his decision the judge stated that hospital corporations should be considered liable for failure to exercise reasonable care in selecting skilful, competent men as internes, and that they were also liable for negligence on the part of the internes in carrying out the proper rules of the institutions, such as sending for the visiting surgeon in cases of emergency.

HYDRATE OF CHLORAL.

Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?

3. In what diseases have you used it (by the mouth, rectum, or hypodermatically), and with what results?

4. Have you known it to affect the sight?

5. Have you ever seen cutaneous eruptions produced by it?

6. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature*; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc. If an autopsy was held, please state the condition there found.

7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's age, temperament, and the present condition of the patient.

Physicians are earnestly requested to answer the above questions, in order that the resulting statistics may be as full and valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 366 Bleecker Street, New York City.

REVIEWS.

Brain Work and Over Work. By DR. H. C. WOOD, Clinical Professor of Nervous Diseases in the University of Pennsylvania. Philadelphia: Presley Blakiston (late Lindsay & Blakiston).

The above volume is No. 10 of the American Health Primers, and it is by no means the least interesting of this most valuable addition to public Medical literature. There is no doubt but that the brain work of the present generation is exceedingly active, and this seems to be admitted upon all hands. It is also generally believed that this activity very often ends in death from over work. To prove such to be the fact is a matter of impossibility, for over work ends often in specific diseases, which, at all events among the public, are not associated with a nervous origin. In this fact lies, at all

events, some of the value of this work, inasmuch as its author shows most conclusively that "little habits" which, in the opinions of the mass, are of a very harmless character, are those which cause the great nervous centre—the brain—to refuse to bear with impunity an extra amount of work, and thus they are the fountain from which arise much brain trouble. As a readable book, Dr. H. C. Wood is to be congratulated in having produced one of truly rare merit. We were deeply interested before we had read a dozen pages, and we laid it not down until we came to the final word, "The End."

A Manual of the Practice of Surgery. By W. FAIRLIE CLARKE, M.A., M.B., F.R.C.S., Assistant Surgeon to Charing Cross Hospital, with additions by an American Surgeon. New York, William Wood & Co. Montreal, John M. O'Loughlin.

This is one of the works which have during 1879 been published as a portion of Wood's Library of Standard Medical Authors, at the cost of a dollar a volume. The idea of issuing works at such a cheap rate was a bold one, and we hope the venture has been such as to induce the publishers to continue their publication. The volume before us is one of an essentially practical character, and it is largely illustrated with wood engravings; in fact, its merits have been recognized by the profession, and its appearance in this cheap form ensures for it a very extensive circulation.

Outlines of the Practice of Medicine, with special reference to the Prognosis and Treatment of Disease, with appropriate formulæ and illustrations. By SAMUEL FENWICK, M.D., lecturer on the Principles and Practice of Medicine at the London Hospital. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

Dr. Samuel Fenwick is recognised in England as being a thoroughly practical physician; the book is therefore eminently practical. Indeed that such is the case will be well understood when we state that the contents of the work are the extended notes of the last few lectures, which he was in the habit of delivering at the close of his course of lectures at the London Hospital Medical College; and this for the purpose of strongly impressing upon the class the

treatment of the diseases which had been passing under consideration. We know of no better work for the use of students attending the class of Clinical Medicine.

Sore Throat, its Nature, Varieties and Treatment' including the Connections between Affections of the Throat and other Diseases. By PROSSER JAMES, M.D., Physician to the Hospital for diseases of the Throat and Chest. Fourth edition, illustrated with hand-colored plates. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Bros.

The author of this work is well-known on the other side of the Atlantic as a most painstaking and conscientious observer. Anything coming from his pen is, therefore, sure to receive from the profession a cordial welcome. It is consequently no surprise for us to learn of the rapidity with which the various editions of the book have become exhausted. It is a work surely calculated to enhance the author's well earned reputation, for he has brought it well abreast of the times, and in few departments of Medical literature has such advances been made as in this specialty. The hand-colored engravings which adorn the opening pages of the work are beautiful specimens of art, and its very practical character will commend it to the general practitioner.

LACTOPEPTINE.

It is really astonishing what a demand has arisen for this preparation, and yet, after all, not so astonishing, when the benefits which are derived from its use in proper cases is considered. We can personally endorse every word which has been or can be said in its favor; indeed, it has very seldom failed to act just as we expected it would.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Dec. 26th, 1879.

A regular meeting of the Society was held this evening. In the absence of the President, the 1st Vice-President, Dr. Reddy, occupied the chair.

There were present: Drs. Reddy, Hy. Howard, Kennedy, Kerry, Loverin, Larocque, Ross, Osler, Gardner, Shepherd, Roddick, F. W. Campbell, Proudfoot, Fenwick, Munro and Edwards.

