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THE

CANADA MEDICAL RECORD:

A MONTHLY JOURNAL OF

MEDICINE, SURGERY AND PHARMACY

EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., ENG., F.O.S., LONDON.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., LONDON.

ASSISTANT EDITOR:

ROLLO CAMPBELL, C.M., M.D.

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CANADA MEDICAL ASSOCIATION.

The 24th annual meeting of the Canadian Medical Association was held in Montreal on Wednesday, Thursday and Friday, the 16th, 17th and 18th of September, and was the most successful one in the history of the association, about 120 members having registered.

The opening session was devoted to organization, after which the members proceeded in carriages that had been provided for them to the Hotel Dieu Hospital, where Dr. Hingston, the veteran surgeon of the institution, delivered a very able address on "The Diagnosis of Abdominal Tumors by Exclusion." He then, with remarkable skill removed the head of the femur from a boy 9 years of age.

The members were then conducted over the building and finally entertained at lunch by the lady Nuns.

At the afternoon session Dr. Bray, of Chatham, read a paper on "Malaria," in which he brought up many practical points for discussion. Living, as he did, in the heart of a malarious country, he was able to throw some valuable light on its nature and treatment. He said three things were required to produce this disease, namely:—

heat, moisture, and vegetable decomposition. The disease was shown to be due to a microscopical organism in the blood. It appeared like cells—some with cilia and some without—in the blood corpuscles. He believes they are introduced into the system by the stomach; either in the food or drink or simply with the saliva; and this explains why malaria is so often accompanied by dysentery, which can only be cured by cleaning out the intestines and giving quinine. It was also introduced into the circulation through the lungs. If the disease comes from the soil, how is it we have it in winter when the soil is frozen? He thought the answer to this question was to be found in the fact that a supply of the germs was stored up in the system and thus remained dormant as long as the constitution was in full vigor; but if the system were run down the germ would then rapidly develop. This also explains the appearance of malaria in localities where there is no malaria. He also expressed his views of the different varieties of malaria—quartan, tertian, etc.—which he thought depended upon the temperature. In hot weather we have quotidian exacerbations, while, in cold weather they may be quartan. Ague was always worse in new countries where the land was being ploughed up for the first time by the settlers; but after the country had been cul-

tivated, the forests cut down and the land drained, it assumed a much milder type. He did not believe in typho-malaria. If the two diseases were concurrent it was only a coincidence.

The paper was discussed by Dr. Christie, of St. John, N. B., and Dr. James Ross, of Toronto.

Dr. Gardner, of Montreal then read his paper on "Pregnancy Complicated with Ovarian Tumors," placing three cases on record in which he had removed ovarian tumors without in any way interfering with pregnancy. One of these patients was operated on the third month, another the first month, and the third at four and one-half months. The prognosis of the operation was just as good in pregnant women as when there was no pregnancy, but leaving the tumor there increased the danger of pregnancy very much.

Dr. Barbour, of Edinburgh, who was introduced as a visitor, referred to a case of torsion of the pedicle of an ovarian cyst on which he had operated while the woman was pregnant, and, although the operation was followed by the bursting of stitches, escape of the bowels and an attack of peritonitis, there was no miscarriage.

Dr. Alloway referred to the great difficulty sometimes experienced in inducing the uterus to empty itself under certain conditions, while on the other hand it sometimes empties itself very easily with little provocation. This depends, he thought, on the stage of pregnancy and also on the endometrium. If the pregnancy goes past the third or fourth month a miscarriage is very unlikely to occur.

Dr. Laphorn Smith wished to lay particular stress on the possibility of pus tubes and ovarian cysts being present at any confinement, for two serious reasons. 1st, because the slightest force used upon the uterus, such as in Crede's method, might rupture the cyst or the pus tube. 2nd, if this occurred and puerperal peritonitis set in, no time should be lost in opening the abdomen and washing out, otherwise death

was almost certain. In any case the operation would not increase the danger.

Dr. Sloan enquired if Dr. Laphorn Smith advocated abdominal section in all cases of puerperal peritonitis, to which Dr. Laphorn Smith replied he most certainly did—if possible by a specialist, but if not, by the general practitioner.

In replying, Dr. Gardner thought the point raised by Dr. Laphorn Smith was a most important one as in one of his cases the cyst was not suspected and might have been ruptured during labor had it been left. In reply to a question by Dr. Ruttan, Dr. Gardner said, if the practitioner, on taking charge of a case of labor, found an ovarian tumor in the pelvis, he should endeavor to lift it out before the head was engaged. If on the other hand the tumor were in the abdomen, he should leave it alone until labor was over.

Dr. Gibney, of New York, then read a paper on "A Plea for the Early Diagnosis of Spinal Diseases." He had had 20 years' experience and had come to the strong opinion that if these cases were obtained early and immobilized they might be cured. He reported a number of cases bearing out this opinion.

Dr. Phelps, of New York, was in favor of immobilizing young children by placing them on a hard mattress with extension and counter-extension sufficient to overcome muscular spasm.

Dr. Shepherd, of Montreal, urged that every patient should be stripped and carefully examined.

Dr. Bell spoke in favor of the plaster of Paris jacket.

Dr. Roddick thought the best way to examine these patients was to place them across the knees, face downward, and then separate the knees while the painful vertebra was sought for.

At the evening session the President delivered an address on "Montreal as a Medical Centre," in which he showed the great amount of clinical material at present available in this city. He also described the

new Royal Victoria Hospital which, when completed, would be as nearly perfect as science and money could make it.

Discussion then ensued upon the best means of increasing the interest of the profession in Canada in the National Association.

Dr. Phelps, of New York, then read a paper on the "Mechanical Treatment of Hip-joint Disease." He held that spasm of the muscles was the principal cause of the inflammation of the joint, and the best means of cure was extension and counter-extension sufficient to overcome muscular contraction and keep the joint surfaces apart. He detailed a number of experiments showing that ankylosis never followed the immobilization of a healthy joint and, when it did take place, it was only when the joint surfaces were very seriously damaged. He generally placed on a child 6 or 8 years old, 10 lbs longitudinal extension and 3 lbs lateral traction so as to draw the head of the bone away from the joint.

Mr. Thomas Bryant, of London, was enthusiastically received. He held it as a principal that when a joint is inflamed, rest will cure it; but if the disease in the synovial membrane, is tubercular, it is bound to soften and break down and suppurate. When there is suppuration we know we will find diseased bone and it must be removed. In some cases he had kept the joint at rest for years.

Drs. Hingston, of Montreal; Sullivan, of Kingston; Fenwick, of Montreal; Christie, of St. John, and Roddick, of Montreal, joined in the discussion, the majority being in favor of the long lateral splint with a similar splint on the opposite healthy leg, with extension and counter-extension. Dr. Phelps showed a very serviceable iron splint for these patients to wear when they are fit to go about.

Thursday morning was devoted to a discussion of the President's address, which included such topics as "The Best Place for the Meeting of the Association,"—the general opinion being in favor of Montreal;

'The Period of Study for the Medical Student of the Future"—the majority being in favor of five years of ten months each. Dr. Bryant urged there should be one central examining board for the whole of Canada and that an Arts degree should be possessed by every candidate. Some were in favor of having meetings only once every three years, but the majority were in favor of having them every year.

Sir James Grant made a stirring address in which he favored the union of the Canada Medical Association with the American Medical Association.

The members then adjourned to the Montreal General Hospital where they were handsomely received by the staff who showed them a number of interesting cases and afterward entertained them with a champagne luncheon in the Governor's Hall.

In the afternoon Dr. Praeger, of Nanaimo, B.C. read an address on surgery, choosing for his subject "Railway Spine." He mentioned a number of cases which had come under his observation. He had resected two cases in which there was a displacement of the vertebrae, with the result that both died. During the discussion, Mr. Bryant was not in favor of operating, but recommended gentle manipulation and fixation with Sayre's jacket. Sir James Grant called attention to the symptoms of injury to the spine, which were often situated at a considerable distance from the injury.

Dr. Fenwick then read a paper on "Calculous Pyelitis." Although pain was a general symptom, it was sometimes absent. Sometimes hemorrhage was entirely absent. Pain is sometimes present but referred to a distant part, the kidneys are generally enlarged and lower down than usual. The treatment consists in the administration of acids. Mr. Bryant did not think all stones were dangerous. Many large stones were found in the post-mortem room without their presence ever having been suspected. When there is pus in the urine and some-

times blood, you may have either a tubercular kidney or a stone in the kidney.

Dr. Hingston agreed with Mr. Bryant, but differed from Dr. Fenwick when he said only patients in good health were suitable for operation. He was in the habit of operating on the most desperate cases and with the most gratifying results.

Dr. Shepherd agreed with Mr. Bryant in leaving the kidney in every case after having removed the stones and drained. He referred to a case of Dr. Laphorn Smith's in which an exploratory incision had been followed by a cure.

Dr. Armstrong also raised some cases in which the symptoms had been quiescent for over a year after an exploratory incision.

Dr. McCallum, of Toronto, then read a paper on "The Pathology of Anæmia." The paper dealt with the pathology of simple anæmia and chlorosis. The author adopted the view advocated by Burge, that the iron compounds of the animal body are formed in the vegetable kingdom. These compounds are not, as Burge maintains, directly converted into hæmoglobin in the animal, but they are assimilated and constitute the chief nuclear substance of every cell in the body. This nuclear substance, chromatin, has been now definitely determined to be an iron compound and it is abundant in miniature red blood corpuscles, some of the excess becoming converted into hæmoglobin. The latter is, therefore, not directly formed out of the iron salts and proteids of the food and if inorganic iron salts are assimilated at all, the iron of such compounds passes into the hæmoglobin after a delay, during which it is held combined in chromatin. On the other hand, as the author contends, inorganic iron salts are not assimilated at all for the animal embryo receives all its chromatin already formed from the maternal organism and for some time after birth the food (milk) of mammalia contains no inorganic iron salts while there is present an iron-holding nucleus (one of the hæmatogens of Burge) derived from the chromatin of the broken down cells of the

mammary gland. The inference from this is that if in the embryo the assimilation of inorganic iron salts does not occur, neither does it take place in the adult animal. The results of experiments on the administration of iron salts to animals supports this inference.

A deficiency in the quantity of hæmoglobin, as in chlorotic patients, indicates then a deficiency in the amount of chromatin in the body, a condition which practically means starvation of each cell of the body, a limitation of its proliferating energy and therefore an under-development of the organs. This under-development of the organs has been referred to by Virchow under the name *hypoplasia*.

The author, furthermore, contended that hæmoglobin is derived from chromatin by processes which may be classed as degenerative, and which find a good illustration in those by which hæmatoidin is derived from hæmatin or hæmoglobin.

Anæmia, then, being primarily a deficiency, not of hæmoglobin formation, but of chromatin absorption the action of inorganic iron salts is, as Burge supposed, partly to protect the food chromatin from decomposition of alkaline sulphides and, further, to retard the development of bacteria which decompose these iron compounds and set free the iron.

Dr. Cotton of Cowansville read a paper on "Appendicitis." He raised a number of cases in which after making his diagnosis sure by means of the hypodermic needle, he had operated and drained with good results. One case in which he was about to operate had broken into the bladder and cured itself.

Dr. Armstrong had had a very unfortunate experience, so he had come to dread cases of Appendicitis more than any others.

Drs. Praeger, Powell, Roddick and Dupuis joined in the discussion, the general opinion being that the majority of these cases might get well without operation, with or without the assistance of small doses of calo-

mel or repeated doses of sulphate of magnesia.

Dr. Dupuis, of Kingston, read a paper on "Forty Cases of Tumor." Among the cases, 13 were due to smoking a short pipe. He urged early removal.

Dr. Shepherd followed with a paper on "Hernia Cæcum" which he said was a rare complication, and, in the case he was reporting he had cut off a portion of the cæcum with the sac of the hernia. He had, however, sewed the cæcum up with Lembert sutures and the patient made a good recovery.

