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The Canada Medical Record

VOL. XVII. MONTREAL, JULY, 1889. No. 10.

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Original Communications.

LETTER FROM PHILADELPHIA.

DEAR EDITORS,—

As my visit here was made for a definite purpose my letter may not be of such general interest as most of your correspondence usually is. But to those who are doing gynecological work I think what follows will repay them for the trouble of reading. On my arrival I proceeded at once to the "Preston Retreat," at 500 North 20th Street, and reported myself to Dr. Jos. Price, the Medical Director. Perhaps I had better explain what the "Preston Retreat" is. An old Dr. Preston many years ago left a large amount of money in the hands of trustees for the purpose of building and endowing a model maternity institution. The funds at their disposal were so considerable as to place absolutely no limit on any expenditure which might be necessary in any way towards reducing the death rate of midwifery cases; so that as science suggested improvements from time to time the trustees have carried them out. The position of this institution is peculiar. First of all only married women are eligible for admission. Second it has a paid resident physician; not paid in the ordinary sense of the term, such as two or three hundred dollars a year and board, which would be thought a large sum in Canada or England for such an officer, but paid to the extent of some five thousand dollars a year, with a magnificent private residence free. For these inducements they can get one of the best men. When I say that Goodell held this position for twenty years, only resigning it two years ago when Dr. Jos. Price was appointed, you will admit that nothing is spared in that direction. And when I add that each confinement costs the nice little sum of two hundred dollars, including a six weeks' stay in the Retreat, you will see that it has everything in its favor to make it a model establisment. It has one other peculiarity which contributes enormously to its success, namely, it has no students coming in from the dissecting room and surgical wards to carry death on their fingers. A series of five hundred confinements has just been published without a death, although among them were fifty-two cases of instrumental delivery, many of the mothers having contracted pelves. There was one case of placenta praevia, three of twins, also several face and breech presentations. The secrets of success seem to be absolute cleanliness of person and surroundings, and abundance of water, soap and pure air. As a rule but one digital

examination is made As the head passes throug the vulva the attendant washes the child's eyes with a piece of jute moistened in sublimate solution, so that there has only been one case of ophthalmia neonatorum in five hundred births. Immediately after the delivery the vagina is washed out with clean boiled water, injuries to the vulva are at once repaired, the clothes are changed, an antiseptic pad applied to the vulva, and the patient is put to bed in the ward. As soon as a ward has received it tenth patient another ward is opened up and when it is full another. In the meantime, the patients are moved out of the first ward at the end of ten days, so that in twenty days from its opening all the occupants will have passed on to the convalescent ward, while the first ward is thoroughly cleaned out and left to air until its turn for occupation comes around again. Every two hours a laundry girl makes the rounds of the hospital with a closed basket and gathers up all soiled linen and takes it off to the laundry which is situated in a separate building. There are no water-closets in the house, but at the four corners of the main building there are detached towers connected with it by galleries closed in with glass in winter but open in summer, and in these towers are placed all the baths and w. c's. The wards are so placed as to have three sides exposed to the air and sunshine. The mattresses are filled with straw which is put fresh into a clean tick for each patient. Instead of napkins antiseptic pads are used to absorb the lochia. They are made as follows: a napkin of soft loose textured cotton is laid on the table, on it is placed a sheet of waxed paper, which any one can make; then a handful of sublimated jute is laid in the centre, then a layer of absorbent cotton and finally the napkin is caught up at the sides with a few threads. Several hundred of these are kept in stock, and of course they are burned when soiled. It is not often that we are able to carry out our ideal of what things should be, but in the case of the Preston Retreat there is nothing to prevent it from being a model maternity, and it is one. Every mother must nurse her child which is put to the breast as soon as it is washed, and Dr. Price tells me he has never seen a suppurating breast.

It may be noticed that the ratio of forceps cases is very moderate, about 1 in 10, which is probably another secret of success. The temptation to use them must be very great, for the attendant is allowed to engage in private practice and is one of the busiest men in Philadelphia. On the evening of my arrival no less than three practitioners called in to engage his services in cases for laparotomy, for it is in this branch of gynecology that he is best known. He is an ardent follower of Tait, believieg that abdominal section is the best, quickest and safest treatment for nearly all diseases of the female pelvic organs. Thus ovarian cysts, fibroid tumors, malignant disease, adherent ovaries, especially if prolapsed, enlarged tubes, especially if adherent, pyo, hydro and haemato-salpinx, extra uterine fœtation should all be treated by removal alone. Especially does he abhor electricity in every shape and form. He is a young man, probably less than thirty-five, quick in speech and action, with deep set eyes which give him an intensely earnest expression. He began his career in the outpatient department of the Pennsylvania Hospital after having been a pupil of Goodell's. He first came into notice by reason of his success in abdominal sections, performed at the domiciles of the poor, often in the filthiest courts and streets in the city, his results being better than is usually obtained in the best appointed hospitals. He was enabled to do this by organizing a voluntary nurses association composed of young ladies who would go to a rickety house the day before an operation and make the patient and her room clean, the former with soap and water and the latter with whitewash.

This association also supplied a clean bed, bedding and night clothes. Others took charge of the patient on the day of the operation. Instead of chemical disinfectants he used distilled water with which he freely floods out the abdominal cavity. The day after my arrival he took me to see some of his cases. One of them, a case of vaginal hysterectomy, performed at a private boarding house, was in charge of a nurse, a bright young girl of nineteen or twenty whom he asked to show me her watch. He had promised to give her a gold watch if she succeeded in nursing forty-five cases of abdominal section in which a drainage tube had been inserted without a death. These were all cases in which there had been serious adhesions and a good deal of oozing, which this faithful girl had removed every half hour with a syringe until the tubes were no longer required. The fact was duly inscribed on her watch of which she was justly proud. Dr. Price tells me that he will have no nurse who was trained before he got her. He wants an intelligent, fairly educated young girl without any professisnal knowledge, whom he puts to work at once under the direction of a more experienced one whom she relieves at stated intervals. I should say, however, that he presents each with two or three good books on nursing. He never attempts an operation without one or two of these young girls to take the case in hand afterwards. As he performs an operation two or three times a week he must have a number of them on hand. He sends them out to the mining towns around Philadelphia where in the miners' cottages they have often to make their bed on two or three chairs, but they never murmur. It is a pleasure to see him operate for two or three reasons. One is the smallness of the abdominal incision, which is barely large enough to admit two fingers of the left hand. The intestines are never seen. Another pleasure is the rapidity with which he operates, between six and ten minutes being the average. And the third noticeable feature is the fewness of his tools: the same little scalpel which has done over two hundred sections, three Pean's forceps, one blunt Peaslee's needle armed with a boiled silk ligature for the pedicle, and a triangular needle with the same for the abdominal sutures. I was almost forgetting what in his estimation is one of the most important of all, an enamelled iron funnel with a good-sized tube and a perforated silver-plated round-ended tube with which the cavity is washed out with boiled or distilled water. This irrigator is introduced to the very bottom of Douglas' pouch. Absoluteiy nothing is given during the first twenty-four hours, no opium, not even a drop of ice-water. If the patient has not passed flatus at the end of that time, small doses of Rochelle salts are given until she does. It may be asked is there not too much of this abdominal section? Assuredly there is. But I must say this, I did not see one case operated on in which there was not grossly evident disease of the tubes or ovaries or else a firm binding down together of these organs by localized peritonitis. Dr. Price insists upon visitors remaining after the operation long enough to see the specimen floated in water, when the long shreds of torn adhesions become strikingly evident. He is a firm believer in gonorrhœal infection of the tubes and peritoneum, and where this could not be, then a "dirty" confinement is blamed for these cases.

I spent a most profitable day with Dr. Goodell at his private hospital. If I were a sick woman I would sooner trust myself to him than to any gynecologist living. He is so thorougly safe and conservative. If he decided to operate on me I would know that there was nothing else to be tried and I would submit without a question. He is very much opposed to wholesale laparotomies by general practitioners who will never have occasion to perform more than one or two in a lifetime. In

this connection he related to me an incident which had occurred that very day. A doctor from the country had brought a lady to his office with an enormous ovarian cyst which was probably adherent at many points. Dr. Goodell recommended immediate removal. The country doctor said he never interfered with a patient in the choice of an operator, and as in this case her choice had fallen upon him, the country doctor, he was going to do the operation. Dr. Goodell full of pity for the victim bowed the doctor and patient out wishing him success. The practitioner came running back and asked Dr. Goodell in the hall, "Do you use the clamp now?"

Nothing can exceed the enthusiasm with which his large class at the university receive every word Dr. Goodell speaks. And well they may, for, in addition to his immense experience of twenty years Professor of Gynecology, he has the happy faculty of presenting his ideas in the clearest possible language, and of having a gentleness of manner which attracts to him every one he comes near.

While chatting with him in his private hospital, a rather under middle-aged man came in, elegant in manners, with a very refined but shrewd face whom he introduced as Dr. Pepper, whom I supposed was the son of the Provost of the University. I began to make some complimentary remarks about the great Pepper (his father), when, to my surprise, Dr. Goodell said, "This is the great Pepper himself." I learned from another source that in addition to his great ability as a teacher he was one of the cleverest medical politicians living. He seemed to feel a good deal Dr. Osler's leaving him. In speaking of the latter to several leading men, all admitted that he was the ablest pathologist in America. He has obtained the zenith of power and position, being at the head of the new John Hopkins Hospital, and being entrusted with the great responsibility of forming a faculty. I predict that Dr. Osler will do more towards the elevating of the standard of medical education in the United States during the next ten years than any other ten men have done in the past hundred.

While waiting at the Gynecean Hospital for an operation one day, a pleasant faced old gentleman dressed in homespun and wearing a straw hat quietly slipped in and modestly took a seat in the corner. I thought he was some kind old family doctor from the country who had come to see a laparotomy. What was my surprise on learning, after I had talked to him awhile, that he was Professor Theophilus Parvin, whom the whole world knows through his writings.

Dr. Price is the centre of a little Tait school of gynecologists, which includes several very able men, such as Baldy, Penrose, jun., and Hoffman, and women, such as Dr. Formad. It was rather a novel experience for me to witness the latter perform an abdominal section for cystic disease of the ovary. Attired in a becoming muslin dress, and with Dr. Price as assistant, she went about the operation as cooly as possible and had it all over in a very few minutes, the specimen revealing a blood cyst the size of a large walnut. Dr. Price tells me some of the lady operators, of whom there are quite a number, have less compunction about cutting a person open than any men have. If men should ever consult these lady doctors for nervousness I fear the treatment would unman them.