The minutes of last meeting were read and approved.

Dr. Osler exhibited as pathological specimens:

1. Tumour of the brain.
2. Large white kidney in acute Bright's disease.
3. Fibrous concretions in the heart.

Dr. Fenwick read an interesting paper on "Stricture of the urethra from traumatic causes."

In the discussion which followed Dr. Kennedy mentioned the facts of a case in his practice. A lad 12 years of age, who was first treated for spasmodic retention of urine, graduated bougies a bougie were passed till a No. 5 catheter could be introduced. A month ago a perineal abscess formed and was opened, a week since a second followed and was similarly treated.

Dr. Roddick cited the practice of the New York Hospitals, which met with his approval, in not passing a catheter after operating for stricture. A bougie may be passed into the bladder once but not repeated. He did not favor the leaving a catheter in the bladder in any case. In a recent case he had used oil in dilating the urethra, an assistant passing a finger into the rectum to prevent the oil entering the bladder; the penis is then grasped firmly and the oil injected.

Dr. Ross remarked that in chronic cystitis the United States Surgeons leave the catheter in for days without removing it.

Dr. Fenwick, in reply, said the custom in the operation for stone of allowing the urine to flow through the wound would seem to favor the views of the New York Surgeons. The only reason for leaving a catheter in was cleanliness, and twenty-four hours was sufficiently long, as after that time the patient had power to retain his water. Dr. Fenwick objected to distending the urethra with oil, such a proceeding might burst the urethra at a weak point.

A vote of thanks to Dr. Fenwick was moved by Dr. Hy. Howard, seconded by Dr. F. W. Campbell, and carried.

Dr. Frank Shepherd exhibited to the Society an anatomical anomaly, a bony process between the clavicle and the root of the coracoid process of the scapula.

The discussion on the report of the Council regarding a short-hand reporter was postponed till the next meeting.

Dr. F. W. Campbell reported on the subject

of a permanent room for the Society, and on motion of Dr. Ross, seconded by Dr. Campbell, a special meeting was announced to take this matter into consideration.

Dr. Fenwick moved and Dr. F. W. Campbell seconded that the By-Laws be referred to the Council for amendment, to be reported on at a subsequent meeting.

The meeting then adjourned.

OLIVER EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, January 9th, 1880.

The ordinary meeting was held this evening, the President occupying the chair. There were present, Drs. R. P. Howard, Hy. Howard, Kennedy, Kerry, F. W. Campbell, Ross, Tremholme, Osler, Browne, Reddy, Larocque, Simpson, Bell, Cameron, Roddick, Bessey, Smith and Edwards.

Dr. OSLER exhibited: (1). Specimen of obturator hernia. Dr. Cameron gave a brief account of the case, which occurred in an old woman, æt. 69, an inmate of the House of Refuge. Symptoms were those of intestinal obstruction; there was no tumor to be felt in femoral region. Death followed after 10 days, illness. At the autopsy a small portion of the ileum was found to have passed into the obturator canal, and was there nipped, and in part of the circumference had sloughed. It formed a slight projection beneath the pecteneus muscle.

2. Specimens of diphtheritic inflammation of vagina, bladder and pelvis of kidneys in typhoid fever. Patient had been in Hospital from Nov. 25th, with a moderately severe attack of fever, accompanied with a good deal of nervous depression. There was retention of urine, and she was catheterized on several occasions, the first time on Dec. 4th. On the 14th there was a bloody discharge from the vagina, and on 23rd bloody urine, and from this time characters of urine were altered, it having a thick shreddy deposit; temperature was not increased, and for four days before death, which took place on January 3rd, was normal.

At autopsy there were cicatrizing typhoid ulcers in ileum. In vagina a thick greyish membrane covers a considerable part of the mucosa. Bladder is full of shreds of membrane, and a tolerably perfect cast of the fundus lies

free in the cavity. Parts about the neck are covered with a thick, greyish exudation. The ureters are not involved. The mucous membrane of the pelvis of the left kidney is infiltrated with a similar exudation, that of the right side only at the upper portion.

Dr. Ross said, regarding the one mentioned by Dr. Osler, it was a severe case admitted on the 15th day, with a pulse of 140. The temperature remained high till about the thirty-fifth day, when there was a sudden fall to a normal temperature from 104°. It was then seen that she was losing blood, which was at first supposed to be the menses. The introduction of a catheter, however, showed this was not the case, but it was present in the bladder. It was thought to be from acute cystitis. The quantity passed was quite up to 20 ozs. a day till she died. However, shortly after admission, she had complete retention and a catheter was then passed, the urine being then quite clear.