Dr. Buller read a paper on "Conservative Surgery of the Eye,"—the principal point he wished to make being that it was not always necessary to remove an injured eye in order to prevent sympathetic ophthalmia. He thought resection of the optic nerve with treatment of the cut surface with bichloride solution or even evisceration of the eyeball to be much preferable.

A discussion then followed in which Drs. Proudfoot, Foucher, J. J. Gardner Desjardins and Osborne of Hamilton took part.

Dr. Alloway then read a paper on "Schroeder's Operation," which was illustrated by many wax and clay models. Dr. Laphorn Smith was very much in favor of Schroeder's Operation where there was great hypertrophy and cystic degeneration. Several cases had come under his care which had been operated upon in Boston and other cities, and which had turned out complete failures owing to cicatricial tissue having been left in the angles; and, in one case, a large cyst had been imprisoned in the angle.

Dr. Small, of Ottawa, then read a paper on "Cancer of the Cervix Complicating Labor." Dr. Gardner thought total extirpation was the best thing, while Dr. Powell of Ottawa advised allowing the woman to go the full term and extirpating afterwards.

Dr. Johnson showed an apparatus for taking samples of water from the bottoms of reservoirs, consisting of a stoppered bottle from which the stopper could be re-

moved after the bottle had reached the bottom, and which was then automatically re-stopped after filling.

Dr. Wilkins read a paper on the "Cold Bath Treatment of Typhoid Fever," with the results of which he was very much pleased. He maintained the death rate was only 7% with the cold bath, while it was 14% with the expectant treatment. Dr. Ruttan had employed this treatment years ago with good success. Dr. Powell thought it could not be carried out in private practice. Dr. Stewart was very much in favor of it.

Dr. Johnson gave demonstration of the bacteria of chronic heart disease; and Dr. Elder reported a case of suppuration of the epiphysis of the lower end of the femur.

Dr. Laphorn Smith made a strong plea for the use of the A. C. E. Mixture, which he had introduced to the profession of Montreal some ten years ago. He had since used it in his own practice and induced others to use it to the extent of many hundred cases, with the very best results,—the patient going under its influence quicker, more quietly, being kept under it more easily and coming out of it more quickly. There was, also, much less vomiting afterward. It was much safer than chloroform alone and required very much less than with ether alone. He had frequently done Emmet's and Schroeder's operations with two ounces of it. He had used it in nearly 500 confinements, and felt so safe with it he allowed the patient herself to take it on her handkerchief with a sprinkler scent bottle—and this might go on for hours with perfect safety. Cases of puerperal convulsions had been kept under it for three days or more without any bad effects. There was no period of excitement after it as there was with ether.

Dr. McConnell read a paper on "Impacted Gall Stones"—occurring in a patient on whom he had urged operation, but who had refused and afterward died.

On Friday at noon the members were conveyed to the Notre Dame Hospital.

where they were shown a number of interesting cases by the staff, by whom they were also entertained to a champagne luncheon.

The meeting closed with a hearty vote of thanks to the President, Dr. Roddick, for his patient service.

On Thursday evening the Association was entertained to a banquet in the Windsor Hotel, which was most successful in every way.

The Association meets next year in Ottawa, after which it is probable Montreal will be chosen as a permanent place of meeting.

Progress of Science.

THE REAL AND RELATIVE VALUE OF OUR RECENT ANTIPYRETICS.

By J. C. Johnson, M. D., Atlanta, Ga., Lecturer on Diseases of Children, Atlanta Medical College.

Perhaps in no era of medicine, since it has attained the dignity of a science, have so many rival remedies sought recognition in materia medica as are now clamoring for use. Scarcely have the merits of one been adjudged, and its place in therapeutics assigned, before its successor, boasting superior virtues, is announced and accepted, only to meet a similar fate. Thus the list of remedies lengthens, but to prove the narrow range of application and uncertainty of them all, reflecting discredit upon this branch of medicine, and inviting the introduction into popular practice of numberless proprietary preparations and patent nostrums whose only benefit is the tax they pay.

There is a measure of responsibility inseparable from our support of corporations whose high office is to prescribe in certain forms and combinations certain drugs for our profession to dispense. Progress in therapeutics is attained by individual observation and research, and not by the general and ready acceptance of advertised opinions.

Our object is to mitigate suffering and cure disease, and it were criminal folly to reject a remedy, of established efficacy, simply because we did not know its method of operation. Digitalis should be employed in valvular diseases of the heart, had experience only proved that it accomplishes the end desired, but its greater usefulness rests in the fact that it does so by lengthening diastolic and strengthening systolic action.

It is not my purpose to decry the worthy attempts of pharmacists, nor repel the advent of any agent which promises greater efficacy or exactness in therapeutics. With increasing and important developments in the various fields of pathology, we need equal advance in therapeutics, and we can never determine the merits of the new while we exclusively employ the old; but when on uncertain seas, let us not forget our unvarying compass, lest while steering from Scylla we are engulfed by Charybdis.

In composing this paper, my chief purpose was to place before the society for discussion some of our most recent remedies. My knowledge of and experience with them are too limited to encourage the hope of enlightening you upon their merits or modes of action. But for our own mutual good, and especially for my own gratification, I would evoke expressions from the members, to determine and agree upon their utility and indications for employment, in the light of our present knowledge concerning them.

I refer to antipyrin, phenacetin, antifebrin and acetanilid. We all know that the last two are one and the same, antifebrin being the trade name for the compound more properly called acetanilid. Antipyrin was discovered in 1884, by Dr. Ludwig Knorr, of the University of Wurzburg, Bavaria, in an attempt to make quinine synthetically.

Antifebrin was prepared as a chemical by Gerhardt, in Germany, in 1852, but its use as a medicinal agent is of comparatively recent date.

Phenacetin, the last addition to this number, has been in use a shorter period than either of the others, though it has quickly won its way as their successful rival.

Chemically speaking, all these are of the coal tar series, are unstable, and cannot be given with acids or acid salts. Strong alkalis decompose them. Neutral salts are compatible with them. Phenacetin is the most stable of them all, and can be combined with a larger number of chemicals than the others. It is not decomposed by dilute nitric or hydrochloric acid. It is also the least soluble of them all. Antipyrin is easily soluble in less its weight in water, and I most frequently prescribe it with syrup of tolu. Antifebrin, or acetanilid, is less soluble than antipyrin, but can be conveniently mixed with whiskey. Either of these three can now be had in the form of tablets.

It is with the therapeutical action of these drugs that we are chiefly concerned. Their first claim was as antipyretics, but later observation proved also their ability to relieve pain. These two effects are generally conceded them now. I do not know that any curative power in any disease has been accorded them or, if so, that it has been established. It would greatly aid us in our considerations, and enhance the interest of the paper to quote some popular opinions touching upon the pathology of fever, that we

might look from cause, through its operation, to effect, but time does not permit, and I will only mention a few facts which force themselves into notice along the way.

The virtue of a drug is best determined by its combined action compared to other agents of the same class, in the accomplishment of a given result. How, then, do these medicines compare with others longer used and of established efficacy? Granting the necessity or expediency of reducing the temperature in a given disease, that agent is best which soonest and safest serves that end, and which at the same time least disturbs the other functions of the body, physiologically performed, and aids in removing the cause or checking the progress of the disease upon which the elevated temperature depends.

The part which the nervous system plays in the production of fever is not yet fully decided; though, in addition to the result of experiments bearing upon this question, the pathology of certain diseases, attended by characteristic elevation of temperature, proves the intimate relation between the accompanying fever and the impress of its cause upon the nervous system, though hardly determining the primary or secondary nature of either. Should the cause originate *de novo* in the nerve centers as appears in states of overwork, worry and exhaustion, or did the exciting agent manifest its impress through the intervention of the nerves that remedy would be most curative which directly, by stimulative, or sedative, or alternative action, restrained or neutralized its effect.

The *nidus* of irritation in inflammatory fever is evidently the phenomena of perverted action, the result of injury, whether that injury arises from external violence, or a poison without, or is the result of morbid material generated within the system. What best reduces the amount of irritation, whether by direct influence or by destroying the source, or checks the development or progress of the inflammatory process, is our most valuable and suitable antipyretic. Hence no agent, without positive action upon the heart, or influence upon arterial tension and the great sensorium as well, can successfully rival opium, veratrum and aconite in the treatment of this form of fever.

In this age, no one would attempt to cure malarial fevers without quinine or some form of cinchona. Neither of the remedies under discussion prevents a chill or an exacerbation. But in the continued type, one of them—preferably phenacetin—may be added for prompter and results more grateful to the feelings of the patient.

In self-limiting diseases we do not hope to check their course by reducing the fever; and it has been questioned how far we are justifiable in interfering with this symptom, yet the doctor of to-day would not be held blameless who neglected this feature of treatment, and we owe it

to our patient, as well as ourselves, to bring and maintain the various functions of the body as near their normal state as possible, or direct their action to a condition which we think best preserves the vitality of the system and hastens convalescence. Hence in diseases of debility, as typhoid fever, the question arises, are we by heroic measures to disturb its even course, or regarding it as a bridge supplied by nature to sustain the patient while all his forces are engaged in the active and uncertain contest with disease and death, withhold those agents which only attack the fever and leave its cause unmolested? Obviously it is better to reinforce than to supplant nature in her efforts to throw off the fetters of the enemy.

Her manner of doing this is seen in the malarial chill. So the spirit of *mindereus* or spirit of nitrous ether deserves preference over either of our new antipyretics in diseases of this class. Though I have had speedy and happy results from phenacetin when the aforesaid remedies had failed upon fair and extended trial. No one now disputes the antipyretic action of these drugs. They unmistakably effect the end for which they are given. The only question is, when they are indicated and which is to be preferred. Some think that antipyrin is the most reliable of them all. I favor and almost exclusively prescribe phenacetin. The only difference between antifebrin and acetanilid is in their cost, which is considerable.

But these remedies claim another besides the effect mentioned, and in this, perhaps, vary more not only in extent but in their seat of action.

Antipyrin impresses chiefly and almost solely the sensory matter of the cerebro-spinal system. Its most decided effect is upon the brain, and is one of our best remedies for headaches and neuralgias of the face. Its anodyne effect diminishes as it is removed from the head, or as the cause of the pain in the head is distant from it. I have never witnessed any positive action on the special senses or motor system, nor have I ever seen stupor produced by it even in the largest doses. I recall a case of rheumatism of long standing in which I pushed the drug to thirty grain doses every two or three hours, not even drowsiness resulting. While its efficacy is not to be compared to a hypodermic injection of morphia yet when relief from pain is the end desired, and where stupefaction is to be avoided, or where opium is contra indicated by idiosyncrasy or fear of habit, antipyrin may be employed with great advantage.

The effect of phenacetin on the sensory apparatus is more general and save about the head, equally as decided as that of antipyrin. Perhaps no remedy was ever more liberally and universally employed than was phenacetin during the recent epidemic, of La Grippe which visited our country. Its independent adoption in the treat-

ment of this disease stands as proof of the merit which it claims. In this, as you know, it acted most happily, reducing the fever and allaying pain, though it did not check the progress of the disease nor prevent the results. I observed, too, that the pain which followed La Grippe yielded more readily to salicylate of soda than to phenacetin.

Its prompt relief of the asthmatic symptoms which generally were present in La Grippe, as well as the terrible tormina of the bowels, lead me to hope that this apparent anti-spasmodic property might be applied in the treatment of other diseases, if not with kindred pathology, in which the same system of nerves was involved. I have since used it in asthma and was disappointed in the result, the patient complaining that her distress was intensified after taking it, and that she experienced more difficulty in expectoration.

I have never known death to be produced by either of these drugs, though it was supposed that a combination of calomel and antipyrin caused the death of a child in New York. Antipyrin is not as free from danger as antifebrin and phenacetin. Not a few cases of heart failure are reported as following its use. I have witnessed this effect only once in my own practice—where ten grains were given. In the case of rheumatism before alluded to, where it was given in enormous doses, there were no alarming symptoms, and none unfavorable excepting slight gastric and intestinal irritation.