There is one thing very noticeable about all the medical men I have met here yet, and that is their politeness and refinement of manner. This, however, is proverbial of Philadelphia. The saying goes that in New York they ask how much have you got? in Boston, how much do you know? in Philadelphia, who is your family? But I fear that I have already taxed the patience of your readers enough, so will close forthwith.

Yours truly,

A. L. S.

OUR LONDON LETTER.

Editor CANADA MEDICAL RECORD.

SIR,—This month a great variety of subjects has been discussed by the London medical public, and one could find endless opportunities for study and plenty of food for reflection among the proceedings of the various societies—medical, surgical and ethical—which are open to the practitioner.

The regular lectures of the College of Physicians and the usual course of the College of Surgeons have been especially interesting. I have not seen in print Mr. Howard Marsh's lectures, now being delivered at the Royal College of Surgeons, on some points connected with the surgery of tuberculosis, but perhaps the most interesting part of them is his treatment of hip-joint disease. He pins his faith upon complete rest, both of the diseased parts and of the patient, in combination with good feeding, ventilation, etc., for a sufficiently long time to bring about a cure, and he not only urges this plan of treatment in the incipient and second stages of the disease but even in those long standing cases where erosion of the head of the bone and acetubalum has occurred, and where sinuses have formed about the joint—the true third stage—as opposed to the usual treatment by excision. He produced a large number (over thirty) of cases, in half of which this last state of things had been present, where a cure had been brought about and a serviceable limb preserved. Mr. Marsh threw out a challenge to those who advocated operative procedure to show as good results. The lecturer has had a very large experience of diseases peculiar to children and his opinion on such subjects as this ought to carry great weight. The next three lectures are to be delivered by Prof. M. Berkley Hill, on some affections of the genito-urinary organs.

At the College of Physicians Dr. Lauder Brunton has been giving the Croonian lectures upon the relationship between chemical structure and physiological action. There was nothing new advanced, but a good many old facts were put in a strikingly new light. The nature of that mystery, the chemical force, was well handled by him in the second part of his first lecture. His illustration of the effect produced by rearrangement of the atoms in a molecule, or the subtraction of a single atom therefrom, reminds one of the repressed smile which passes round a church congregation when the clergyman makes an effective "hit" during his sermon. The illustrations referred to are not only good but they furnish a hint to other lecturers who deal with deep (and dry) subjects, that it does no harm to descend occasionally from the sublime to a lower level. "Slight alterations," says he, "in the composition of words, the introduction or abstraction of a single letter, will often completely change their meaning, and slight alterations in chemical substances will change their properties. Thus one sees in railway carriages the announcement to passengers "wait until the train stops," modified by some one scraping out the "t" so that it reads "wait until the rain stops," and then some one else scrapes the lower half of the letter "R," after which it reads "wait until the pain stops." I frequently see an example which is indeed a common one both in schools and colleges. On a certain door the words "class room" were originally painted, but certain ingenious students have amused themselves by obliterating first the "c" and then the "l" and turning the original word first into "lass room" then into "ass room." Just as the successive removal of these two letters completely altered the meaning of the original word, so the removal of letters symbolic of two elements from a chemical formula will completely alter the nature of the substance represented by it." Speaking of ptomaines being the cause of diseases as opposed to the early notion that it was the microbe itself and

not its poisonous products that produce morbid changes in the system, he spoke of the early researches of Panum (1856), who showed that the poison in putrid meat for example, was not due to a ferment, since boiling did not destroy it as it did other ferments, like pepsin or ptyalin, and must therefore be an active agent like strychnia. And so on through Selmi (1870), Koch and Kühne, until we now know that although (as in cooking putrid meat) a higher temperature or other germicide may kill off the immediate cause of the ptomaines, viz., the microbes, and so prevent any further formation of them, it does not necessarily follow that these poisonous products are themselves eradicated. He then spoke of an every-day appreciation of this fact which would appeal more effectually, I fancy, to English people than to Canadians; "the practical application of these results in regard to the prevention of disease is that they seem to show that meat which has become tainted by the presence of putrefactive microbes may possibly be cooked sufficiently to destroy the microbes themselves, while the ferments they have formed continue to decompose the meat and give rise to poisonous substances. We can thus see how a cold beefsteak pie, or other cold meat may become poisonous and produce serious symptoms, although there may have been none in it immediately after it had been removed from the oven, and any microbes present were likely to have been killed by the cooking. The frequency with which meat, very slightly tainted, must be eaten in summer, and the common rule of not eating game at all until it is somewhat "high," as it is termed, makes one rather wonder why poisoning by ptomaines formed in such meat and game does not occur more frequently, although I believe that it occurs in a slight degree, more frequently than people are generally willing to allow."

The daily use of cocaine in hospitals and private practice, tends to make one forget that it is a powerful and exceedingly active poison. Two cases of death from its use, one in an adult from hypodermic injection and the other in a child, whose naso-pharynx had been anæsthetised as a preliminary to the removal of adenoid vegetations, have occurred here lately. I happened to be a witness of the latter accident. Less than six grains (in a 10 per cent. solution) had been sprayed through the nose, when in about fifteen minutes the patient became quite faint but shortly afterwards recovered. The removal of the growths was completed but it was again noticed that the child had become pale and faint and that his pulse was very fast and weak. He soon became unconscious, had a succession of epileptiform convulsions, and in spite of heat applied to the extremities, hypodermic injections of brandy and ether, and inhalations of nitrite of amyl along with artificial respiration, was dead in an hour and a half. The use of a weaker solution of cocaine and the employment of an absorbent cotton applicator instead of the spray would probably answer all necessary purposes and would not be attended by any risk.

An American graduate wrote to one of the London medical journals the other day asking how it is that graduates of New Zealand University possess the privilege of registering under the present British Medical Act, while Harvard, New York, Philadelphia and Canadian graduates are not recognized. The answer given was that *all* foreign degrees are placed by the 11th and subsequent clauses of the Medical Act of 1886 under precisely similar circumstances. If the degrees from American Universities have not been registered the fault lies with them and not with the English authorities. Consequently I scanned the proceedings of the last meeting of the General Medical Council, held a fortnight ago, in the hope of finding some reference to the proceedings taken some time since, I believe, to have the Quebec College of

Physicians and Surgeons recognized here, but failed to discover any trace of it. Has the affair fallen through?

The death of Father Damien, the heroic priest who devoted his life to the care of the unfortunate lepers of the Hawaian Islands, has roused the public here to a consideration of the whole question of leprosy. The first outcome of Father Damien's death has been the appointment of a large committee headed by the Prince of Wales and composed of men of all creeds and all ranks, to raise funds, (1) to erect a monument to Father Damien on the Island of Molokai, where his remains are interred; (2) to construct a leper ward in London, to be called "The Father Damien Ward," and the endowment of a travelling studentship to encourage the study of leprosy; (3) to institute a full and complete enquiry into the question of leprosy in India, one of the chief seats of the disease, where there are about 250,000 lepers, and no adequate means of dealing with the evil. In accordance with the recommendation recently put forth by the Royal College of Physicians, it is said to be necessary to send out a commission to India in order to discover the steps that should be taken to alleviate and if possible to eradicate the disease. This matter should possess something more than general interest for Canadians, who have more than their fair share of this horrible disease on their own shores.

That leprosy is a contagious disease there can be but little doubt. Such cases as that of Father Damien and many others furnish us with positive evidence which it is idle to attempt to explain away. The fact that numerous persons have lived and do continue to live with lepers without becoming themselves leprous is a merely negative one. On the same grounds might one conclude that because syphilis is rarely spread by accidental contagion, therefore the disease is itself not contagious. The immunity of some persons simply shows that leprosy is not *very* contagious and that some persons probably display an unknown but large amount of resistanse to innoculation. Common sense and the results of scientific investigation point to complete isolation of every case as the only way of getting rid of this terrible disease. I saw in Vienna a sailor affected with the tubercular form of leprosy and in which the bacillus lepræ had been discovered, who was exposed to sources of contagion but for a very short time. Dr. Hawtrey Benson publishes a case where a man became a leper in Ireland. He had never been outside the British Isles, but had slept in the same bed with his brother who had acquired leprosy in India. No doubt that, as in other diseases, the leprosy bacillus requires not only contiguity of soil but is also very particular about the kind of soil, whatever that may be, in which to flourish.

The contrast between the way in which dogs are allowed to go round unmuzzled here and the strict watch kept upon such animals in Germany is about as marked as is the difference between the number of cases of hydrophobia in the two countries. Twenty-two mad dogs have been killed on the streets of the metropolis since the beginning of the year, and now the County Council is about to petition the Privy Council to make compulsory and stringent regulations for the whole Kingdom. Even the killing of unlicensed dogs, as practised in Canada and elsewhere, has been shown to be a great preventative of rabies, to say nothing of the genuine humanity involved in putting out of misery the half-starved and homeless animals that would otherwise rove the streets. In Bavaria, for example, the dog population was allowed to increase at its own sweet will from 1863 to 1876. During those 13 years an average of twenty-two persons annually died of hydrophobia. During the past seven years, while the licensed dog law has been in force, only three deaths from rabies have occurred. An observant lady suggests to me that the

reason English-speaking *men* object to the dog muzzles is that their use rob the street dog fight (an ancient Anglo-Saxon recreation) of its peculiar attractions.

The suspension treatment of tabies dor salis is attracting some attention here, and as these cases are proverbially difficult to relieve I may be pardoned for drawing the attention of your readers to a short account given of Dr. Bernhardt's paper upon this subject before the *Berliner Gesellschaft für Psychiatoie und Nerven Krankheiten* published in the *British Medical Journal* of June 15th. Briefly, his experience is of 19 patients, who received in all 209 suspensions, with *ill* effects in none. To begin with, patients are suspended half a minute every other day, gradually increasing to three minutes. Results: (1) diminution and occasional total cessation of the "lightning" pains; (2) patients walk better and longer; (3) bladder power improves; (4) restoration of sexual power; (5) however small the amount of objective improvement every patient felt better, slept better, had less headache, less nausea and less neuralgia. Both Dr. Bernhardt and Dr. Eulenberg (who has had even a more extended experience than the former observer) agree in thinking this treatment only palliative; the ataxed symptoms persist throughout.