Dr. R. P. HOWARD said the question arose, what caused this complication? and he considered it afforded a good illustration of a statement made by Goodhart that the introduction of air, or of air contaminated with foul matter, was a fruitful cause of a like condition. He shows that surgical kidney may arise from this cause, and insists on antiseptic catheterization on this account.

Dr. LAROCQUE then read a paper on the City Board of Health.

Dr. R. P. HOWARD, the President, requested a free discussion on this paper, expressing his sympathy with Dr. Larocque in his arduous work.

Dr. F. W. CAMPBELL said that for some twelve years he had worked under the Health Committee of the City Council as a public vaccinator, and, although he had retired from the position now several years, he still felt much interest in all that related to sanitary matters in general, and especially with regard to means for the stamping out of small-pox. He had always been of the opinion, and he was now so more firmly than ever, that it was impossible to get compulsory vaccination carried out without a system of registration of births, such as was in operation in Great Britain. Till such an Act was in operation in Canada, general vaccination was impossible. Sanitary matters in Montreal did not receive from the City Corporation that

attention which their great importance demanded, and this because it was impossible, apparently, to force into the Civic head that the life of a human being was worth far more to the country than was that of an ox or a hog. Strenuous efforts were made by the Legislature to prevent the spread of disease among these animals, but the animal—man—was neglected. Dr. Campbell alluded to the miserable accommodation afforded in the Civic Small-pox Hospital. He also spoke of the labors of the Medical Health officer, Dr. Larocque, whose indefatigable labors deserved the support of every member of the profession.

Dr. REDDY thought that a compulsory bill by the Dominion Parliament should be passed to deal with this question.

Dr. TRENHOLME said there were some matters, as registration of births, marriages and deaths that might be legislated on by the Dominion Parliament, but this was a question demanding provincial legislation or stringent civic attention. To show how readily this foul disease can be and is spread, he spoke of having entered a house where some fifteen women were sewing furs for one of our largest business houses, and in the same room lay a child all covered with small-pox. He felt that Dr. Larocque should be supported and encouraged by the members of the medical profession.

Dr. BESSEY said that animal vaccination should be supplied to all those who objected to humanized lymph, as there was a prevailing opinion among some that in the latter way disease was communicated. The subject of animal vaccination is now exciting attention in England.

Dr. OSLER said there is a general feeling in the Western States that Montreal is filled with small-pox, and there is a dread in the minds of many of coming to this city. He denounced the utterly inadequate accommodation at present offered in the Small-pox Hospital, and expressed as, in his opinion, the best mode of dealing with this foul and fatal disease that established in Germany in 1872. Hospital accommodation was provided, and then all cases were compelled to go to the hospital, the result being that the epidemic was stamped out. It is fearful to think that in this period of civilization the pest should have existed here for many years, and for the past ten years in almost epidemic form,

and yet so little effort should have been made to rid the city of a disease that is carrying off many of its inhabitants and marring its commercial prosperity.

Dr. HENRY HOWARD said that for many years he had known the Parliamentary Conservative leaders, and the invariable answer to those pressing legislation was, "Do the people demand it?" It was therefore no use asking for legislation before public opinion was sufficiently powerful to sustain and execute the law passed. One most serious drawback in this Province to arousing an interest in this matter was the lamentable ignorance of the people, who looked upon everything that happened as of inevitable necessity. When small-pox enters a house they quietly fold their hands and say, "It is the will of God." As long as such a spirit exists little can be done to cleanse the land of this dire disease. However, it is the duty of all intelligent people to do what they can towards effecting a remedy, and of this Society to sustain Dr. Larocque in his efforts towards this end.

Dr. BESSEY further stated that he had on several occasions seen a number of women congregated in a room making clothes for business houses with small-pox in the same room.

Dr. R. P. HOWARD, in bringing the debate to a close, stated that the thanks of the Society were due Dr. Larocque, for presenting a paper bearing upon matters of such vital interest to this city. He felt that probably sufficient interest had not been taken in the question of sanitary matters. We owe a debt to Dr. Larocque and to the other members of the Board, who have without reward given their time to this question. He thought that both sides of the argument of legislation were right. Whereas legislators do at times that which they are forced to do, at other times they rise above prejudice, and enact that which they conscientiously feel to be right.

The meeting was brought to a close with a vote of thanks to Dr. Larocque, moved by Dr. F. W. Campbell, seconded by Dr. Henry Howard.

O. C. EDWARDS, M.D.,
Secretary.

BIRTH.

In Montreal, on the 10th February, the wife of Dr. George A. Baynes of a son.

In Montreal, on the 24th February, the wife of Dr. Alexander Proudfoot of a son.