Why and exactly how it depresses the heart's action, I think still remains unknown. The evidence is in favor of the supposition that it impresses chiefly and primarily the resident ganglia of the heart. There is no disturbance of the other organs supplied by a common centre, which cannot be explained by the intimate relation and interdependence of their functional action, excepting it be that on the gastro-intestinal canal, which is either irritant locally, or the result of disturbance in the ganglionic fibres. But the fact remains and should be observed in its employment.

I have never heard of a similar effect following phenacetin, and since it has virtues equal to those of antipyrin, and is cheaper, I consider it preferable for general use.

Antifebrin sometimes produces prostration in an extreme degree, and is no more reliable than phenacetin as an antipyretic, and less than antipyrin as an anodyne. I use the chemical form when I prescribe it, especially for the sake of my poorer patients.

Therapeutics could have dispensed with these agents, but their undisputed merits have won them a welcome into our list of remedies, leaving their exact and relative rank to be determined by their more extended use.—*Atlanta Med. and Surg. Jour.*

THE TREATMENT OF HABITUAL CONSTIPATION IN CHILDREN.

The diseases of children do not always meet with scientific attention. Constipation, in particular, is treated in them with little ceremony; yet the imperfect digestion, of which it is a result, is in children so pre-eminently the origin of ill health that one cannot bestow upon it too much consideration, if for no other reason than that patients of this tender age may receive kind and considerate treatment. If the following observations should not command unqualified assent, they may yet serve to bring forward some interesting questions.

One of the cases narrated is an example of success with unassisted physiological dieting. The other shows the difficulty of obtaining good results so long as the cause is unremoved.

The first case was that of a little boy four years and six months old, the only child of persons of good position. He was reared at the breast for the usual period by a wet nurse. Since weaning he had led, for a child, a somewhat trying life, having accompanied his mother on voyages undertaken for her health to Australia, the Mediterranean, and various parts of the continent. Upon the whole, he had stood this constant change of climate and diet well, developing into a sturdy little boy. He had not, however, been without some symptoms of delicacy, namely, a certain liability to take cold; inability to bear a cold bath, dampness and coldness of the hands and feet, slight nocturnal attacks of spasmodic croup, especially on shipboard, frequent sore throats with enlargement of the tonsils, considerable trouble with constipation, and thread worms. The particular symptom for which he came under my notice was a lassitude which used to come on suddenly while he was out for a walk, making him cry from pain in his stomach, and ask to be taken home. At home he used to enjoy himself, and fed and slept well.

Upon examination there was no appearance of rickets, but he was rather pale, and his muscles flabby. His skin was too thick, pinching up into thick folds, though not exactly fat. The pharynx was pale and full of secretion, and the tonsils hypertrophied; though not inflamed. The abdomen was much too large, measuring twenty-four inches, while the chest was nineteen, so that ready made clothes would not fit him without much enlargement round the waist.

The cause of his ill health appeared to me to be this: His mother, though a tender and affectionate woman, was inexperienced, and yet by her wandering life removed from the opportunity of being instructed by her elders. She was also one of those persons who prefer what they see in print to very much wiser advice delivered orally, and had in consequence guided herself in bringing up her child by one of those

popular mother's manuals which whatever their merits, do not meet the conditions of every single case. The result was that the child was being brought up in a pedantic manner. He was overclothed with pure wool clothing, subjected to cold baths, although they left him very miserable, and given a diet which, all things considered, was not nearly good enough. His breakfast consisted of a plain boiled egg or oatmeal porridge, bread very thinly spread with butter, and hot milk and water. At eleven he had a cup of beef tea and some dry toast. For dinner he had a small amount of plain boiled or roasted meat, fat and brown cut off according to the instructions of the manual, or else fish given without sauce, unlimited potatoes, boiled and mashed, and so-called plain puddings, that is, flour or starch made up with as little as possible of anything else. Sometimes fig puddings and stewed prunes were substituted to relieve the constipation, for which purpose he also had brown bread occasionally. "Tea" consisted of bread and butter as before, with milk and water. The currants, again, by direction of the book, were carefully picked out of any cake or buns which he might have; and he had never tasted a sweetmeat of any kind until I myself gave him a chocolate.

It may be asked, what fault could be found with this diet? Simply this, that it did not suit the boy, and was persevered with although he could not digest it. Had he thriven on it, one would have said nothing. Much medical attendance had been given to his various derangements. I found nothing to criticise, except that one practitioner had ordered glycerine and tannic acid to be applied to the tonsils without further directions. The application had consequently been continued religiously for more than a year, rather increasing the condition. The question had now been raised of excising them. On the whole, I found sufficient cause for his ailments in a faulty bringing up.

I therefore set to work to reform it as follows: The amount of clothing was reduced considerably. What he wore really impeded his exercise. Next, the baths were made warmer until they left him comfortable. Then I altered the feeding. For breakfast he had (and I was in a position to see that he had) some bacon fried or cold, fish, sardines in oil, or eggs cooked in any palatable manner, not merely boiled. Bread or toast was cut thin and freely buttered. On the last piece he was allowed to have jam. His drink was milk and water as before. Eleven o'clock lunch was altered to bread and butter and milk and water. At dinner the fat and brown were on no account to be cut off from his meat unless he wished it. When there was fish, it was accompanied with sauce. Vegetables were restricted in quantity, and green ones served among them. Pudding was also limited, but improved in quality, with the addition of

custards and stewed fruit to the list. "Tea," like lunch, was bread and butter with milk and water, supplemented by cooked fruit of some kind.

It will be seen at what I was aiming with this diet. I purposely exaggerated the amount of albuminoids and fat, while I cut down the flour and starch. I also put before him every tasty thing I could devise. What he fancied he had, and what he disliked he left. Meals had always been a scene of tears on one side and preachings and argument on the other. Now they were rather festive occasions. It was a very interesting physiological experiment.

The result of this reform was that at the end of a month he was well. His tonsils, somewhat to my surprise, had returned to the normal size. His bowels were perfectly regular. His color was good. Though somewhat thinner, he was considerably stronger, so that there were no more complaints about being tired, and the girth of the abdomen had diminished between two and three inches, and afterward went down somewhat more, so that ordinary ready made suits of clothes fitted him. No medicine was given throughout the attendance. Except for an attack of measles he has since continued perfectly well, bidding fair to outgrow all delicacy and to compensate considerably for expenditure in his diet by the saving in medical attendance. Money and good will had never been wanting, so that the reforms which I initiated were cheerfully continued. His mother perceived that she had been giving him country boy's food without a country boy's constitution. I suspect that many practitioners have cases like this. I hope that they will try to treat their next one accordingly.

In the second case the possibilities were limited. A little while ago a girl of nine years old was brought to me by her mother, the mother being teacher in a charity school for girls, and the child, her only daughter, gratuitously maintained in the same school. The chief subject of complaint was a violent cough, most troublesome at night, without expectoration; in fact, a throat cough of the usual character. But the child also suffered from constipation, chilblains, and bad circulation in the hands and feet.

On examination the tonsils were found enlarged, but not congested or inflamed. The abdomen, like that of the first patient, was excessively protuberant, full, and doughy. Although her cheeks were round and red, so that in her clothes she looked fairly healthy, when stripped one saw that she was poorly developed. The muscles were meager and soft, and her skin of that thick and coarse nature that a fold of it pinched up measured perhaps half an inch thick, a very characteristic test of poor condition. Had the skin been removed, the rest would have appeared miserable.

I was able to learn from the mother with

great exactness the sort of life that was led at this school, which appeared to me one, like many others, where the bodily welfare is lost sight of in the zeal for moral development; that is to say, that while the children were put to sleep in cold dormitories, and sat most of the day learning lessons and sewing and such like things, and were only exercised by walking two and two about the streets of London, their food was of the most insufficient description. Breakfast consisted of bread and dripping, treacle, in the mother's words; when the children tired of the dripping, with skim milk and water to drink. The same for tea. Dinner on Sundays consisted of stewed skin of beef, on Wednesdays of stewed mutton, both with vegetables; on other days nothing but suet pudding, the allowance of suet only half an ounce per head. Throughout the previous winter she had suffered in the same way, and had been only "kept going," as her mother phrased it, by cod-liver oil.

Not being able to interfere with the diet in the institution, I did not anticipate great success in treatment; and although medicine afforded some relief, I felt bound to advise that the best thing for the child was for both mother and daughter to leave the institution when convenient.

I do not know if I have succeeded in depicting the pathological condition present in these cases. I cite them because they happen to be the clearest instances at hand of a state of things very prevalent in children, which can be distinguished in various degrees of severity by any careful observer, and which finds a place in most clinical descriptions of disease in children, though under various names. It appears to me that these children were on the brink of developing that condition known as scrofula, meaning by the term a peculiar *facies* which precedes a predisposition to tubercle, and is the outward sign of a defectively developed constitution. I consider it of service to group such extreme cases with those of minor severity when seeking to discover the causes which produce them, but I hope that it will not therefore be thought that I am basing my arguments on too narrow a foundation.

The fault in these cases was that the patients did not agree with their diet. The defect lay in their digestion. As the defect in their digestion issued in constipation, I discuss them under that heading. But one might have regarded them from other points of view. Most persons would have treated the condition with aperient medicines. Certainly the laity would have done so. For this reason I prefer to discuss them in such a manner as to bring together various pathological conditions which in practice would medically be treated as one.

The mistake in feeding these children appears to me two-fold; first, that being dwellers in towns they were fed as if they were in the

country; secondly, that being children they were fed like adults. These are the two great errors in feeding children. When either of them is committed the child falls ill; when neither of them is committed the child remains well. Let us notice them separately.

Many millions of our fellow creatures subsist in perfect health all over the world at agricultural occupations upon a diet consisting of milk and its products, grain in its forms of flour and meal, a few vegetables, mostly potatoes, and a very little meat. Uninstructed persons seeing this exclaim, What better food could we find for our children! They forget that this diet is adopted from necessity, being composed of cheap and least salable articles of produce, and those best suited to the limited culinary apparatus of the peasant. They forget that those who feed upon it are a picked population, many of whose children die, and the weakly of whom drift off to the better food of the towns. They also forget that the work produced upon this diet is slow and often indolent, and by no means up to the standard of towns. And finally they forget that there are in the country certain stimulants to digestion in the shape of sunlight and fresh air and hard bodily labor, which develop what Horace terms the *dura messorum ilia*.

Nothing is more certain nor yet more generally overlooked than that country people eat such food from necessity and not from choice, so that potatoes, buttermilk, and porridge give place to bread and meat and better vegetables when they can be obtained, which is but seldom. How great an error is committed by those who adopt such a diet when they could get better, and how thoughtless the person who expects to thrive upon it without its natural accompaniments!

The second defect is this, to give adult's food to a child. Bread may be the staff of grown-up life, but milk is the food of infancy, and the food of these ages is different because the work to be done upon it is different. A man has to work and a child to grow. The former serves others, the latter himself. The child is therefore limited in his exertions by pleasure, but the man by his bodily exhaustion. The life of a child therefore requires much more nerve food than that of a man. In what that consists we can not exactly say, but it is represented by a diet of much higher quality than that which is sufficient for a man. A baby lives in its mother's arms without any exercise for a twelve-month. What man could do the same? Such existence signifies high vitality, and high vitality implies high diet. Therefore we find that milk is composed of costly elements.

We see the same thing throughout the animal kingdom. All young mammals are nourished on milk. Nearly all young birds are fed on animal food. They are hatched in the spring, when such food can be obtained. When the

young mammals leave the breast they receive the daintiest morsels. The young *herbivora* eat the tenderest shoots, and the young *carnivora* are fed with the flesh of other young animals. One could parallel this in all the lower classes of the animal world.