Next Sunday (June 23rd) is Hospital Sunday. Although I am not an admirer of the "supported-by-voluntary-subscription-only" system, on which most of the London hospitals are run, I wish they may realise *one-half* as much as they deserve and all will be well. C. A. W.

London, June 17th, 1889.

Progress of Science.

THE TREATMENT OF CORNS.

A saturated solution of salicylic acid in flexible collodion is recommended as an excellent remedy for corns. The corn should be painted twice a day. It takes about twelve days to effect a cure.—*Med. Review.*

CREOLIN IN GONORRHŒA.

Gonorrhœa, which has resisted other treatment, has frequently yielded in Dr. Margaretti's practice to irrigations, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.—*Lancet.*

MOUTH WASH.

The following wash for shrinking the gums is given by various French journals of Pharmacy: Tannic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water, 200 gm.; mix. A teaspoonful in a third of a tumbler of water.

INJECTION TO DESTROY OXYURIS VERMICULARIS.

The oxyuris vermicularis is said to promptly disappear with injections per rectum of cod-liver oil, pure or made into an emulsion with the yolk of an egg. It is non irritating, and is said never to have failed to effect a cure.—*New York Med. Abstract.*

SALICYLATE OF SODA IN PRURITUS.

After having tried arsenic, bromide of potassium, atropine, sulphur baths, alkalies, emollients, M. Icard caused the symptoms, which had continued for eight or nine months, to disappear upon the day after the use of the salicylate of soda, three grammes a day. There is still no return of the trouble.—*La Gazette Médicale.*

NEW DIAGNOSTIC SIGN IN PHTHISIS.

Dr. Sticker, of Munich, has recently called attention to a new, readily recognized symptom of phthisis, which consists of a bright red line of demarcation between the teeth and tongue. Sticker has examined one thousand patients for the purpose. In his opinion the symptoms which may precede tuberculosis, such as pseudo-chlorosis, dyspepsia, etc., are very probably the expression of latent phthisis, if the red line be present, especially in young persons. The absence of the line, especially in female patients, is of no importance. In acute phthisis the line is of a bright red color; in chronic phthisis, of a bluish, and in pronounced scrofulosis, of a white color.—*Med. Standard.*

For a young man, æt, 19, at the clinic with chronic asthma, Prof. Da Costa ordered, to prevent an attack, inhaling pearls of nitrite amyl and twenty drops of tinct. lobelia every half hour till nausea:—

℞. Cocain. hydrochlorat., gr. ½.
In pill three times a day.

A VEHICLE FOR IODIDE OF POTASSIUM.

Dr. A. M. Blair advocates, in the *Boston Med. and Surg. Journal*, the use of milk as a vehicle for iodide of potassium. He says it completely masks the taste, and does not apparently interfere with the therapeutic qualities. Patients who could not tolerate ten grains when administered in water could soon take forty grains in milk with no symptoms of nausea.

CREOSOTE MIXTURE FOR THE TREATMENT OF PHTHISIS.

Creosoti, ♏xv.; Tr. Gentian, ♏xlv.; Spir. Vini Rect., f. ʒviss.; Vini Xerici, ad f. ℥iij. Take of this one-third thrice daily. The amount of creosote may be gradually increased to double this amount. The treatment should be continued for three to twelve months, and its beneficial effects are most marked in recent cases.—*Pacific Record.*

NITROGLYCERIN IN HEART FAILURE.

Dr. M. H. Firnell, of Philadelphia, after reporting three cases of syncope in which hypodermic injections of two drops of a 1 per cent. solution were used, remarks *M(ed. and Surg. Reporter)*: "One who has seen cases of heart failure treated in the usual way can have no conception of the brilliant results which may be obtained by the hypodermic use of nitroglycerin."

SUPPOSITORY FOR CYSTITIS.

℞ Iodoform	0 gr. 10 cent.
Ext. of hyoscyamus	0 gr. 07 cent.
Cocoa butter	3 grammes.

Make into a suppository, and introduce into the rectum in cases of cystitis: morning and evening thorough irrigation with luke-warm water. If there is any urethral secretion, take, morning and evening, a pill containing ten centigrammes of terpine.—*Journal of Medicine.*

ENCOURAGING SCIENCE.

The Vermont Microscopical Association has just announced that a prize of $250, given by the Wells & Richardson Co., the well-known chemists, will be paid to the first discoveerr of a new disease germ. The wonderful diocovery of Prof. Koch of the cholera germ, as the cause of cholera, stimulated great research throughout the world and it is believed this liberal prize, offered by a house of such standing, will greatly assist in the detection of micro-organisms that are the direct cause of disease and death. All who are interested in the subject and the condition of this prize, should write to C. Smith Boynton, M.D., Sec'y. of the Association, Burlington, Vt.

EARACHE.

A liniment is recommended by Paresi for this affection, composed of—

Camphorated chloral	parts v.
Glycerine	parts xxx
Oil of sweet almonds	parts x.

It is applied twice daily on soft cotton, being introduced as far as possible into the ear, and may also be rubbed behind the ear. The pain is almost instantly relieved, and the inflammation in many cases is subdued. The liniment must be kept in carefully closed bottles.—*Pacific Record.*

ACUTE PTYALISM: TREATMENT WITH SULPHUR.

Dr. Luton writes as follows to the *Union méd. du Nord Est:* Sublimed sulphur is a very much more efficacious remedy than chlorate of potassium in mercurial salivation. The best preparation is to make a 5 to 100 electuary with honey. Or, a teaspoonful of sulphur may be taken (fasting) twice daily, with water. Sulphur is a specific for the most intense forms of hydrargyrism.—*L'Union méd.* Jan. 19.

ERYSIPELAS.

Dr. Hallopean says he has used the following method in hundreds of cases with cure within a week: A handkerchief folded two or three times is saturated with a five per cent. solution of salicylate of soda and applied to the face, and a piece of oil silk is placed over it to retard evaporation. Soon the tension and swelling of the face subsides, and the eyelids resume their normal appearance. Besides this a calomel purgative, and quinine and salicylate of soda are given alternately.—*N. Y. Med. Abstract.*

APPLICATION OF STEAM TO THE THROAT.

The *Medical Times* says: "Apropos of the treatment of diphtheria by eucalyptol inhalations, we note that a Scotch physician advocates strongly the use of steam. The child, he says, should live in an atmosphere of steam; with or without the addition of sulphurous acid generated by burning sulphur in the room. He states that since adopting this method he has not lost a case."

In acute tonsillitis, especially the follicular variety, very few remedies at our command give such prompt and decided relief as the application of steam directly to the inflamed surfaces. By using a small gas stove or oil stove on which to generate the steam, it can be carried through three feet of tubing directly into the patient's mouth, as hot as he can bear it. It allays irritation, and relieves spasms of the laryngeal muscles.

INJECTIONS OF WARM WATER IN EPITHELIOMA OF THE CERVIX.

De Tornery draws the following conclusions:

1. Injections of warm water at 102.2° to 104° F., for about half an hour, twice a day, morning and evening, disinfect the vagina, cleanse it, and considerably diminish the ichorous discharge.

2. These injections diminish the loss of blood, and improve the general health.

3. In the majority of cases the pains are diminished, so that there is less need of injection of morphine.—*France Medicale*, No. 89, 1888.

TREATMENT OF PSORIASIS (LIMITED).

The following, having been found very useful in hospital practice here, I append in the hope that your English readers will find it equally useful:—

℞ Pyrogallic acid, } ℥j;
Chrysophanic acid, ana }
Ether and spirit, q.s.;
To liquefy.
Collodion, ℥iij.

Paint on every three days, after a bath.—*Med. Press.*

ALARM THERMOMETERS.

Dr. Arnold expresses the opinion, in the *Brit. Med. Jour.*, that many lives are lost by the radical changes that are permitted to occur in the temperature of sick-rooms. This is especially liable to be the case at night. In many business houses, thermometers are used which have electric signals so attached that an elevation of the temperature of the room to a certain degree rings an alarm bell and starts an automatic water sprinkler to work. A modification of this instrument could be cheaply and easily made that would be admirably adapted to the sick-room.

SALT IN THE SICKNESS OF PREGNANCY.

In a recent number of the *Medical Press* Dr. Greene records two cases of sickness of pregnancy treated successfully with common salt. In the first case the salt was given in 5-grain doses in 1 ounce of chloroform water. The sickness lessened after the first dose, and ceased entirely when six doses had been given. The medicine was continued three times a day until the end of gestation. In the second case the same result was obtained. The action of the salt in these cases may have been due to its antacid properties; in both cases secretions were very acid, but soda, potash, and ammonia had no good effect. Dr. Green suggests that, as some patients might think the remedy too simple, it should be prescribed by its clinical name —chloride of sodium.— *Jour. Am. Med. Assoc.*

THE COMBINATION OF ANTIPYRIN AND MORPHINE.

Antipyrin powerfully relieves the pain of incurable cancer. It acts best when given with morphine, the analgesic effect of which it greatly enhances. In malignant affections of the mouth and tongue, which commonly require such large doses of morphine, the relief given by the above combination is very marked. Antipyrin, with its congener antifebrin, forms an especially valuable addition to our resources in cases when, from co-existing renal disease, opiates are not tolerated by the patient.—Herbert Snow, M.D., in *Brit. Med. Jour.*

TO REMOVE SUMMER FRECKLES,

℞ White precipitate } āā 4 parts.
Subnitrate of bismuth }
Glycerite of starch 15 parts.—M.

Apply every second day to the freckles.

Washing with the following lotion mornings and evenings will also suffice to remove the freckles:

℞ Sulpho-carbolate of zinc 4 parts.
Glycerine 60 "
Alcohol 30 "
Orange-flower water 45 "
Rose water 250 " —M.

PUERPERAL SEPTICEMIA.

Prof. Karl Braun in his Vienna clinic treats cases of puerperal septicemia where there is chill accompanied by tenderness in the hypogastric region, and a rise of temperature 102° or over, as follows: The patient lies on her left side; the speculum is introduced, and the cervix drawn down by a tenaculum. An intra-uterine irrigation of thymol 1:1000 is given, and then the interior of the uterus is thoroughly curetted, and the intra-uterine injection then repeated. A suppository of five grains of iodoform is then inserted into the uterus; diphtheritic patches on lips of cervix are scraped and painted with tincture of iodine and the vagina packed with iodoform gauze, which is removed after twenty-four hours, and vaginal injections of thymol given every day as long as there is any discharge.—*Dr. Doe, in Boston Med. and Surg. Journal.*

TREATMENT OF SPASMODIC CROUP.