No energy is wasted in assimilating milk. It needs no cookery, no mastication, no mixture with saliva, and little gastric digestion. It is therefore the food on which we fall back in sickness when matters return to the infantile condition. The newborn child or other young animal has no apparatus developed for dealing with food that is not ready for digestion. The change from milk or other young animal's food is consequently regulated by the development of this apparatus. In man this alteration takes twenty-five years, which is too much for most people's patience, and so we find the children put upon adult diet prematurely.

The first teeth cut by any young animal are the incisors, because the first food taken needs only to be divided, cropped, or nibbled. It is of a nature to pass with little treatment by the undeveloped stomach into the intestine. The molars are added as they are wanted, namely, to discuss the increasing quantity of carbonaceous and other food required for adult life. The same thing is seen with the bills and gizzards of birds, and so down the scale of creation.

Now what will happen when adult food is presented to an alimentary canal that is mostly intestine, with but little teeth and stomach? What there is will try to do the work. Irritation and hypertrophy of the overtaxed part, followed by paralysis and possibly atrophy, will be the consequence. The diseases of the alimentary canal in the young child are therefore always diseases of the intestine, because that is the part in the fullest activity, and therefore always in danger of being overtaxed.

In what form does hypertrophy of the intestine show itself? By the corpulence, which was a feature in both my cases. If an intestine increases in length and breadth it requires a longer mesentery. We could not attach the intestine of a man to the mesentery of a boy. The whole intestinal packet consequently enlarges, and the abdomen protrudes in the only direction in which it can protrude, that is, forward. Corpulence is therefore observed in any poorly fed subject who lives upon a diet which taxes his intestine instead of his stomach, as in starving populations among whom farinaceous diet is the last to fail.—*J. B. Nias, M. B.—M. R. C. P.—London Practitioner.—Am. Practit.*

THE TREATMENT OF ANÆMIA.

In the treatment of anæmia, the *indicatio causalis* should be predominant. If the cause be hemorrhages, these should be stopped by in-

ternal and external styptics, by compression, by ice, ergot internally, etc. If profuse discharges (as prolonged suppuration) be the cause, such constitutional and local measures should be resorted to as will diminish or arrest them. Under this head come cold abscesses, bronchorrhœa, cystitis with copious muco-purulent exudation, chronic diarrhœa. Excessive lactation and excessive venery act in a similar way. While these inordinate wastes are going on, the blood is being spoiled of its richest elements,—its corpuscles and its plasmatic albuminates,—and any treatment to be efficacious must reduce to a minimum these losses.

If the cause be syphilis, tuberculosis, cancer, the causal indication is sufficiently plain. The victim of venereal disease may get rid of his anæmia and regain a fair measure of health and vigor under the reconstituent and antisiphilitic influence of mercury and potassium iodide; the tuberculous patient may improve by an out-door life and a fortifying regimen generally; even the subject of cancer may be, for a time at least, benefitted by medical or surgical means directed to his morbid condition.

The anæmia may be of toxic origin, being due to malaria, to poisoning by lead, by phosphorus, by mercury, etc., and the treatment will be addressed to such of these agencies as may be found to be operative in the particular case.

It would take up too much space here to enumerate all the causes of anæmia and follow out the indications. In idiopathic anæmia one of the most fruitful causes is insufficient food; then want of light and air, excessive bodily exercise, intense heat or cold, depressing emotions, are all important etiological agencies, and, when once recognized, will suggest the only successful means of cure.

Anæmia, moreover, besides being symptomatic of hemorrhages, profuse discharges, severe cachexia (as before mentioned), may arise from obstacles to taking food (as in strictures of the œsophagus), to dyspepsia, to organic disease of the heart, to chronic pulmonary disease, to fever, and, finally, to disease of the blood-making organs (lymphatic glands, spleen, marrow of bones). Anæmia originating in any of these ways can be successfully met only by attention to etiological therapeutics.

One of the most common forms of anæmia is that which is symptomatic of severe and prolonged dyspepsia, and for its removal demands a knowledge of the kind of dyspepsia,—whether atonic and functional, or the result of chronic catarrh, dilatation of the stomach, round ulcer, etc,—and the means, dietetic and remedial, to be employed for the restoration of the damaged digestive functions.

The anæmia of heart-disease is, of course, curable or incurable, according to the nature of the cardiac affection to which it belongs. Digitalis, strophanthus, nitro-glycerin, caffeine, adonidine,

more than iron and arsenic, are indicated in this anæmia.

In the absence of any yet definitely known pathological lesions causative of chlorosis or of pernicious anæmia (although the theory which assigns both maladies to disease of the hæmatopoietic organs appears to be the most plausible), it is impossible as yet to fulfil the *indicatio causalis*, and we must content ourselves with attending to the *indicatio morbi*. In fact, in all kinds of anæmia this indication imposes itself upon the practitioner. To promote sanguification in all forms of anæmia, we rely on two orders of remedial agents,—medicinal and hygienic

To take up, first, the medicinal means (though these are by no means the most important), there is still no medicine of such general utility as iron. It is true that we are still ignorant of the precise way in which iron does good, but the fact is none the less indisputable that in a multitude of cases under the influence of this agent the blood improves in corpuscular richness, and all the nutritive energies are augmented.

The ferruginous preparations are legion, and we believe, with Niemeyer, that special indications for the exhibition of one or the other of them cannot yet be laid down. In simple anæmia and in chlorosis almost any of the iron preparations are well tolerated, but in special cases it is necessary to select that kind which agrees best with the stomach. The citrate, tartrate, lactate, pyrophosphate, the reduced iron, Bland's pill, the chloropectonate are all mild preparations which are generally borne by weak and delicate stomachs. The tincture of the chloride (the most used of all the liquid preparations) sometimes acts with marvellous promptness and efficacy, but many patients cannot take it, and not every pharmaceutical product is reliable. Where iron alone does not agree, it may sometimes to advantage be associated with other medicines. Thus, the combination with aloe or aloin is especially valuable in many cases of anæmia or chlorosis with constipation. A favorite pill contains of dried sulphate of iron and extract of aloe of each one grain. To this is sometimes added for each pill one quarter of a grain of nux vomica, a little capsicum, or one-thirteenth of a grain of arsenic. Dr. Julius Pollock urges the addition of a little rhubarb to the dose of iron in disordered states of the stomach. A combination which we have sometimes found efficacious is—

R. Pulv. rhei, gr. ii;
Ferri carb. saccharat., gr. x;
Pulv. calumba, gr. v.
M. Ft. pulv. no. 1.

A pill much prescribed by Vulpian in anæmia and chlorosis (*Clinique Médicale*, p. 470) consisted of iron by hydrogen, soft extract of cinchona, pulverized rhei, of each equal parts; this was called the compound iron pill of Charité

Hospital. The late Dr. Gueneau de Mussy (*Clinique Médicale* t. i. p. 209), whose success as a practitioner is well known, was fond of a combination of bismuth with iron, and where the latter, despite the addition of bismuth, still produced irritation of the digestive organs, he did not hesitate to add a little opium or belladonna. This writer urges that it is not by furnishing to the blood an element that is wanting that iron does good, but by stimulating nutrition, and points to the fact that etiolated plants become green by watering them with ferruginous preparations, and at the same time their chlorophyll does not contain any iron,

Huguenin, of Paris, was one of the first to propose the hypodermic method of administering iron, especially in pernicious anæmia, where iron, when taken into the stomach, is not assimilated: and Dr. J. M. Da Costa, of Philadelphia, has used the dialyzed iron to advantage in this way. From 5 to 30 drops daily may be injected under the skin without fear of abscess.

Arsenic has of late been highly extolled as a remedy in anæmia, especially in pernicious anæmia, and is said by excellent clinical authorities to merit a place next to iron; in fact, in many cases it does good where the martial preparations utterly fail. Drs. Byrom Bramwell, Mackenzie, Lockie, of England, have advocated the more free use of arsenical preparations for a tonic and hæmatioic effect. The latter, in the *British Medical Journal*, December 7, 1878, affirms that in many cases of anæmia approaching the so-called essential or pernicious anæmia, arsenic will confer more benefit than any other remedy. Dr. Wm. Osler, in the *Boston Medical and Surgical Journal* (vol. cxix. p. 454), reports remarkable results in puerperal anæmia from the continued administration of Fowler's solution, and reviews the history of the employment of arsenic in pernicious anæmia, and calls attention to the fact that we do not fully understand the reason why this drug should be so useful in some cases and so useless in others. It certainly has often the effect in profound anæmia much resembling that of a specific; like that of quinine in ague for instance. The initial dose should be 5 drops, gradually increased to 20 or 30 drops, three times a day. Puffiness of the eyelids, œdema above the eyebrows, vomiting or diarrhœa, indicate that the drug should be suspended for a time. The point of greatest importance is that this remedy should be given a long time and in increasing doses.

Other remedies, as phosphorus, manganese, cod-liver oil, malt preparations, alcohol, find their application in certain cases. Cod-liver oil is more readily oxidizable than any other fat, and when tolerated often constitutes a powerful auxiliary to other means of treatment. Alcohol, in the form of wine or ale, and sometimes where there is great debility, and especially in that anæmia which attends febrile diseases in the

form of brandy or whiskey, frequently proves of aid in stimulating the functions of digestion and assimilation, and preventing inordinate waste.

But the hygienic treatment, which comprehends dietetics, exercise, hydrotherapy, ærotherapy, and climatotherapy, attention to rest, the restoration of normal habits of sleep, the rigorous avoidance of all excesses, of all injurious excitements, of depressing emotions, etc., is of far more importance than the medicinal treatment.

Hydrotherapy is a powerful stimulant of nutrition, and is commended by Fleury, Dujardin-Beaumetz, Becqueril, and others as one of the most active agents in the treatment of anæmia. The douches should be as cold as can be well borne, and should be very short at the commencement,—of not more than five or six seconds' duration.

The utility of out-door exercise, of sojourn in the country or at the sea-side, of mountain life, is sufficiently obvious as being among nature's best and most certain means of reinvigoration. Many cases of anæmia and chlorosis are due primarily to sedentary habits, to breathing hot or impure air, and to neglect of exercise. Without an entire change in the habits of living (due rest, sleep, and abandonment of every degrading, depressing passion being observed), the dietetic treatment of anæmia can do little good.

The dietetic treatment is, of course, the most essential, for it is only through the assimilation of food that we can hope for restoration. On this subject we must be very brief, as this article is already too long. As a general rule, food for the anæmia should be abundant, nutritious, and easily digestible. There should be predominance of albuminates (milk, eggs, meat, fish) over carbohydrates. Some patients will do better on light meals given frequently, others on not more than two meals a day. For patients with feeble digestive powers, beef peptones, underdone meats,—even, for a time, pancreatized milk—may be necessary.

Some bad cases of anæmia and chlorosis do remarkably well on a dietetic system by stuffing, like that recommended by Dr. S. Weir Mitchell in his little treatise on "Fat and Blood." This is combined with much passive exercise by massage and electricity.

Gavage, or forced feeding, performed by the œsophageal tube, gives often brilliant results in certain anæmia conditions where it is impossible sufficiently to nourish the patient by mouth, but where food of a proper kind when introduced into the stomach is well digested and assimilated.

Some of the most discouraging cases are those that are attended with absolute repugnance to all food, as is often witnessed in pernicious anæmia. Medicines do little towards restoring appetite and digestion, and unless the physician

can obtain hints from etiology and enforce the proper hygiene, he is powerless to benefit his patient.—*Therapeutic Gazette.*

A TREATMENT FOR PRURITUS ANI.

By A. H. Ohmann-Dumesnil, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

Pruritus as a disease *per se* is perhaps one of the most distressing complaints that the physician is called upon to treat, more especially in its localized forms. It is extremely disagreeable to the subject, entailing very often, a train of nervous symptoms of the most serious nature, and these in their turn, seem to only serve in increasing the original trouble. It is on this account, and the loss of sleep which is necessarily entailed, that the disease is very apt to assume a serious character. In addition to this, we frequently have the objective symptoms, provoked by the scratching of the patient, consisting of multifiform lesions, and a greater or less thickening of the skin which is circumscribed in character. The mental disturbance is sometimes such a marked feature that the pruritus debarring its victim from social intercourse and inducing depression of spirits, will occasionally engender a hopeless feeling so far as ultimate cure is concerned. This may become so grave as to finally merge into a state of profound melancholia with suicidal tendencies. Such a condition, however, is fortunately a rare one.

The chronicity of the affection is one of its characteristics. It is no uncommon thing to be told that it has existed for years, and the difficulty attending its treatment may be easily surmised when we observe the number of formulæ which have been vaunted in its treatment and which are being constantly published. They all give relief of a more or less transitory character, but such as can not be relied upon, and the pruritus may suddenly come on at the most unexpected as well as inopportune time.

The particular form of which I wish to speak is pruritus ani, the most commonly observed localization of the disease, in men. The itching here is something intense, and annoying to a degree which is simply a torture to the patient. The sensation is referred to the margin of the anus, within the folds to the adjacent neighborhood, and sometimes to the lower part of the rectum. In this last vicinity patients state that they feel as if they could obtain relief providing that they could introduce a finger in the rectum and scratch. The pruritus of the anus may be either limited to that particular locality or there may be an extension taking place, after a time. The perineum will be the seat of itching: the internal cleft will suffer; and, in males, the scrotum will become affected. In females, it is

the labia majora that will become the seat of the trouble which may extend to the labia minora and clitoris, constituting pruritus vulvæ.

Without dilating any more upon the symptomatology of pruritis ani, I desire to draw attention to a treatment which has proven beneficial in my hands, in some cases. I do not desire to lay any claim to the course of procedure as a cure-all, but merely as one of the thousands of "successful" methods. The treatment is general and local.

GENERAL TREATMENT.—One of the first points to engage our attention is the condition of the rectum, so far as function is concerned. No rectal accumulations should be permitted, nor should diarrhœa go untreated. A regular performance of the functions should be regarded as a *sine quâ non*. For general treatment such remedies should be employed as have a tonic action upon the nervous system, as phosphorus, strychnia, arsenic, etc., and for this purpose I have alternated the following formulæ with each other in order to prevent the patient becoming habituated or intoxicated. It will be seen that every precaution is taken to ensure against gastric disturbances, which should certainly be corrected whenever they are present.

The tonic treatment directed to the nervous system is as follows:

R. Syr. hypophosphit. }
Co. (Fellows), } ʒiv.
Sig. A teaspoonful in water four times daily.

After a time the following is ordered:

R. Liquor kali arsenit, ʒijss.
Vini ferri, iv.

M.

Sig. A teaspoonful in water after each meal.

This having been taken for a length of time deemed sufficient, the following pills are administered:

R. Strychniæ sulphat, grj.
Ferri redacti,
Quiniæ bisulphat, āā ʒj.

M.

Ft. massa et divide in pil. No. 60.

Sig. One pill three times a day.

The intent of this is to produce a permanent effect in the way of toning up the nervous system, and in that manner obtain a certain stability which will be a relief from that irritated and irritable condition which translates itself into pruritus, more especially of the anus.

In addition to this, general reconstructive measures should be employed; and such anodynes as are best suited to the case in hand in order to obtain refreshing sleep, and thus remove another source of nerve irritation. For, there can be no doubt whatever, that being given a certain amount of rest, better effects can be produced than in its absence.

LOCAL TREATMENT.—This plays an important part in the management of the affection under

consideration. First of all a careful examination of the rectum and anus should be made. If ulcers, hemorrhoids, or other pathological processes are found in the rectum, they should be remedied. The same is true in reference to the anus. Fissures, excoriations, hemorrhoids, growths of all descriptions, pin-worms, etc., should receive careful attention. It will be noticed, however, that when found their removal or proper treatment will not always suffice to relieve the pruritus, but that local measures will be necessary.

Should there be much thickening of the skin, either immediately surrounding the anus or existing upon the adjacent portions, a very good measure to adopt is to apply pure creasote pretty thoroughly. While it is rather painful, the pain lasts but for a very short time and is followed by relief. This should be followed by the application, night and morning at least, of an anti-pruritic remedy. I will not burden the reader with a list of these, but will merely state that lotions are best used as being less disagreeable than ointments and more cleanly. An essential, to my mind, is that the remedy should be not only antipruritic but antiparasitic as well. Of course, this plan of treatment is that to be followed in cases in which no apparent cause beyond disturbance of the nervous system can be found. I have used with good success my compound antipruritic lotion which is as follows:

R. Hydrargyr. bichlorid, gr. jss.
Ammon. muriat, gr ij.
Acid. carbolic, ʒj.
Glycerini, ʒij.
Aquæ rosæ, q. s. ad ʒvj.

M.

Sig. Apply locally, morning and evening.

In this the amount of carbolic acid may be varied to suit the exigencies of the case.

Another remedy which has rendered me good service as an antipruritic and antiparasitic is chlorophenique. It is quite rapid in its action, being at the same time an anodyne of no mean value. It should be employed full strength morning and evening. It is a colorless liquid which gives it the added advantage of being cleanly.

Such is a brief outline, roughly sketched of a treatment for the relief of pruritus of the anus which has afforded me good results and satisfactory effects in a comparatively short space of time. I will not say that it will act well in every case nor that it is applicable in every instance. Pruritus, in general, is such a vexatious disease to manage that much time and patience are frequently necessary to achieve any kind of a satisfactory result. Besides, the legion of methods and formulæ for the relief of pruritus of the anus and genitalia is evidence sufficiently strong to debar any one from recommending any form of treatment unless it be with hesitation. One prerequisite to observe is the persistent employment of the remedies adopted. The patient

should not be permitted to discontinue the applications, because he thinks that he is well; but he must continue for such a length of time as will enable one to conclude that the case is beyond the reach of an immediate relapse.

In addition to this it is frequently necessary to supply deficiencies caused by malnutrition in the nervous system. The entire tone of the nervous system must be kept up at par, even after an apparent cure or pruritus may manifest itself again, if it has been in any degree dependent upon disturbed nerve function. But, as this lies more properly with the field of the neurologist I will not dilate upon the subject.—*St. Louis Med. and Surg. Jour.*

WHICH OF THE NEW ANTIPIRETTICS SHOULD BE PREFERRED IN THE TREATMENT OF THE FEBRILE DISEASES OF CHILDREN?

Upon this subject Professor Demme, in the yearly report of the Children's Hospital at Berne, writes as follows. The study of the acute fevers of children has led me to the decided conviction that moderately high temperatures (38.5° to 39.5° C. = 101.3° to 103° F.), lasting but a few days, are best treated without recourse to any medicinal antipyretic. I believe that such cases are best managed by means of wet cloths wrapped around the body and methodically renewed every two hours. Experience has furthermore taught me that the nervous excitement and restlessness accompanying these moderate temperatures, the wakefulness or disturbed sleep not infrequently present, are most successfully combated by one or two lukewarm baths daily, the temperature of the water being 26° to 28° C. (78.8° to 82.4° F.), and the child kept in the bath for five or ten minutes. It is only when the fever heat ascends to 40° C. (104° F.) or upward, and remains for some time at that point, that the employment of an antipyretic drug is advisable and necessary. It is not, however, the temperature alone, in and of itself considered, that should dictate our course, but the character of the existent disease-process and the actual condition of the patient. In my opinion, antipyretic medicines are most suitable to typhoid fever, acute articular rheumatism, and obstinate, progressive broncho-pneumonia. I avoid such drugs, or, at least, use them only exceptionally, in diphtheria, the acute exanthems (scarlet fever, measles, etc.), and simple croupous pneumonia. What I have already said concerning the employment of baths alone applies also to the combined use of baths and antipyretic drugs. Extremely seldom, and only according to a special indication of an extremely high degree of fever, do I seek to depress the temperature by means of a refrigerant bath. Usually, and with entirely satisfactory results, I employ the

lukewarm baths of which I have spoken. When there is a tendency to sopor, or the face is of a deep-red or cyanotic hue, I am accustomed, while the patient is in the bath, to make use of intermittent affusion of the head and neck with water 3° to 4° C. (5.4° to 7.2° F.) cooler than that of the bath. This method yields excellent results.

In regard to the selection of a certain antipyretic to fulfil the indications mentioned, I prefer, in acute articular rheumatism, the salicylate of sodium, provided that it is well borne by the stomach; but if that remedy is repugnant to the taste, or if a tendency to vomiting or diarrhoea exists, I have recourse to salol. The salicylate of sodium may be given in daily doses of 0.5 to 1 gramme (7½ to 15 grains) to children of 2 to 4 years of age; from the 5th to the 10th year, 1 to 2 grammes (15 to 30 grains); and from 11 to 15, 2.5 to 3 grammes (38 to 45 grains). Single doses of salol are as follows: for children of 2 to 4 years, 0.25 to 0.35 gramme (3¾ to 5½ grains) thrice daily; from 5 to 10 years, 0.5 to 0.75 gramme (7½ to 11½ grains) three or four times a day; from 11 to 15 years, from 0.75 to 1 gramme (11¼ to 15 grains) three or four times a day. In typhoid fever I esteem the sulphate of thallin as the most valuable remedy, given every two hours, according to the Ehrlich-Lacquer method, in the following doses: from 3 to 4 years of age, 0.01 gramme (about ¼ grain); from 5 to 10 years, 0.02 gramme (about ½ grain); from 11 to 15 years, 0.03 gramme to 0.05 gramme (about ½ to ¾ grain). In that protracted form of broncho-pneumonia in which relapse and excessively high temperature (41° C. = 105.8° F. and above) are quite marked, I employ, in the first period of the recurrence, antipyrin, in aqueous solution, with the addition of a little sugar and a few drops of cognac. When given in this form it very seldom produces disturbance of the stomach. Antipyrin has very rarely failed to effect the desired reduction of temperature in such cases of broncho-pneumonia as I have alluded to, in the course of acute exanthems, or severe diphtheria, and I am consequently able to give it an unconditional indorsement. I have found it most serviceably given at hourly intervals and in the following doses: to children of 2 to 4 years of age, 0.2 to 0.4 gramme (3 to 6 grains); from the 5th to the 10th year, 0.5 to 0.75 gramme (7½ to 11½ grains); from the 11th to the 15th year, 0.8 to 1 gramme (12 to 15½ grains). These doses, which I some years ago recommended, fulfill their purpose exactly, and it is incomprehensible to me that some writers should advise constantly increasing doses, which overshoot the mark and occasion vomiting and collapse. If, in the later stage of the broncho-pneumonia of children, hectic fever occur, with high afternoon or evening temperatures and marked morning remissions, neither antipyrin nor any of the new antipyretics of the aromatic

series is of much advantage. In this condition a far superior influence is exerted by quinine in doses of 0. 2 to 0. 4 gramme (3 to 6 grains) to children of 2 to 4 years; 0. 5 gramme ($7\frac{1}{2}$ grains) from the 5th to the 10th year; and from 0. 75 to 1. 0 gramme ($11\frac{1}{2}$ to $15\frac{1}{2}$ grains) from the 11th to 15th year. This treatment most rapidly brings to an end or cuts short the process.

In confirmation of the observations of Germain Sée, I may here remark, parenthetically, that in the case of a 16-year-old lad, who suffered from an extremely severe and obstinate neuralgic headache, a single dose of 1 gramme ($15\frac{1}{2}$ grains) of antipyrin on three successive days proved entirely curative after large doses of quinine and salicylate of sodium had been tried in vain. Although the author has hitherto given a decided preference to antipyrin as a febrifuge, he acknowledges, likewise, the powerful effect of the substance introduced by Cahn and Hepp under the name of acetanilid or antifebrin. While this remedy generally diminishes the temperature in cases of typhoid fever, erysipelas and articular rheumatism attended with high fever, without exerting any special influence upon the course of the disease, it appears to me that in the high temperature of pulmonary tuberculosis the effect of antifebrin exceeds that of the other antipyretics. It is often able to banish fever for two or three days. I give antifebrin from one to three times a day in the following doses: to children of 2 to 4 years of age, 0. 05 to 0. 75 gramme ($\frac{3}{4}$ to 1 grain); 5 to 11 years of age, 0. 1 to 0. 2 gramme ($1\frac{1}{2}$ to 3 grains); 12 to 15 years of age, 0. 2 to 0. 3 gramme (3 to $4\frac{1}{2}$ grains). One advantage which antifebrin possesses over antipyrin is that it is less apt to give rise to a rash.—*Wiener Med. Blatter.—Med. Bulletin.*

ON EXPELLING TAPE-WORMS.