Dr. Reynolds, of Philadelphia, writes to the *Med. News* that in the treatment of spasmodic croup he esteemed an emetic indispensable as an introductory treatment in all cases. He has found that almost invariably the last meal that the child has taken lies undigested in its stomach. He thinks ipecac is the best and simplest emetic. After the emetic he administers

as large a dose of fluid extract of gelseminum as the age of the child will justify, and from two to four grains of quinine. The following day he gives the patient a dose of castor-oil and two drops of gelseminum every two hours, and the second night a full dose of the latter drug and quinine.

Many cases can be effectually controlled by giving him from two to four grains each of quinine and ipecac, at night. When the paroxysm is on, an effective remedy in controlling it is a mustard hot foot bath. This is better than placing the body of the child in the bath. —*Med. Review.*

NEPHRITIS AS A SEQUEL OF WHOOPING COUGH.

Dr. Stefano Mircoli, of Monterubbiano, has lately called attention to the occurrence of nephritis as a sequel of whooping cough. In 1887, among ten children who suffered from the disease, the attack was followed in two by nephritis, which proved fatal in one of them. The necropsy left no doubt as to the existence of nephritis. In 1888, among thirty-five cases of whooping cough, Dr. Marcoli, met with nephritis in four; two of these died, and in one of them a post-mortem examination was made. The kidneys were seen with the microscope to show severe parenchymatous nephritis. No cultivation experiments could be made to determine whether the disease was parasitic or not. The microscope showed no traces of micro-organisms.—*Brit. Med. Journal.*

CHLORATE OF POTASH IN OZENA.

Dr. J. A. Baetta Neves has recently reported a case in which he succeeded in curing ozena by means of chlorate of potash. The patient, a lad of strumous constitution and suspicious family history, had suffered for some months from chronic naso-pharyngeal catarrh. There was an abundant muco-purulent secretion, often streaked with blood, and very offensive; the nasal mucous membrane was ulcerated in some places and in others covered with dark green crusts. Various local astringents, including borax and alum separately and in combination, were tried without effect. The nasal passages were washed out with douches of a 1 in 100 solution of permanganate of potash in water, 100 grammes being used for each douche, and the application being made twice daily, always preceded by a douche of plain water. In three days the discharge had lost its offensive smell. A solution of chlorate of potash (1 in 30) was then substituted for the permanganate in the douches, and in two months the patient was completely and permanently cured.—*Brit. Med. Jour.*

LOCAL TREATMENT OF DIPHTHERIA BY CALOMEL.

Dr. Gustav Elwert, of Reutlingen, has found great benefit from the local application of calomel in cases of diphtheria. His idea was that, if calomel could be brought into contact with the diphtheritic membrane, the chloride of sodium in the saliva would act upon the mercury salt and produce corrosive sublimate in minute quantities, which might, however, be sufficient to act as a bactericide to the virus in the membrane. His plan is to mix calomel with two or three times its weight of powdered starch, and to brush out the pharynx lightly with a feather dipped in this powder. This is done three or four times during the day and two or three times during the night. Cold water compresses are applied to the throat, and a mixture containing nitrate of sodium is prescribed for internal administration. The effect of the treatment is soon apparent in the diminution of the membranous patches and of the foul odor, and, where the disease has invaded the larynx, in the decrease of the hoarseness of the voice.—*London Lancet.*

NIGHT AIR.

An extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without and foul air from within. Most people prefer the latter—an unaccountable choice. What will they say if it is proved to be true that fully one-half of all the diseases we suffer from are occasioned by people sleeping with their windows shut? An open window most nights in the year cannot hurt any one. In great cities night air is often the best and purest to be had in twenty-four hours. I could better understand shutting the windows in town during the day than during the night, for the sake of the sick. The absence of smoke, the quiet, all tend to make night the best time for airing the patient. One of our highest medical authorities on consumption and climate has told me that the air of London is never so good as after 10 o'clock at night. Always air your room then from the outside air, if possible. Windows are made to open, doors are made to shut—a truth which seems extremely difficult of apprehension. Every room must be aired from without, every passage from within.—*Sanitary World.*

METHOD OF ADMINISTERING GLYCERINE ENEMATA.

The occasional complete failure of glycerine enemata in emptying the lower bowel led me, some months ago, to devise a method by which the glycerine could be deposited higher in the rectum than by the ordinary way, on a plane

with or above the fecal mass. I use a small, soft catheter, about 18 Fr., attached to a one-half-ounce hard-rubber syringe. The catheter can be gently inserted five or more inches in the rectum without giving pain. Since using this fewer failures have been noted, and as a rule the movement immediately follows the injection.

Filling a small syringe with glycerine is tedious, and time is saved by unscrewing the cap, removing the piston, and pouring in the desired amount of glycerine, allowing for the small amount that must of course remain in the catheter. Where, as in a hospital ward, several injections are to be given, a larger syringe may be used, and a part given to each patient without refilling.—*Walter Chrystie, M. D., University Medical Magazine.*

VERTIGO FROM CONSTIPATION.

By B. W. Richardson, M.D., F.R.S., London, Eng.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with fæces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebro-spinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation in the pelvis, there is at once an interference with the process of escape of the cerebro-spinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is in the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—*Col. and Clin. Record.*

PREVENTING MARKS IN SMALLPOX.

Dr. Colleville, in a French medical journal, commends iodoformed vaseline in the proportion of one-twentieth, as a useful application to prevent the inconveniences resulting from the marks of smallpox on the face. Among the advantages claimed for this ointment are these: Often renewed it maintains a certain degree of coolness on the face which is much appreciated by patients, as they generally feel a burning sensation on it; the attendant pain is calmed by the anesthetic action of the iodoform; it is an antiseptic all ready to disinfect the patient—dven the odor of iodoform in this proportion being far less disagreeable than that of the pure substance, though, of course, the odor can be disguised by the addition of some aromatic. But the most important advantage of this ointment consists in its capacity to prevent the formation of scabs, the odor from which is ordinarily so penetrating and offensive, the fact being that in one or two days at the latest the pustules collapse and there remains no ulterior cicatrix to speak of. To cover the characteristic odor of iodoform there may be added to it a few drops of the essence of bitter almonds or a little tannin or Peruvian balsam.—*New York Tribune.*

EFFECT OF SLEEP ON THE GASTRIC JUICE.

Some investigations which have been recently carried out in Professor Manassein's wards in St. Petersburg, by Dr. S. L. Rappoport, on the effects of sleep on the secretion of the gastric juice are published in the last few numbers of the *Vrach*, and tend to show that the digestive functions of the gastric juice are materially affected by sleep. The experiments were made on the human subject, the gastric juice being withdrawn by means of a flexible india-rubber œsophagus sound, the introduction of which is said not to have caused any inconvenience to the subjects of the research. The quantity of the gastric juice secreted during sleep was shown to be very much less than that secreted during waking hours; the chloride of sodium, as well as the hydrochloric acid, were diminished; but the secretion of pepsine did not seem to be much affected. By means of experiments conducted in the laboratory, it was found that the digestive power of gastric juice secreted during sleep was lower than that secreted during waking hours, the difference apparently depending mainly upon the lack of hydrochloric acid. With regard to the rennet ferment, Dr. Rappoport was unable to demonstrate any alteration in its secretion during sleep.—*London Lancet.*

AN ACTIVE EMETIC.

A correspondent of the *Brit. Med. Jour.*, says:—Several of your correspondents have lately written on the use of apomorphine as an emetic administered hypodermically in intoxication. I cannot see why such a doubtful remedy should be used when we have others more simple and effective. Years since, when in charge of a surveying party on French Creek, near the Alleghany Mountains, the drunken doctor of the village where we stayed the night, when in a state of semi-drunkenness, took a piece of carb. ammoniæ out of his surgery bottle and chewed it. The effect was almost magical. The

contents of the stomach were quickly ejected, the usual depression not following, so that he was able to at once resume his debauch. Since then I have tried the remedy many times with great success. The drunkard can generally be roused and got to swallow half a drachm of ammon. carb. dissolved in a wineglass of water, and if drunk off this will prove immediately effective as an emetic and restorer. The reason is obvious. The stomach is cleared, and the stimulating effect of the salt prevents the excessive depression usually following excess. Never having seen nor heard of this treatment being adopted in this country is my excuse for troubling you with this letter.—*Med. Review.*

ALCOHOL BATH FOR ERYSIPELAS.

Reasoning from the fact that a ninety per cent. spiritus vini is a sure germicide for the coccus of erysipelas, Behrend (*Rundschau*, 5 H. 1889), who was in charge of a large penal hospital, in which erysipelas occurred frequently, determined to try it as an application. He was fortunate in being able to begin the treatment of all the cases in their incipiency before grave symptoms arose. All the patients were required to bathe the affected parts and extending one-half-inch beyond the border into the healthy skin, three times daily, with a 90 per cent. alcohol. The result was a complete arrest of the disease, without exception, and in three to five days a cure. This method gives very quick results, and is not as painful as that, recommended by Hueter, of carbolic acid injection; or Ebstein's modification, namely, the external application of a 5 per cent. carbolic acid ointment; although the latter claims to have had first-rate results, and no carbolic acid intoxication from absorption, even when the acid was detected in the urine. Ebstein has treated by this method twenty-seven cases, involving the skin of the head, face, neck and lower extremities.—*Va. Med. Monthly.*

TURPENTINE IN POST-PARTUM HEMORRHAGE.

"For some years," writes a correspondent, "I have used spirit of turpentine in post-partum hemorrhage, and, in every case, with the best results. When the ordinary means, *i. e.*, friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injection of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it in my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails loss of valuable time."—*Lancet*

INFLUENCE OF THE ELECTRIC LIGHT UPON THE EYES.