In the Polish *Gazeta Lekarska*, No. 17, 1891, p. 327, Dr. Szczesny-Bronowski, of Tcherdyn, warmly recommends the following mixture, which invariably proves efficacious even in most obstinate cases where the usual administration of ethereal extract of male fern, or pomegranate bark, or coussou flowers, has failed:

R. Extracti filicis maris ætherei ʒiij.
Chloroformii, ʒij.
Emulsionis olei ricini, ex ʒvi—ʒiij.
Syrupi menthæ, ʒj.

M.

Sig. Divide in two equal portions and take both with half-hour intervals, early in the morning, on an empty stomach. The mixture should be well cooled down before using.

On the eve, at bedtime, the patient's bowels should be thoroughly cleansed by means of calomel (6 grains) or an enema. The tape-worm (be it a *tænia solium*, or a *bothriocephalus latus*) is expelled, head and all, within four hours after

the second dose of the mixture. The addition of chloroform to the latter is important in two regards: on one side, the drug narcotizes the parasite and thus promotes the detachment of its head from the intestinal wall; and, on the other hand, it prevents nausea and vomiting which are so commonly induced by the internal administration of the male fern extract alone.—*St. Louis Med. and Surg. Jour.*

TREATMENT FOR FRECKLES.

A writer in the *Lyon Médical* advocated the following:

R. Ammoniaë muriat, 4
Acid. muriatic. dil, 5
Glycerini, 30
Lait virginal, 50

M.

Sig. The freckles are touched twice daily with a small brush dipped in the above.

As some may not know what Lait virginal is, the formula is here given:

R. Tinct. benzoin, 1
Aquaë rosæ, 4

Misce bene.

This must be well shaken in order to obtain the milky color characteristic of the mixture.—*St. Louis Med. and Surg. Jour.*

CHLOROSIS.

We read in the *College and Clinical Record* that Dr. Lewis Brinton prescribed the following, in a girl of sixteen years, who had chlorosis:

R. Acid. arseniosi, gr. 1-60.
Ferri sulphat.,
Kali carbonat, āā gr. jss.

M.

Sig. Begin with three and increase to six pills daily.

FISSURES OF THE HANDS.

The following method of treatment is highly extolled in the *Journal des Maladies Cutanées et Syphilitiques*. The hands are washed at night in lettuce water, after which they are moistened with the following:

R. Tannin, gr. xv.
Glycerini, ʒ iv.
Aquaë, ʒ iiiss.

M.

Then the following ointment is thoroughly applied:

R. Ext. rhatan, ʒ ss.
Lanolini puriss, ʒ jss.
Vanillin, gr. jss.
Ess. rosæ, gtt. ij.

M.

The hands should be kept in large gloves during the night.—*St. Louis Med. and Surg. Jour.*

TREATMENT IN CONVULSIONS IN CHILDREN.

In a case of convulsions in a child, if the patient is cyanotic, a few whiffs of amyl nitrite, followed by inhalations of chloroform to relax spasm, should be given. These should be followed as soon as possible by hypodermic injection of tincture of veratrum viride, one-half drop for each year of age up to six years. The veratrum may be repeated in half an hour or an hour, if the convulsions recur. If the convulsions are uræmic, a small dose of morphine may be added or given separately. In all the cases in which I have employed the foregoing treatment the effect was remarkably good, and in but one case have I had to repeat the injection of veratrum. The convulsions cease, the muscles relax, the pulse becomes slower, the temperature falls, and the skin becomes moist. Indeed the danger is over in less time than by any other means I have seen employed. Appropriate after treatment, as may be indicated, should, of course, be adopted — *Med. News.—Med. Herald.*

STRICTURE OF THE URETHRA.

The *University Medical Magazine* for March prints a valuable paper on Stricture of the Male Urethra, by Dr. J. William White, which concludes as follows:

1. Strictures of large calibre, that is, of more than 15 French, situated at or behind the bulbomembranous urethra, are to be treated, almost without exception, by gradual dilatation.

2. Strictures of large calibre occupying the pendulous urethra are to be treated by gradual dilatation when very recent and soft, and by internal urethrotomy when of longer standing, distinctly fibrous in character or non-dilatable. It is to be remembered that the great majority of so-called strictures of large calibre of the pendulous urethra are merely points of physiological narrowing.

3. Strictures of the meatus and of the neighborhood of the fossa navicularis should be divided upon the floor of the urethra whenever it is evident that they are real pathological conditions producing definite symptoms, and not normal points of narrowing.

4. Strictures of small calibre (less than 15 French), situated in advance of the bulbomembranous junction, unless seen very early and found to be unusually soft and dilatable, furnish the typical condition for internal urethrotomy, which should be done preferably with a dilating urethrotome and, invariably, with all possible antiseptic precautions.

5. Strictures of small calibre (less than 15 French), situated at, or deeper than, the bulbomembranous junction, should be treated whenever possible by gradual dilatation. In a case

of resilient, irritable or traumatic stricture in this region, or of stricture which, for any reason (as the occurrence of rigor), is non-dilatable, external perineal urethrotomy is the operation of choice.

6. Strictures of the deep urethra, permeable only to filiform bougies, should be treated by gradual dilatation when possible, the filiform being left *in situ* for some time, and followed by the introduction of others, or used as a guide for a tunnelled catheter. If the stricture be not suitable for dilation, external perineal urethrotomy should be performed.

7. Impassable strictures of the deep urethra always require the performance of perineal section.— *Atlanta Med. and Surg. Jour.*

APPLICATION FOR ERYSIPELAS.

Besnier recommends the following to be applied by means of compresses:

R. Salicylate of soda,	20 to 40 parts.
Bicarbonate of soda,	10 to 20 "
Boiled water,	1000 "

M.

The writer has had good results from the following painted on twice daily:

R. Iodoform,	3j.
Collodion,	3j.

M.

In some cases large doses of tincture of iron and quinine will materially aid in causing the trouble to disappear.— *St. Louis Med. and Surg. Jour.*

TREATMENT OF DIPHTHERIA.

Following is the London Hospital formula:

R. Ferri chloridi,	6 drachms.
Potassii chloratis,	40 grains.
Glycerini,	4 drachms.
Aquæ q. s. ad.,	8 ounces.

Ft. Solutio. Sig. One-half to one teaspoonful every hour.— *Brit. Med. Jour.—Atlanta Med. and Surg. Jour.*

MIXTURE FOR NEURALGIC HEADACHE.

The late Dr. George M. Beard devised a mixture which he employed successfully in headaches of all kinds, and which has lately received the indorsement of Dr. E. P. Hurd in his monograph on neuralgia. The prescription is as follows:—

R. Caffeinæ citratis,	
Ammonii carb.,	āā ʒj.
Elixir. guaranæ,	f ʒj.

M. Sig.: A tablespoonful every hour till the pain is relieved.

The continuous use of the drug does not seem to produce any harm.— *St. Louis Med. and Surg. Jour.—Med. Bulletin.*

EXCESSIVE MENSTRUATION.

R. Ergot. dialysat., ʒx.
 Glycerin., ʒv.
 Acid. salicylic., gr. xxx.
 Aquæ destillat., fʒiiss.

M. Sig.: Inject into the rectum once a day a teaspoonful of this mixture, diluted with 3 teaspoonfuls of water.—*Jour. Amer. Med. Assoc.—Med. Bulletin.*

BRONCHIAL ASTHMA.

R. Ammonii iodid., ʒij.
 Extr. grindeliæ robust. fl., fʒss.
 Extract. glycerrhizæ fluid., fʒiv.
 Tinct. lobeliæ,
 Tinct. belladonnæ, āā fʒij.
 Syrup. tolu, q. s. ad fʒiv.

M. Sig.: A teaspoonful t. d. Extra dose to be given during a paroxysm.—*Amer. Journ. of Med. Sciences.—Jour. Amer. Med. Assoc.—Med. Bulletin.*

TREATMENT OF CHOLERA INFANTUM.

In *Therapeutic Gazette*, Dr. L. G. Broughton, of Reidsville, N. C., recommends the following mixture in severe cases of cholera infantum, with profuse and watery stools:

R. Salicylate of bismuth, 2 drachms.
 Sulpho-carbolate of zinc, 4 grains.
 Chalk mixture, 1 ounce.
 Paregoric, } of each, ½ ounce.
 Water, }

M. Sig.—One drachm every two hours until bowels are controlled.

Then the following is given:

R. Calomel, 1 grain.
 Sulpho-carbolate of sodium, 20 grains.
 Saccharated pepsin, 19 grains.

Divide into ten powders, and give one every three hours. If the stomach is not irritable, sulpho-carbolate of zinc is substituted for the sodium salt in the last prescription.—*Gaillard's Med. Jour.—Atlanta Med. and Surg. Jour.*

SUMMER "COD-LIVER OIL."

M. Grasset has devised the following mixture which he states is an excellent substitute for cod-liver oil during the summer months:

R. Natri iodidi, 10
 Natri chloridi, 40
 Natri bromidii, 20
 Aquæ destillat., 500

M. Sig. One or two tablespoonfuls daily in a cup of milk.

He calls this iodo-bromated saline solution by the name given above.—*St. Louis Med. and Surgical Jour.*

SUBSTANCES WHICH ARE ABLE TO DISSOLVE URIC ACID.

Dr. Posner has investigated this subject. He used, as a basis for his observations, uric acid and the uric acid calculi passed by patients after they had taken certain medicaments.

He found that the ingestion of alkaline waters gives to the urine dissolving properties as regards uric acid, and also that the solvent properties of alkaline waters are directly proportional to the amount of bicarbonate of soda which they contain.

The spring water of Vals possesses in this respect the greatest efficacy. It dissolves 10 centigrammes of uric acid for 100 grammes of urine, while distilled water, under similar conditions, dissolves only 4 centigrammes. This water contains a large percentage of carbonates of soda and other alkalis. Bicarbonate of soda, in doses of 4 to 5 grammes a day, gives almost the same results; but it is impossible to use this drug for so long a time as the mineral water.

Bicarbonate of lithia, citrate of potassium, and borocitrate of magnesia have actions analogous to bicarbonate of sodium. Last in the order of usefulness come borax—*Arch. Hydrology.—Le Bulletin Méd.—Weekly Med. Review.*

NEURALGIA.

This pill has cured a number of stubborn cases of neuralgia, after various other remedies had been used with only palliative effect. In migraine, facial neuralgia, or neuralgia growing out of chronic catarrh, sciatica, etc. Brown-Séquard's and Gross's formulæ for neuralgia are nowhere in comparison with this prescription:—

R. Iodidi arsenici, gr. j.
 Ext. belladonna,
 Valerianate morph., āā gr. viij.
 Pulv. ext. gentian., gr. v.
 Fl. ext. aconite-root, gtt. v.

Make pil. mass, and in 60 pills.

Sig.: 1 to 3 in twenty-four hours.

This makes a very nice little pill, which will commend itself to physicians upon acquaintance. The combination is such that there is no trouble whatever from nausea or irritation of the stomach following its use.—*The Prescription.—Med. Bulletin.*

INJECTION BROU.

The *L'Union Médicale* gives the following formula for injection brou:—

R. Opium, 0.5
 Catechu, pulv., 0.2
 Croci, 1.0
 Aq. fervid., 200.0

Infuse, filter, and add plumbi acet., 1.5; zinci sulph., 3.0.—*Pharm. Record.—Med. Bulletin.*

APPLICATION FOR THE RAPID DISSOLUTION OF THE FALSE DIPHThERITIC MEMBRANES.

(Caldevell) :—

R. Papoid,	10 parts.
Hydronaphthol,	3 grains.
Hydrochloric acid,	15 drops.
Distilled water,	120 parts.
Glycerin,	12 parts.

M. Sig. : To be used in atomizer every half-hour.—*Times and Register*.—*Med. Bulletin*.

FOR EPILEPSY.

The following formula I have used with much satisfaction to myself and benefit to my patients who have epilepsy :—

R. Ferri hydrocyan.,	ʒj.
Quininae valerianatis,	gr. x.
Zinci cyanuret.,	gr. x.
Ext. hyoscyam.,	ʒss.

M. ft. massa et in pil no. lx div.

Sig. : 2 pills night and morning.—*Cowden, Med. Summary*.—*The Prescription*.—*Medical Bulletin*.

A MIXTURE FOR HÆMOPTYSIS.

The *Journal of the Am. Med. Ass.* states that Bamberger is said to have approved of the following mixture in hæmoptysis :

R. Turpentine,	ʒj.
Oil of sweet almonds,	ʒj.
Mucilage of acacia,	ʒiv.
Simple syrup,	ʒiv.
Distilled water,	ʒv.

M.

Sig. One teaspoonful of this mixture may be given every half hour.—*St. Louis Med. and Surg. Jour.*

ANTISEPTIC TREATMENT OF TONSILLITIS.

R. Borate or benzoate of soda,	ʒiiss.
Hot water,	ʒvij.
Dissolve and add	
Tincture of myrrh,	gr. lxxv.
Blackberry syrup,	ʒj.

M. et ft. gargle.

Or the following :—

R. Resorcin,	gr. xv.
Distilled water,	fʒvij.
Blackberry syrup,	fʒj.

M. et ft. gargle.

Then brush over the tonsils, several times a day, with the following :—

R. Glycerin,	ʒv.
Camphor,	gr. xv.
Carbolic acid,	gr. xv.

M. Sig. : Use as above, with a camel-hair brush.—*Southern Med. Record*.—*Med. Bulletin*.

BRONCHITIS.

In bronchitis with profuse muco-purulent expectoration :—

R. Terebene,	ʒiiss.
Mucil. acacia,	
Aquæ,	āā ʒss.
Syr. zingiberi,	q. s. ad ʒij.

M. Sig. : ʒj t. i. d.—*The Prescription*.—*Med. Bulletin*.

DIFFICULTY TO URINATE AFTER CONFINEMENT.

I do not claim any originality for the following, but it has aided me and satisfactorily relieved many of my cases during the past sixteen years :—

R. Tinct. cantharidis,	ʒij.
Tinct. nucis vomicae,	ʒv.

M. Sig. : Eight drops every four hours in 1 ounce of cold infusion of parsley-root.—*Dr. J. H. D. Boston, Mass., in Med. Summary*.—*Med. Bulletin*.

CONDENSED MILK FOR MAKING EMULSIONS.

According to the *Pharm. Post*, condensed milk is excellently adapted for making emulsions of any kind. A 50-per-cent. cod liver oil emulsion is thus made with it :—

R. Oil,	8. 0.
Condensed milk,	3. 0.
Glycerin or syrup,	3. 0.
Water,	2. 0.

The milk is rubbed in a mortar, the oil added gradually, and lastly the glycerin and water. To make it more palatable, 10 drops of oil of bitter almond and 15 drops of oil of wintergreen may be added.—*Pharm. Record*.—*Med. Bulletin*.

SALICYLATE OF MERCURY IN GONORRHOEA.

As we have had occasion to remark, upon several occasions, there is no end apparently to the remedies recommended in the treatment of gonorrhœa, A. G. Silbermintz is said to speak highly of the following injection (*Journal of Cutaneous and Genito-Urinary Diseases*) ;

R. Hydrarg. salicylat,	gr. iii.
Aq. destillat,	ʒvi.
Gum. arabiei,	q. s.

Ut ft. emulsio.

Sig. Shake well and inject three times a day.

This is evidently intended for use during the subacute stage of the disease although not so specified.—*St. Louis Med. and Surg. Jour.*

AN INJECTION AGAINST LEUCORRHOEA AND BLENNORRHOEA IN WOMEN.

R. Creolin., gtt. xxx.
Ext. fluid. hydr. Canad., f̄ʒiiss.

Sig.: Two teaspoonfuls in a pint of warm water to be used at one injection.

As a urethral injection the following formula is used:—

R. Ext. fluid. hydrast. Canad., gtt. xxx.
Creolin., gtt. x.
Aqua, f̄ʒviij.

Sig.: Use pure as a urethral injection—*Jour. de M. d. de Paris*.—*The Prescription*.—*Med. Bulletin*.

TREATMENT OF SCABIES WITH CREOLIN.

According to the Internationale Klinische Rundschau for November 16, 1890, Dr. De Lollis employed creolin, in the form of a 5 per cent. vaseline ointment, in cases of scabies, rubbing it once daily into the affected parts. He claims that, as a rule, only four such applications are necessary to produce perfect cure. Creolin, in the author's opinion, is preferable to any other remedy for this purpose, especially possessing the advantage over sulphur in not producing any eczema of the skin, and not staining either the skin or the linen.—*Therap. Gazette*.—*Med. Bulletin*.

FORMULA FOR A GUAIAIC GARGLE.

To not a few practitioners who have passed their meridian, guaiacum is esteemed only a little less than a specific for "sore throat,"—tonsillitis especially. The following is a combination for a gargle that has been very useful:

R. Ammoniated tinct. guaiac, 4 drachms.
Compound tinct. cinchona, 4 drachms.
Chlorate of potash, 1 drachm.
Strained honey, 4 drachms.
Powdered acacia, q. s.
Water, 2 ½ ounces.

M. Sig.: To be used as a gargle, and a teaspoonful may be swallowed every second hour.—*Pharmaceutical Record*.—*Med. Bulletin*.

MENSTRUAL COLIC.

Dr. J. C. Da Costa prescribed the following in a case of menstrual colic:—

R. Chloroform (pur.), āā f̄ʒss.
Spir. camphoræ, āā f̄ʒss.
Spir. æther. nitrosi, āā f̄ʒss.
Spir. æther. comp., āā f̄ʒss.

M. Sig.: f̄ʒss-j in ʒj of water, containing ʒj of spirit. frumenti, every half-hour for three doses.—*Med. Bulletin*.

POMADE FOR ALOPECIA.

R. Gallic acid, 3 grains.
Castor oil, 20 grains.
White vaseline, 40 grains.
Spts. lavender, 15 drops. M.

Rub well into the scalp night and morning.—*Movin (L'Union Medicale)*.—*Kansas Med Jour.*

TASTELESS SOLUBLE QUININE.

To destroy the bitter taste M. Lutz recommends:

R. Sulph. quinia, 0.50 grains.
Dilute Sulph. acid, 0.50 grains.
Essence of mint, 5 drops.
Sat Sol. sacharin, 10 grains.
Distilled water, 90 grains. M.

—*La Tribune Medicale*.—*Kansas Med. Jour.*

CHILBLAINS.

Professor Morrow is credited with this apparently excellent formula for chilblains:—

R. Acidi carbolici, ʒj.
Tincturæ iod., f̄ʒij.
Acidi tannici, ʒj.
Cerat. simplicis, ʒiv.

Misce bene et ft ungt.

Sig.: Apply two or three times a day.—*Weekly Medical Review*.—*Med. Bulletin*.

ASTHMA.

R. Tinct. Stramonii, ʒij.
Tinct. lobeliae æther, ʒj.
Potass nitras, ʒj.
Spts. æther Nit, ʒs.
Tinct. aromat, ʒss.
Aqua chloriformæ, ʒij. M.

Sig.: Two tablespoonful at bed-time and one if difficulty of breathing comes on.—*Journal of American Medical Association*.—*Kansas Med. Jour.*

TREATMENT OF SMALL POX BY SULPHUR.

Dr. Iscar gives sulphur in such cases, and claims much success. He thinks that it is eliminated by the skin, which accounts for its good effects. He gives the following formula for children:—

R. Sulphur (sublimated and washed), 10 grms.

Glycerin,
Orange-flower water, āā 60 grms.
Syrup (simple), ʒj 60 grms.

M. Sig.: Give a teaspoonful every hour.—*Archives of Pediatrics*.—*Med. Bulletin*.

TREATMENT OF CHANCROIDAL BUBOES.

At a meeting of the Société de Médecine, of Lyons, Dr. Desir de Fortunet advocated the following method (*Annales de Dermatologie et de Syphiligraphie*) in the treatment of chancroidal buboes. Open as soon as possible, even when pus has hardly been formed; this is especially the time when good results are obtained. A small incision suffices into which is injected Van Swieten's Liqueur whose composition is as follows:

R Hydrarg. bichlorid	1 part.
Aquæ	900 parts
Spts. rectificat	100 parts.

M.

After this an iodoform crayon is introduced. The injection may also be made of a solution of nitrate of silver 1 in 50; the results are very good. M. Poncet favors making an incision large enough to allow evacuation of the purulent contents, and curetting. Then there is complete security in regard to the troubles which might be produced by suppuration. M. Augagneur punctures with a hydrocele trocar when the pus has collected, and the skin is red and cedematous. He does not inject as the injected liquid is sometimes irritating and brings on a marked reaction. Chancroidal buboes, that is those inoculating the subject, are in his opinion very rare. He employs large incisions with scraping only in those who have phlegmons which would formerly have been called, venereo-strumous and which are pseudo-tubercloses of the connective or subcutaneous tissue.—*St. Louis Med. and Surg. Jour.*

THE EFFECTS OF SALOL UPON THE KIDNEYS.

When Sahli, in 1886, introduced salol to the notice of the profession, he believed that he could describe it as free from deleterious influence, and that it could be employed in large doses without producing any ill effects. The opinions of succeeding observers were divided. Georgi perceived no injurious consequences follow its use, and, in particular, never knew it to cause albuminuria. Jaksch, also, considered it a harmless drug, which might be given even in renal affections without apprehension. On the other hand, Hertlich and Josefowitsch each witnessed a case of pronounced carbolic-acid poisoning as the result of large doses of salol. Kobert, likewise, uttered a warning against its too fearless employment, since by its means toxic amounts of phenol might enter the system. Although Sahli remained unconvinced by Kobert's objections, yet his arguments were based entirely upon theoretical considerations, and rested upon no basis of facts. A recently observed fatal case reported by Hesselbach (*Practitioner*, August, 1890) may well inspire caution

in the use of salol. A 15 grain (0.9 gramme) powder of this substance had been ordered to be taken every two hours by a maid, 22 years of age, who was suffering from acute rheumatism. But the mother, instead of one powder, administered two at each dose, so that in about eight hours the girl had taken more than 7 grammes (2 drachms). Before taking the last powders the girl already fell into a collapse, lost consciousness, spoke at random, and finally became comatose, and died four days after ingestion of the drug. Upon post mortem examination there was found a chronic nephritis with acute exacerbation, apparently produced by the salol. This case led Hesselbach to study systematically the effects of the individual components, as well as those of salol itself, upon the kidneys. His experiments led to the conclusion, above all, that the use of carbolic acid in any form, even in that of salol, is distinctly contra-indicated when kidney disease is present. He also ascertained that the renal disturbances in salol intoxication are due to the phenol, and that symptoms of salicylic acid poisoning only appear after massive doses have been administered. These studies lead to the belief that the large proportion of carbolic acid which it contains render salol a toxic drug, the unlimited therapeutical employment of which is attended with danger, and that salol is contra-indicated in acute and chronic diseases of the kidneys.—*Wiener Medizinische Blätter*.—*Med. Bulletin*.