Lubinsky said that during the past ten years he had had under his observation thirty cases of ocular symptoms in young men whose occupation was that of taking charge of electric light apparatus. He has given the name photo-electric ophthalmia to the affection, the chief signs of which are as follows: The symptoms commence during sleep, the patient is awakened by a profuse flow of tears, accompanied with intense peri-orbital pain. There is also acute photophobia. Externally there are œdema of the lids and very marked peri-corneal injection. Ophthalmoscopically one finds hyperæmia of the disc, and sometimes a venous pulse in the retinal veins. After a time, which varies between an hour and a half to three hours, these phenomena abate, the patient again falls asleep, and in the morning he awakes feeling nothing amiss, except a little fatigue in his eyes. Sleep is an indispensable condition for the development of the disease; this is so markedly the case that if the patients who have exposed their eyes in the morning to the electric light fall asleep after their midday meal it will be during the "siesta" and not during the night that the ocular trouble will show itself. The symptoms appear to be due for the most part to hyperæmia of the optic nerve, and to lesions of the nerve filaments of the cornea. Maklakow (of Moscow) showed evidences on his hands of an erythema which had been caused by the action of a voltaic arc which proved the calorific effect of the electric light.—*Med. Press.*

THE TREATMENT OF SPINAL CURVATURE.

Agnew, in discussing the treatment of spinal curvature, said: "Massage will be found beneficial in the early stages of lateral curvature from muscular disability. It is best applied before the patient goes to bed, so that a period of rest may succeed the fatigue consequent on the muscular exercise. As a substitute for massage I frequently use rubber 'muscle beaters' in the form of balls, or cylinders. A form of drill is also of service, the patient being instructed to walk up and down a room with something

balanced on the head. Muscles which have been beaten or exercised in this way, should not be overtaxed by the patient maintaining an erect position. Complete rest should be insisted on. Extension by means of the chin strap and tripod should be employed three or four times each day, each seance lasting a few minutes. Strict attention should be paid to general hygienic treatment. As the patients are generally anæmic, or rickety, they should have plenty of fresh air, good milk, cod-liver oil and iodide of iron. In a large number of cases when seen in the earliest stage nothing further is necessary, but when the disease is of long standing and the curve pronounced, a mechanical apparatus is necessary. The best is a plaster-of-Paris jacket, carefully applied and made to lace. It should be put on before the patient rises, and not removed at night until he resumes the recumbent position."—*Cincinnati Med. News*

BORAX IN THE TREATMENT OF DIPHTHERIA.

Dr. L. Noël, of Noyers-Saint-Martin, has had considerable success with the following treatment, practised by him for the last four years.

Starting with the belief that diphtheria is not a local but a constitutional disease, he sought a remedy which could be introduced into the system in quantities large enough, so to speak, to "crowd out," and not merely modify the action of the poison. The author thus selected borax from all other antiseptics, as bearing administration in large doses without danger to the patients.

In epidemics of diphtheria, the author administered nothing but borax, with but three deaths out of sixty cases thus treated.

The author claims that this agent produces a rapid and abundant salivation; and, in being eliminated by the salivary and muciparous glands of the throat, it softens and detaches the false membranes.

The dose is from 8 to 15 grains in an infant below one year of age; of from 15 to 22 grains for two to five years; of 30 grains for five to ten years; and from 45 to 75 grains for adults, according to the strength of the patient and the severity of the disease. No better results were obtained from 200 grains or over than were obtained from 60 to 75 grains. The doses are to be equally divided, and given hourly, except during sleep.

In order not to disgust the patient, the correctives in which this salt is given must be frequently changed, as the administration of this medicament must be continued for some time after all symptoms of the disease have passed off, the author having administered it to two patients uninterruptedly for four and six weeks.—*Revue Thérapeutique. Dec. 15th.* 1888.

CARDIAC FAILURE IN DIPHTHERIA.

At the meeting of the New York Academy of Medicine on November 1st, Dr. J. Lewis Smith read a paper on Sudden Heart Failure in Diphtheria: its Pathology and Treatment. After discussing the various hypotheses advanced to explain this occurrence, such as degeneration of the muscular wall and cardiac thrombosis, Dr. Smith inclined to adopt the theory of deficient innervation, making it indeed a form of diphtheritic paralysis; the frequent association with vomiting and dyspnœa suggesting that the pneumogastric is the nerve implicated. The modern view of diphtheria is, he said, that the systemic infection is due to ptomaines produced on the surface by the microbes that are the cause of the disease; and on this view the neuritis, myelitis, etc., are produced by the same toxic influence. Dr. Loomis believed that heart failure early in the course of the disease was due to the systemic poisoning, and that when heart failure occurred in advanced stages of diphtheria, it was due to peripheral neuritis. Dr. Beverly Robinson contended in favor of the cardiac failure being due to thrombosis and granulofatty degeneration of the walls of the heart. All the speakers agreed as to the paramount importance of disturbing the patient as little as possible. The President, Dr. A. Jacobi, pointed out that paralysis of the muscles of respiration might occasionally be mistaken for cardiac failure in the later stages of diphtheria. He said that alcohol was an invaluable agent in diphtheria, and if he were limited to one remedy he would select it.—*Cincinnati Med. News.*

CHILBLAINS.

An interesting correspondence has recently taken place in the *British Medical Journal* regarding the treatment of chilblains. One correspondent says that the socks or stockings should be of wool and not too thick. They should be thoroughly dry when put on, and changed as soon as they become damp, either from perspiration or moisture leaking through the shoes. For this reason the socks should be changed immediately after taking exercise, and the same shoes or boots should not be put on again unless they are quite dry. The same pair of socks should not be worn for two consecutive days, but each pair should be washed, or at least thoroughly dried, before being worn a second time. On no account are the socks to be allowed to dry on the feet, and the practice of putting the feet before the fire is to be condemned. Chilblains are most prevalent when the weather is both cold and damp. It is important to insist upon regular exercise and a moderate diet, and to sedulously prevent constipation. For the immediate relief of itching nothing is better than soaking in hot water. Iodine is the best

external application. It should be applied—either as an ointment or tincture of twice the ordinary strength—once or twice daily, as long as the skin remains swollen or red.

Dr. Robert McBride thinks the following as most efficacious:

℞ Lin. Belladonnæ (Br. Ph.)	ʒ 2
Lin. Aconiti (Br. Ph.)	ʒ 1
Acid. Carbol.	♏ 6
Collodii Flex.	ad ʒ 1

M. To be applied with a camel's hair pencil every night to the parts affected.

Dr. G. E. J. Greene has found the following application a useful one, even when the chilblains are broken:

℞ Olei Ricini,	
Olei Terebinth,	
Collodii Flex	āā ʒ 4

M. To be used twice or thrice daily.

Dr. B. Nichols speaks very highly of the following:

℞ Spir. Camphor	ʒ 2
Tr. Opii	ʒ 2
Acid Carbol.	gr 40
Alcohol	ʒ 4
Aquæ	ʒ 4

If the skin is broken, this lotion may be diluted with water and applied on lint or with a soft rag.

Another writer states that, if the chilblains are painted with equal parts of compound tincture of iodine and collodion, three or four times, considerable benefit will follow. He has never known this treatment to fail since he first tried it, some ten years since.

ON THE VALUE OF PILOCARPINE IN PREGNANCY, LABOR AND THE LYING-IN STATE.

Dr. John Phillips, who read his paper, gave a his reason for bringing this subject forward, the uncertain and diverse opinions held upon the value of pilocarpine. He has treated the questions at issue under five heads: (1) The use of pilocarpine as an abortive; (2) for the induction of premature labor; (3) intra-partum; (4) post-partum and during the puerperium; and (5) in albuminuria with or without eclampsia.

Seven cases have been experimented upon and the results given in detail. Forty-eight cases under the second heading have been collected from all sources, of which twenty-seven have been arranged in two tables, while two original ones have been appended in full. The author concludes that five only of these can be considered as unqualified successes, and thinks that pilocarpine is able in a certain number of cases to induce labor, but that it is not in any way reliable as an ecbolic; those cases in which there is a tendency to premature termination of pregnancy being most suitable for its administration.

Pilocarpine intra-partum is considered under three heads: (a) The "latent period" of labor; (b) the dilating stage of labor; (c) the expulsive stage of labor. Five instances occurred in the author's practice, and in one sphygmographic tracings were taken at various intervals. The result of thirty-nine cases is worked out—twenty-eight being successes and eleven failures.

The author concludes that during the dilating and expulsive stages of labor pilocarpine is equally productive of increase and intensification of labor pains with ergot, but with more certainty of action and with none of its ill effects. Cases of simple uterine inertia are the most suitable for its administration. The drug is useless post-partum and to stay hemorrhage.

In a third table the results of thirty-nine published cases of puerperal eclampsia have been given, with recovery of thirty-one mothers and eight maternal deaths, or 20.5 per cent. Although good effects were produced in twenty-eight cases, yet in nine such dangerous symptoms manifested themselves that the author is bound to warn others against its use, especially when coma is pronounced. He recommends bleeding in conjunction with pilocarpine where it will not act alone, and adduces evidence to show that the mortality is not greater under this mode of treatment than in any other. Statistics of treatment by other methods are given and the results compared. The question of the reason why pilocarpine is productive of uterine pains is discussed and three theories given; the "latent period" of the drug is referred to and illustrated by cases.

Further remarks are made upon the action of pilocarpine on the fœtus, complications attendant on its use, the proper dose for administration, and contra-indications.

The paper terminates with conclusions as to its value, and the precautions to be observed when used.—Transactions of the Obstetrical Society of London in the *American Journal of Obstetrics*.

TREATMENT OF CANCER BY OZONE WATER.

Dr. F. Schmidt, Aschenffenburg, Bavaria.—In two cases of cancer the author obtained astonishing results from the parenchymatous injection of ozone water. After an observation extending over four months he thinks himself justified in the conclusion that ozone water, used in this manner, is capable of retarding the growth of cancerous nodules and causing their disappearance. He reports the case of an old man of 60, from whom ten years previously he had extirpated a small cancer of the lower lip.

The patient presented himself again in July, 1·87, with an extensive cancerous growth in this region, which necessitated the removal of the lower lip and soft parts as far as the symphysis. In November he returned with an extensive recurrence and marked cachexia. After four months' treatment with injections of ozone water the tumor on the lower jaw had partly disappeared and partly been converted into a dense, hard mass, which was firmly attached to the jaw. The ulcers had healed. The right sublingual gland was very hard and firm, but this had come on within the last few weeks, during which the patient had withdrawn from the treatment, and was probably due to a recurrence.