INTERNAL TREATMENT OF GONORRHEA

Thomas R. Neilson states that the plan of internal treatment which he has pursued for some years past consists, first, during the earliest stage of the disease in the administration of an alkaline sedative mixture, with the purpose of alleviating the scalding caused by urination, the tendency to frequent micturition and to chordee. The standard formula in his dispensary practice has been:

R Potass. acetat	ʒ ij-ʒ ss.
Potass. bromid	ʒ jss.
Acid. boric	ʒ ij ð ij.
Tinct. belladon	m. xxx.
Liq. potass. citrat	ʒ viij.

M.

Sig.: A tablespoonful in water every three or four hours.

Secondly, as soon as the symptoms are in a measure relieved, the administration of either oleoresin of cubeb and balsam copaiba in capsule, or of cubeb alone in powder, in teaspoonful doses, or finally, where chordee is troublesome, a combination of two parts by weight of powdered cubeb and one part of bromide of potassium, given in the same doses, and from three to four times daily.—*University Med. Magazine*.

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EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S., London
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, OCTOBER, 1891.

SUBSTITUTION.

We have received about fifty marked copies of newspapers containing articles on the terrible crime of substitution. If we had only received twenty-five marked copies we would have kept silent, but silence any longer would cease to be a virtue. First let us explain what substitution means in the above articles. It does not mean that the druggist dispenses castor oil when the physician prescribes cascara, or chloral hydrate when he orders antipyrin; this would be a matter of intense interest to the profession, for our reputation very often depends upon the correct preparation of our prescriptions. If the reputation and consequent livelihood of the poor, hard-working doctor were all that was at stake we don't think we would have received even one marked copy of the article referred to. The gist of this article is as follows: Whereas certain capitalists contract with certain newspapers to take the medical attendance of the sick out of the hands of the medical profession by means of the extensive advertising of more or less worthless nostrums as cures for all diseases; and whereas the proprietors of these nostrums derive large fortunes from the sale thereof, and the newspaper proprietors also derive large for-

tunes from the said advertising; and whereas certain manufacturing druggists have analysed these nostrums and prepared an exact imitation which they can sell to the retail druggist for one-half the price of the dearly advertised article; and whereas the retail druggist is thus enabled to give medical attendance to the sick at a much less rate to the public and with much greater profit to himself, but with a loss of many millions of dollars to the millionaire proprietors of patent medicines; therefore shall the sale of the cheaper but equally as good (or bad) imitation for the genuine patent medicine be severely condemned? Now considering that the medical profession was established and is maintained for the purpose of attending the sick; and considering that these colossal fortunes amassed by patent medicine men are so much taken off the small incomes of the poor, hard working doctors in every city, town and village; and considering that the buyers of these patent nostrums are often our patients whom we send to the druggists to have our prescription prepared and who there see bottles purporting to cure them much better than we can, we deliberately say to the millionaire proprietors of patent medicines that we are very glad, for the sake of the 4,500 doctors in Canada, that their nostrums are being "substituted." Our professional blood has often boiled as we have read the cleverly written advertisements of the patent medicine men, every line of which dealt a fatal thrust at the family doctor. How he had been attending them for years at enormous expense without having ever done them any good; how some kind friend or a druggist, or a clergyman induced them to try such and such a compound and how they were speedily restored to health. The men who write these advertisements are paid large salaries by some proprietors to do nothing else but to write these insidious attacks on the regular profession, and thus wean our patients away from us. Many people now never send for a doctor as long as they have any cash for the patent medi-

cine millionaire. At the Montreal Dispensary it is a common thing to attend people for charity who have spent twenty-five dollars on worthless but highly advertised patent medicines. That the threat of the latter to withdraw their advertisements from the daily papers may soon be put into effect is our fervent hope. If they do not, the doctors may be obliged to withdraw their prescriptions from the retail druggists in order to save themselves from starvation. Nothing in the above remarks of course applies to the legitimate advertising of the manufacturing pharmacists in the medical journals; they are a help instead of a hindrance to the profession.

BOOK NOTICES.

ESSENTIALS OF PHYSIOLOGY. By H. A. Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to St. Agnes' Hospital and to the Medical Dispensary of the Children's Hospital; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London, etc.; Secretary of the Convention for the Revision of the Pharmacopœia, 1890. Numerous illustrations. Third edition, revised and enlarged. Price, cloth, \$1.00; interleaved for notes, \$1.25.

In the third edition of Hare's Physiology all the more difficult points of the study of the nervous system have been elucidated. As the work now appears it cannot fail to merit the appreciation of the overworked student.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by John M. Keating, M. D., Philadelphia, Consulting Physician for Diseases of Women to St. Agnes' Hospital, Philadelphia; Editor, "Cyclopædia of the Diseases of Children." J. P. Crozer Griffith, M.D., Philadelphia, Clinical Professor of Diseases of Children in the University of Pennsylvania; Professor of Clinical Medicine in the Philadelphia Polyclinic. J. Mitchell Bruce, M.D., F.R.C.P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M.D., F.R.C.P., London, England, Physician to the Middlesex Hospital, and to the Royal Hospital for Diseases of the chest; Lecturer on Clinical Medicine in the Middlesex Hospital Medical School. July, 1891. Philadelphia: J. B. Lippincott Company.

SYLLABUS OF OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT, UNIVERSITY OF PENNSYLVANIA. By Richard C. Norris, A. M., M. D., Demonstrator on Obstetrics in the University of Pennsylvania. Price, cloth, interleaved for notes, \$2 net. The *New York Medical Record* of April 19, 1890, referring to this book, says: "This modest little work is so far superior to others on the same subject that we take pleasure in calling attention briefly to its excellent features. Small as it is, it covers the subject thoroughly, and will prove invaluable to both the student and the practitioner as a means for fixing in a clear and concise form the knowledge derived from a perusal of the larger text books. The author deserves great credit for the manner in which he has performed his work. He has introduced a number of valuable hints which would only occur to one who was himself an experienced teacher of obstetrics. The subject-matter is clear, forcible, and modern. We are especially pleased with the portion devoted to the practical duties of the accoucheur, care of the child, etc. The paragraphs on antiseptics are admirable; there is no doubtful tone in the directions given. No details are regarded as unimportant; no minor matters omitted. We venture to say that even the old practitioner will find useful hints in this direction which he cannot afford to despise."

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sajous, M. D., and Seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. In five large volumes. Price, \$18.00. 1891, F. A. Davis, Publisher, Philadelphia, New York, Chicago, Atlanta and London. Agencies: Sydney, N.S.W.; Cape Town, So. Africa.

In reviewing this work last year we summed up our opinion of it with the one word marvellous. This year our opinion is the same only more so. An improvement this year is the reference numbers at the end of each volume instead of only at the end of the fifth. We have not been able to read the whole work but in order to obtain an idea of its scope one has only to turn to any particular subject, such as Section F., Vol. II. Diseases of the uterus, by Mundé and Wells. Here will be found a synopsis of every article of any importance on any disease of the uterus published in any language during the past year, with the name of the writer, the name of the journal, where published, and the date. Anyone who wishes to keep himself informed of what has been written may read in a few hours' time what would require many weeks, or even months of research to find. This will be the more readily understood when we state that no less than 995 medical journals are referred to besides nearly 200 more volumes of transactions of societies. We can hardly understand how so many men, so high up in their respective departments can be induced even for a large sum of money, to devote so much time to the work as it undoubtedly requires. Speaking of the sharp currence, for instance, in the short space of three lines no less than sixteen elaborate articles are referred to, which anyone specially interested can read at length in the respective journals. The editor seems to have secured, as we have already said, the ablest writers, not only in America, but

also throughout the world to assist him with his laborious undertaking. The general index by Dr. Witherstine is itself a perfect wonder, for it must contain many thousands of references, every possible form of disease being accompanied by a column with the latest treatment and another column stating by whom that treatment is recommended. Every one of our readers should possess this book, or at least it should be on the table of every medical library. No medical writer or teacher of medicine can afford to be without the Annual of the Universal Medical Sciences for 1891.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS, WITH SPECIAL REFERENCE TO THE APPLICATION OF REMEDIAL MEASURES TO DISEASE AND THEIR EMPLOYMENT UPON A RATIONAL BASIS. By Hobart Amory Hare, M.D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Second edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co., 1891. Price, cloth, \$3.75; leather; \$4.75; just ready.

The fact that the first edition of this book was exhausted within six months of its publication, and adopted as a text-book in a number of medical schools during that time, has encouraged the author in his efforts to make the work more serviceable than before. A number of new drugs are discussed which have been tried with sufficiently good results to warrant their introduction into a text-book and work of reference, and the latest information regarding the more familiar medicaments has been added. The method of employing the rest-cure, and the use of suspension in the treatment of locomotor ataxia and allied affections are given, and a large number of new prescriptions have been inserted to illustrate still further the best means of applying remedies for the cure of disease. The object of this book is to provide the physician or undergraduate student of medicine with a reliable guide in the study of Therapeutics, or the application of remedial measures for the cure of disease. It has been written because, in the belief of the author, most of the text-books on this subject treat of it as if the student was already a skilled physician or experimental pharmacologist. As a consequence, two classes of undergraduate readers exist. One finds that the mixture of science and empiricism is too difficult for him to fathom, and is hopelessly confused; the other simply learns the remedies and doses by heart and gives drugs with little idea as to what they are to do. Further than this, the physician is often at a loss to decide when a remedy is indicated, even though his theoretical knowledge of the subject be very thorough. Thus, he is told that ammonium chloride is a remedy in bronchitis, but the exact stage at which it is to be employed is often not stated; or he knows that digitalis does good in cases of cardiac disease, but fails to recognize the fact that it is only when compensation is lacking that the drug is needed. For this reason Part IV. has been written, not with the object of providing a rigid system for treating disease, but rather for the purpose of bringing together the best remedies, and of showing how and why they are given.

In addition to the above remarks taken from the author's preface we have much pleasure in adding our own humble opinion based upon a reference to a few of the principal articles in the book, and that

is that this work of a little over 650 pages comes nearer to our ideal of what a text book on Therapeutics ought to be than any we have yet seen in the English language. It is exceedingly practical throughout and not a line is wasted with long drawn out descriptions. By judicious condensation the size of the book has been kept within a reasonable limit without in the least sacrificing either clearness or range of subject matter. The paper, printing and binding are plain but substantial, and the price has been kept down to a figure which places it within the means of undergraduates and young practitioners who have no money to spare on large and luxurious books; while its moderate size, half of which is devoted to treatment, will recommend it to the busy practitioner who has no time to spend on bulky works of reference.

NEWS ITEM.

AMERICAN PUBLIC HEALTH ASSOCIATION. The 19th annual meeting will be held at Kansas City, Oct. 20th to the 24th, 1891. The Local Com. of Arrangements announces that all the Railway Passenger Associations of the county, have granted a one and one-third fare rate for the round trip on the usual certificate plan, that is: 1. Procure a certificate of attendance from the agent at the starting point by paying full fare to Kansas City. 2. Have the certificate of attendance signed by the proper officer of the Association at Kansas City. This certificate will then procure return ticket for one-third fare. All the leading hotels of Kansas City will give special rates to delegates. Arrangements are being perfected for an excursion into Kansas, as one of the features of the entertainment of the Association. For any information as to the meeting, address Dr. E. R. Lewis, Chairman; or Dr. Joseph Sharp, Sec'y. Local Com. of Arrangements. Kansas City, Mo.

ADMINISTRATION OF CHLORALAMID.

Much depends upon the proper administration of the new hypnotic, chloralamid, to obtain the full effect and satisfactory and beneficial results. The dose is from fifteen to sixty grains, with an average dose of thirty grains. Chloralamid is soluble in about twenty parts of cold water, and in one and one-half parts of alcohol.

An additional caution is necessary: Never dissolve or dispense chloralamid in hot water or warm solutions, as the heated preparation decomposes.

The best modes of administration are:

1. In a tablespoonful of whisky or brandy.
2. In properly proportioned solutions with wine, spirits or spirituous compounds.
3. In a small cup of cold water or cold tea.
4. In powder form, in wafers or cachets washed down with cold water.—*New Eng. Med. Monthly.*—*Cincinnati Med. News.*