The second patient, a man aged 56, suffered from an epithelioma at the inner angle of the eye of many years' duration. Injections of ozone water were employed during two months and effected a perfect cure, the ulcer being replaced by cicatricial tissue.

Schmidt thinks that ozone destroys the cancerous masses without attacking the normal structures or the body at large. He employs it in the strength of 50 milligrammes or 2 decagrammes to the litre of water. Before use the solution is always tested with iodine and starch, the color produced being an indication of its strength. The injections are made with a Pravatz syringe. The number varies with the extent of the cancerous area, ranging from one to forty per day. They are made at different depths, both into the diseased part and the healthy surrounding structures. The syringe should not be cleaned with carbolized fluid before injecting, as the ozone is decomposed by the acid. Schmidt also injects the solution into suspicious or swollen lymphatic glands. When dilute solutions are used the pain is slight and disappears within half an hour. Locally, some œdema and slight redness are observed, especially if strong solutions have been employed. These symptoms of reaction persist a few hours or days, according to the strength and frequency of the injections, and may serve as a guide to their administration. The injections should not, however, be suspended for more than two or three days.

During the time that this treatment was used the cancerous sores cleared up perceptibly, became smaller and cicatrized. The nodules also became smaller and harder, so that the introduction of the needle was difficult. Later the affected parts frequently showed a peculiar condition: The swelling became more persistent, the tissues were firm, œdematous, of a bluish-red color, and painful. On sections of these parts there was found an apparently healthy and subcutaneous tissue, and beneath this a dense, doughy mass. Microscopical examinations showed only a small number of cancer nests. No ill results were observed from the injections, and suppuration never occurred. In degenerating and suppurating cancers Schmidt recommends previous curetting and applications of the thermo-cautery. Taking all in all the injection method is especially indicated for recurrent cancers and cancers which are not readily accessible to operative procedure.—*Münchener Medizin Wochenschrift—International Journal of Surgery and Antiseptics.*

THE VALUE OF SALICYLIC ACID IN DERMATOLOGY.

Dr. C. Heitzmann, of New York, read a paper on this subject. He has been using the remedy for the last three years. It has two well-marked properties. The first is the peculiarity of acting on the horny layers of the epidermis, which it first softens and then destroys. Its other action is as a parasiticide. These two properties open a large field for research. We should be careful not to include cases where we have merely "impressions" as to its value; but there are many cases in which there can be no question as to its utility, and in some of these it had never been used before.

The remedy may be used as a powder, a plaster, or in the alcoholic solution. It has the advantage that it does not discolor the skin or linen, and has no odor. It was used in twenty-four kinds of cases.

In hyperidrosis its action is well known. The German soldiers use it in a one-per-cent salve of tallow, applied to the feet when upon the march. In seborrhœa, especially when combined with acne, it has given brilliant results. One per cent. of the acid with six to eight per cent. of sulphur is an excellent application for dandruff. A prescription with tar the reader likes better, but it is less agreeable to the patients. In urticaria it is an excellent means of allaying the itching. In furunculosis an ointment of six to ten per cent. has prevented an outbreak and checked the disease. But to be sure of results the quality of the acid must be guaranteed. In two cases, where the prescription was filled at random, there was no good result, but when Shaering's salicylic was substituted the effect was immediate.

In one case of dermatitis herpetiformis a lotion of the acid proved the best thing the patient had tried, although it was not capable of smothering the disease or preventing recurrences. In psoriasis, after the chrysarobin and tar, it is the very thing to be applied, though the peeling off of the scales is not as rapid as with other remedies. In lichen planus the salicylic acid is far superior to carbolic acid or sublimate. It can also be applied over a larger area with safety. It allays the itching, removes the scales, and flattens down the papules. The reader had prescribed three-per-cent. solutions,

which were to be diluted at the beginning of treatment. Six cases were treated, and all did uniformly well without the administration of arsenic.

In all varieties of eczema the results were satisfactory. Ninety-six cases were treated, using generally one per cent. of the acid, with equal parts of zinc powder and starch in two parts of ointment. If it is eczema madidans one half per cent. is better. In acne, a three-per-cent. solution will remove pigment patches, assist in removing comedones, and render the skin soft. In acne rosacea the results were good, but in sycosis less good. The remedy does not seem to penetrate deeply enough between the furrows.

In impetigo contagiosa it is *the* remedy which will cure the disease in ten or twelve days. In keratitis senilis, callosity, clavus and verucca, its action in removing the thickened portions is well known. In ichthyosis it is easy to remove the scales, but they will return. In lupus erythematosus and lupus vulgaris the results were brilliant at first, the excrescences flattening down rapidly at first, but not a case was cured. For pruritus in the shape of a lotion it is excellent.

In tinea the solution with gutta-percha is better than Taylor's remedy. But generally the disease will not be cured by any one remedy, and we are only too glad to have more than one. In tinea versicolor a one-per-cent. solution is effective.—*Proceedings American Dermatological Association*, 1888.

TREATMENT OF FECAL ACCUMULATIONS.

These accumulations are to be treated locally, and it is a mistake usually to give cathartics at first. Enemata are doubtless the most efficient means known of dealing with fecal accumulations. The injections should be copious, and should be given where possible in the knee-head, knee-elbow, or lateral position. The best material is water at a temperature of about 100° Fahr., though there is no objection to soap and water, or turpentine and water, or oil. It is advisable to dispense with the use of an anæsthetic, unless the mass is situated low down in the colon, within easy reach from the outside, as the patient's sensations are often of great service as a measure of the force to be used, or the amount injected, and the presence of deep ulcerations cannot frequently be excluded. The fluid, enough to fill the colon, should be slowly introduced and be retained for some fifteen minutes, and the mass be kneaded gently. The best instrument, according to Treves, is the inflator designed by Mr. Lunt, of Manchester, England, as it allows of very large injections without permitting the escape of any fluid from the anus. By its use such enemata can be given without assistance. I have used the ordinary syringe stem with a rubber shield shaped like a doughnut, the central hole being quite small.

Where the seat of the tumor is the cæcum, and accompanied by tenderness and fever, the procedure advised by Harley seems to be the best. After a fair amount of fecal matter has been brought away by the enemata, given every six or twelve hours, he causes the patient to take half an ounce of castor oil, with two teaspoonfuls of brandy, and eight or ten minims of laudanum or deodorized tincture of opium, and repeats the dose after each evacuation produced by the enemata. In this way two or three fecal motions are produced daily, to the great relief of the patient. The tumor decreases and becomes less tender daily, and in cases of ordinary severity the cæcum will be emptied in the course of one week, and the patient restored to convalescence. Where there is much pain, a hot flaxseed and mustard poultice should be kept applied to the abdomen. The subsequent treatment should be that of typhoid fever, and for one week or more after all pain and febrile disturbance have ceased there should be no solid food given. If the case is severe and protracted there is a tendency to reaccumulation in the cæcum. To avoid this an occasional dose of castor oil should be given, a compress worn with a flannel bandage over the region of the cæcum, and massage be made over the part. Strychnia in some tonic infusion may be given to promote tone in the weakened intestinal wall.

Where the accumulation is in the rectum, it is sometimes necessary to dig it out with the handle of a spoon or the fingers. A device described by Duke in the *British Medical Journal* would appear to be serviceable at times. It consists of a brass, nickel, or silver-plated speculum armed with a plug, which when pushed forward allows fluid to be injected into the gut through a hollow pipe at the side. He thus describes its use. The speculum is gently introduced, and when placed the plug is pushed up, which raises the cover and allows the fluid injected to penetrate the mass or accumulate above it, as the case may be. The mass is thus either broken up or soaked and its removal facilitated. When all has passed which will, and still large, hard, lumps present, and form a ball valve which want of tone in the bowel and abdominal parietes does not allow of the patient being able to expel, he supports the abdomen with a tight roller, and introduces as large a cylindrical vaginal speculum as will pass through the sphincter, and breaks up through it what will not freely pass, by means of a spoon handle. This he thinks saves much pain and the frequent introduction of the fingers, which produces so much subsequent soreness and discomfort.

After the mass has been cleared away the case is resolved into treating the condition on which the accumulation has depended, if it be possible to make it out.—*Coll. and Clin. Record.*

SIR MORELL MACKENZIE ON THE TREATMENT OF ACUTE AND CHRONIC TONSILLITIS.

On Tuesday, December 4th, Sir Morell Mackenzie visited the throat clinic at the Edinburgh Eye, Ear, and Throat Hospital. He examined a number of the patients, and in the course of a short clinical lecture made the following remarks:

There are two forms of acute tonsillitis, the superficial and the deep. All of you must be well acquainted with these familiar diseases, but perhaps you will like to hear my experiences of the treatment. The superficial is not very serious; it is, however, painful, and it is apt to recur; a person who has had it once is very likely to have it again. This is true of both forms of tonsillitis, but is particularly so of the superficial. The interior of the follicles becomes inflamed and secretes an unhealthy mucus, and they never thoroughly recover. In all inflammations of mucous membranes the membrane does not really get well, though it may appear to do so. A celebrated French surgeon has said that he does not believe that a person ever really recovers after a gonorrhœa. This is true of the follicles of the throat. A person who has once had acute tonsillitis never really gets well, though he may appear to do so. The treatment, therefore, is important. One of the most popular remedies is aconite—originally, I believe, a homeopathic drug, but now used extensively by allopaths (though I object to the term)—and strongly recommended by Dr. Ringer. It has certainly never, in my hands, proved to be of the extraordinary value which he asserts. On the other hand, I have found guaiacum, which used to be given in the form of the ammoniated tincture, very efficient. I recollect a Manchester surgeon, Dr. Crompton, who used to come a good deal to the Throat Hospital about the time it was founded, telling me I should find much more benefit in giving it in the form of a powder; and I did so, letting the patient take a pinch of the resin. This was rather disagreeable, and after a time I had it made into lozenges containing about three grains in each. In this form it makes an excellent remedy. Nine cases out of ten will get rapidly well if one of these lozenges is given every two hours at the outset. I sometimes also apply locally a little bismuth and opium, or an eighth of a grain of morphia with a quarter of a grain of starch, because the problem is not only to cure the patient, but to keep him comfortable till he is cured. Sometimes the guaiac causes a little diarrhœa, which is not altogether disadvantageous, but the morphia is usually sufficient to check it. What I have said about guaiac applies to acute inflammation of any part of the back of the throat. Dr. Home has said of guaiacum, "*Instar specifici in hoc morbo operatur.*" It is really specific. I have used it for fully twenty years, and I assure you it is one of the best remedies you could have. It causes a slight stinging sensation, and this is an additional reason for using the morphia.

Occasionally this superficial or follicular tonsillitis, if not checked, passes into the deep or parenchymatous form, and the structure of the gland becomes very much affected. When the deep inflammation occurs you must bring it to an abscess as quickly as possible, and open it. Trousseau has pointed out that some inflammations *begin* in the deep part of the gland, and these you can't check, as a rule, though you may sometimes succeed with guaiac. I have done so in two cases lately. We are usually, however, called in too late. When you find you can not stop the disease, give inhalation of benzoin, hop, or conium, and apply poultices to the outside of the throat. Directly you can see fluctuation, make an opening. As the tonsillitis develops it prevents the patient opening his mouth, and there is some difficulty in getting at the abscess. This is the reason why surgeons sometimes have to let the abscess burst, but this should be avoided, if possible, because it has been followed by dangerous and even fatal hemorrhages. I generally use a curved and guarded bistoury, of which only the last quarter of an inch has a cutting edge, but an ordinary bistoury, the greater portion of the edge of which is covered with diachylon, may also be used. The incision is made with the cutting edge directing inward to the center of the mouth. You must never cut outward, for there is then the danger of wounding the carotid. I would recommend you to incise in cases in which you may be quite certain of fluctuation. A slight puncture, even if pus is not evacuated, does no harm. The use of leeches was at one time common, but Louis the French physician proved that they did not cut short the disease by more than one day, and therefore their application was not desirable. Leeches have the effect of increasing the inflammation rather than otherwise if less than six are applied. Chronic tonsillitis, or hypertrophy of the tonsils, proceeds from two causes. A large number of the cases are the result of a low form of inflammation occurring in childhood. The structure in childhood is very prone to become inflamed. If the tonsils are considerably enlarged, it is important to remove a portion of each. You should never speak of "cutting out the tonsils," as this sounds very alarming to the patient and his friends. Say that you mean to remove only "the diseased and enlarged portion." It is a consideration, when you should do this, how much enlargement should there be before the operation is performed? First of all the question of size is entirely relative. In a large throat the tonsils may grow to a considerable size, and the patient still do quite well. In a smaller throat this would not likely be the case. If the tonsils touch each other you can have no doubt as to

the propriety of taking away a piece. If adult patients come to you with the tonsils slightly enlarged, it is an important question whether you should cut off a portion or not. If the enlargement is associated with frequent attacks of acute inflammation, you ought then to cut away a piece. There is another condition which requires a similar proceeding. When the follicles of the tonsils are much enlarged, you can not cure it except by taking off a section, which may be not more than one-eighth of an inch thick. You thus clear away the walls of the deep follicles and get a flat instead of a "worm-eaten" surface. As to the method of operating, many surgeons do it with a bistoury, and Sir William Ferguson, a great surgeon, for whom I had the greatest admiration, used to perform it in this way; but it was terrible to see the patient struggling with the mouth half full of blood before the operation was completed. Great surgeons will do all they can with a knife instead of what they call a "machine." I always perform the operation, however, with a "machine," a tonsillotome. The particular form I use is a modification of Physick's. The great advantage of this is that its mechanism is quite simple, and my modification enables the handle to be fixed on either side of the blade, so that the operation may always be performed with the right hand if the operator desires. As a general rule lightness of touch is the chief desideratum in operating, but in tonsillotomy it is the reverse. Heaviness of touch is the important thing. The tonsillotome must be pressed well over the tonsil, which is also to be projected into by pressure with the left thumb placed under the angle of the jaw. I once had a colleague who could do very little else, but he took off tonsils marvelously, and as I watched him I observed that it was this heaviness of touch that made him so successful. If you don't attend to this you will not take off nearly so much as you desire. Patients have come to me, a week or a fortnight after the performance of the operation by another surgeon, saying that the tonsil had been removed but has grown again! This of course means that enough was not removed at the operation. It is most important to take off enough. Hemorrhage from this operation is rare, but it has occurred, and the carotid in some instances has had to be tied. I once had a serious hemorrhage to deal with some twenty-five years ago. The usual styptics, and even the cautery failed to relieve it. At last I tried a remedy which I have used ever since with perfect success. A chemist had informed me, a short time before, that a small quantity of gallic acid would prevent tannic acid dissolving. I mixed two parts of the tannic and one of the gallic in a little water, and gave the patient two teaspoonfuls, telling him to sip them slowly. The bleeding stopped almost at once. We have since used the same preparation at the Throat Hospital, and always with perfect success. The patient must be told to *swallow* the liquid, not gargle. Application with a brush will do no good, He should swallow the fluid slowly as if it were difficult to get it down, and must on no account wash out his mouth or gargle.—Dr. J. M. Ross, *Edinburgh Medical Journal.—Amer. Pract. and News.*

THERAPEUTIC BRIEFS.

A wash of equal parts of lactic acid and glycerine is said to remove freckles, and to be harmless to the skin.

Dr. Nicolai (*Gazette Méd.*) employs in the night sweats of phthisis an embrocation of ʒ ij chloral hydrate dissolved in a tumblerful of brandy and water, the patient being rubbed all over, for a few nights successively, with a sponge dipped in this solution.

According to the *University Medical Magazine*, ichthyol four drachms, fresh lard two to three ounces, rubbed in freely, is very beneficial in enlarged glands, erysipelatous skin and in the swollen and stiffened joints of a convalescing case of acute rheumatism. Two to five drops encapsuled internally is said to surpass the salicylates in inflammatory rheumatism.

For Seborrhœa Sicca of the scalp, Vidal (*Progrès Méd.* in *N. Y. Med. Jour.*) suggests the following treatment:—

Precipitated sulphur,	p. xv
Castor oil,	p. l
Cocoa butter,	p. xij
Balsam of Peru,	p. ij.

Mix the sulphur and castor oil thoroughly, then add the cocoa butter by the aid of a gentle heat, and finally the balsam. Rub the ointment into the hairy scalp every morning and evening.

Dr. W. Devine, (*Boston Med. and Surg. Journal*, November 15, 1888,) has used strophanthus in a number of cases of Heart Disease, organic and functional, with beneficial results. No digestive trouble or cumulative effects have been noticed. He has used strophanthin in several cases in doses of $\frac{1}{10}$ to $\frac{1}{50}$ of a grain, being more efficacious in urgent cases than the tincture of strophanthus. The adult dose of the tincture is gtt. x; it may be increased to gtt. xx.

Prof. Dujardin-Beaumetz, in *Therap. Gazette*, Jan. 15th, 1889, in a lecture on Disinfectants, after a long enumeration of the articles employed, states that "the one disinfectant above all is moist heat when it attains the temperature of 110° to 115° Centigrade; but as this degree of heat is not applicable to all the circumstances where disinfection is demanded, we must also employ the liquid and gaseous disinfectants. At the head of the first we must place corrosive sublimate, which is without an equal; then

sulphate of copper. Among the gaseous disinfectants, you must give the first place to sulphurous acid and chlorine."

Creasote may be administered pleasantly as follows, according to the *Deutsche Medizin. Zeitung* (in *N. Y. Med. Journal*) :—

℞.	Creasoti,	p. j	
	Tinct. gentian.,	p. v	
	Alcohol.,	p. xv	
	Vin. Tokay,	p. lx	M.

Sig.—A tablespoonful twice a day in a glass of milk.

For Burns, *L'Union Méd.* (in *N. Y. Med. Jour.*) recommends the following formula :—

℞.	Iodoformi,	p. 80	
	Extract. conii,	p. 40	
	Acid. carbolic.,	p. 1	
	Unguent. rosæ,	p. 600.	M.

A correspondent is informed that Dr. Carl Seiler's Antiseptic Spray, for reducing acute and subacute inflammation of nasal mucous membrane, is the following, according to *Med. Age* :—

℞.	Sodii bicarb.,		ʒ viij
	Sodii bibor.,		ʒ viij
	Sodii benzoat.,		
	Sodii salicylat.,	āā	gr. x
	Eucalyptol,		
	Thymol,	āā	gr. x
	Menthol,		gr. v
	Ol. gaultheriæ,		gtt. vj
	Glycerin.,		℥ viiiss
	Alcoholis,		℥ ij
	Aquam,	q. s. ad.	Oxvj.

This formula gives a solution which is sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of the proper density, it is bland and unirritating, leaving a pleasant feeling in the nose.

At the same time it is antiseptic and acts as a deodorizer, being in this respect far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic. As it is, however, inconvenient for many patients to have so large a quantity of solution on hand, one of our Philadelphia druggists made the solid ingredients into a compressed tablet, so that one, when dissolved in two ounces of water, will make a solution identical in its effects with the solution made after the above formula, and patients prefer the tablets to the solution.

HOW TO PRESERVE THE HANDS.

Surgeons, obstetricians, nurses and others who are compelled to use the various antiseptics, often experience considerable trouble from reddening, eczema and cracks of the skin of the hands, the result of repeated washings and scrubbings with antiseptic materials. Sometimes this condition becomes such as to demand entire abstinence from the use of them for a while.

Fluid antiseptics produce especially a roughening of the skin of the hands, which results in a cracking when the hands are subsequently exposed to the cold air and are not sufficiently dry. Several methods have been proposed to keep the skin of the hands soft and pliable. Of them the one most useful and the easiest to carry out is that recommended by Prof. Liebreich, and published in an article on the above subject by Dr. Geo. Meyers, of Berlin (*Med. and Surg. Reporter*). It has nothing to do with the disinfection of the hands, but merely serves to keep their skin in a normal condition. Moreover, it can be used with all disinfectants without having to fear any further effects on the hands since its use renders the skin smooth and soft. After thoroughly washing the hands with soap, they are well wiped and thoroughly dried; then the hands are rubbed with a little lanolin, and any excess removed with a handkerchief. A little extract of vanilla and oil of rose added to the lanolin makes it more pleasant to the sense of smell.

℞.	Lanolin puriss.	98 parts
	Extract Vanilla,	2 "
	Olei Rosæ.	gtt. j.

Another salve can also be made by substituting for 19 parts of lanolin an equal amount of paraffin.

The lanolin may be conveniently carried about in small metal collapsible tubes. It is to be reapplied after every washing.

In speaking of the favorable effect of lanolin he mentions its power of mixing with water, by virtue of which, after washing the hands, any water remaining on the skin from imperfect wiping is absorbed by the lanolin, and the hands prepared for the cold with the least possible grease. In practice he has used the method with good result for rubbing on the face, as in actresses whose skin had suffered from the use of paint.—*Med. Review.*

CLASS-ROOM NOTES.

In cases of fracture by muscular action, there is generally some structural change, most frequently syphilis. (Dr. Mears.)

As a rule, all cases of catarrh causing eye troubles, as swelling of the lids, etc., are located in the lower part of the nasal cavity, viz., below the inferior turbinated bones. (Sajous.)

Never give mercury in syphilis before secondary symptoms occur; you only mask these symptoms and are unable to ascertain the severity of the case. (Prof. Gross.)

Always tie two ligatures on the umbilical cord. The ligature on the placental end prevents the placenta from becoming emptied of its blood, and thus promotes its separation. (Prof. Parvin.)

To relieve the state of the digestive organs in inflammation characterized by coated tongue, constipation, nausea, etc., when the stomach will bear it, Prof. Gross directs—

℞ Hydrargyri chloridi mitis, gr. v
Ipecac., āā gr. j. M.
Capsici,
Ft. pil. j.

Sig.—12 hours after take two drachms each of Rochelle and Epsom salts.

As a covering for small wounds, Prof. Forbes uses at the Jefferson clinic:—

℞ Olei ricini, ℥iv
Collodii, ℥j
Hydronaphthol, 10%. M.
Sig.—Apply locally.

The best drainage tubes are either red rubber or glass; make the rubber aseptic by scrubbing with soap and water, and keeping in 1 to 1000 corrosive solution; the glass by boiling for ten minutes in simple water. (Prof. Gross.)

For secondary syphilis in broken down subjects, Prof. Gross advises—

℞ Pil. hydrarg., gr. ij
Quiniæ sulphat.,
Ferri sulph. exsiccat., āā gr. j
Pulv. opii, gr. ¼. M.
Sig.—One to be taken after each meal.

In the case of a lady having pseudo-angina pectoris, Prof. Bartholow directed the administration of trinitrin (nitro-glycerine); cut off alcohol and fat-forming foods from the diet, and also ordered liquor potassii arsenitis, gtt. ij. t. d.

As a stimulating wash to chancroids, the following may be used:—

℞ Acid. tannic.,
Extract. opii aquos., āā gr. ij
Cupri sulph., gr. ⅛
Aquæ destillat., f℥j. M.
Sig.—Apply locally. (Prof. Gross.)

For leukemia, in a youth aged 20, with the spleen and one lobe of the liver enlarged, the white blood corpuscles being 1 to 60 red, Prof. Da Costa directed one drop oleum phosphoratum three times a day and—

℞ Iodinii, gr. x
Ol. bergamot, gtt. j
Lanolin, ℥j. M.
Sig.—Rub over spleen morning and evening.

In a case of phlegmasia dolens (milk leg) following typhoid fever, Prof. Da Costa ordered elevation and gentle massage, and—

℞ Chloral hydrat., ℥j
Olei terebinth., f℥j
Liniment. saponis, f℥vij. M.
Sig.—Rub on morning and evening.

For a man aged 25, at the clinic, with secondary syphilis, Prof. Gross ordered the following:—

℞ Hydrarg. iodidi viridis, gr. 1-5
Antimonii et potassii tartrat.,
Morph. sulph., āā gr. 1/24 M.
Ft. pil. j.
Sig.—One t. d.

For a man with chronic interstitial nephritis, Prof. Da Costa ordered a diet of milk, fish, etc., an occasional laxative of Rochelle salts, and—

℞ Caffeinæ,
Sodii salicylat., āā gr. iij
Syrup. aurantii,
Aquæ destillat., āā pp. æq. ad f℥ iv.

In the treatment (medicinal) of the vomiting of pregnancy, Prof. Parvin prefers 3 to 5 drops of tinct. nucis vomicæ given ter die.

Never use cold applications in the local treatment of gout; they may cause retrocession and cerebral symptoms which are dangerous. (Prof. Da Costa.)

In the case of a man with acute parenchymatous nephritis, with scanty urine, pains in the loins and swelling of limbs, Prof. Da Costa directed dry cups to back, saline purgatives (Rochelle salts ℥ss daily), absolute milk diet; and three times daily a fluid drachm of infusion of digitalis.

For hysteria in a girl aged 17, having attacks of rigidity, delusions, but never at night or when alone, with scanty menstruation, Prof. Da Costa directed apiol for the latter condition, and at night—

℞ Chloral hydrat., gr. x
Potassii bromid., ℈j. M.
Also zinc valerianas, gr. iij, 4 times daily.

In the case of a man, æt. twenty-one, with cardiac hypertrophy, Prof. Da Costa directed the diet to consist of milk, fish, vegetables. No coffee or tobacco. Also—

℞ Tinct. aconiti, gtt. j
Tinct. verat. viridis, gtt. iij
Syrup. zingiberis, gtt. vij. M.
This dose t. d.

A favorite prescription at the Lying-in Charity Hospital, Phila., for albuminuria of pregnancy is:—

℞ Acid. benzoic., gr. v
Potassi bicarb., gr. xxv
Spirit. chloroform., ♏ v
Syrup. simplicis, f℥ss
Aquæ destil., q. s. ad. f℥ss. M.
Sig.—Every two hours.

(Dr. Charles Meigs Wilson.)

THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, $2.00 per annum in advance. Single Copies, 20 c's.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, JULY, 1889.

THE DOCTORS' HOLIDAY.

As this journal occupies itself with any and every topic which concerns the welfare of the profession, we cannot do better, we think, especially at this time of the year, than devote a little space to the consideration of the above subject. That everybody is the better of a holiday is pretty generally admitted, as shown by the old proverb, "All work and no play makes Jack a dull boy." When our patients come to us with symptoms of what they call "being run down," we at once order them a cessation from work and a change of scene and occupation. But when the same patient kindly remarks that the doctor is not looking well himself and asks where he is going for his holidays, the latter too often replies that he cannot get away.

With his large and intimate knowledge of the laws of health the doctor should possess an immense advantage over the layety who ignore them, and few should die before reaching the age of a hundred years. But the fact is we daily see the ablest men in the profession succumbing to preventable causes of death in the very prime of life. No man has the right to work himself to death. When we reflect that much of a doctor's experience is bought at the cost of human life, we must realize how important it is that every day he lives his life is becoming more valuable to the profession and the public. We believe that many of those who have thus died in the very prime of their professional life might have lived for many years longer if they had made a practice of every year giving up two or three months to the recuperation of their vital powers.

How best to spend our holidays will depend very much on whether we are practising in the city or country. But no matter where we live the first claim on our holidays should be the attending of the meeting of the National Medical Association, which is held every year in a different part of the Dominion, and for which special low rates are always given by the railway companies. We are thus enabled to become acquainted with the vastness of the territory and resources of our country while travelling, and at the meeting we come in contact with our brethren, albeit for too short a time, but for long enough generally to make many pleasant friendships. During the reading and discussion of papers we are all sure to learn something which on our resuming practice will make us more successful and thus recoup us, perhaps many times over, for the expense of attending the meeting. If we are city doctors, a month in the bracing air of the mountains, either the Rockies or the Adirondacks, will make us keen for work on our return. But we may be asked: What will become of our patients while we are away? In the cities we can leave the names of two or three confreres who will be willing to see our patients for us and on our return hand us in a list of visits made for us during our absence and for which we collect the fees.

In the country we can arrange with our nearest neighbor to do the same, only in this case one must arrange to take his holidays when the other comes back. Even if there is no neighboring doctor it does us and our patients good to be without their doctor for a few weeks, as it gives them an opportunity to realize how much they depend on us, thus preventing them from underestimating our services as they too often do. That which people cannot get is what they want most, and nothing makes patients appreciate their family doctor more than to be in need of him while he is away.

If you have not yet had a holiday this year when this reaches your eye make your arrangements to attend the meeting of the Canadian Medical Association at Banff, or if that is beyond your means pack up your valise and take a trip to the mountains or the seaside, and you will, we feel sure, have no cause to regret the investment.

CONTAGIOUSNESS OF PHTHISIS.

The *Medical Press and Circular*, June 12, contains an article entitled "A Remarkable Decree," commenting adversely on a recent order in the German army to isolate and even remove from the army all soldiers suffering from phthisis. More especially does it take exception to the method laid down for making an early diagnosis. The Minister of War has ordered the chests of the men to be examined once a month, and if they do not reach a certain standard and do not develop with drill and athletic exercise the soldier will be disqualified. We venture to differ from our esteemed English contemporary, as we hold that the disease is decidedly contagious and that it is moreover very difficult to detect it by physical signs at the beginning when isolation should be practised, if it is to do any good. Considering that it is a disease which is almost as fatal as all other diseases put together, and the only one which has so far baffled all treatment, any measure tending towards the stamping of it out is a step in the right direction. We know personally of many cases in which there was absolutely no heredity, but a very strong contagious element, while on the other hand we know of no case where there has been heredity without exposure to contagion either from the parents or from the house in which the case occurred. We venture to say that were it possible to isolate every case and disinfect every house that the next generation would see the disease stamped out. These may be considered advanced views, but they are every year becoming more and more generally received, and we believe that the prevalence of the disease will gradually diminish just in proportion as these views are accepted by the profession at large.

LEPROSY.

A great deal of interest has lately been manifested in this terrible disease, owing to the death at the leper settlement at Molokai of the hero priest, Father Damien, who devoted his life to the moral and physical betterment of the formerly wretched and degraded people. Although he died of leprosy we cannot understand how he acquired the disease. Canada has her leper lazaretto at Tracadie, New Brunswick, where we think there are some nineteen inmates who are looked after by several sisters from the convent of the Hotel Dieu, of Montreal, who volunteered to pass the remainder of their lives there. There is also a physician in attendance who is appointed by the Department of Emigration, under whose immediate supervision the establishment is placed. We have never heard of any one contracting the disease there, though we are personally acquainted with some of the physicians. Neither have any of the sisters who are residing there ever contracted the disease. We have always understood that the disease

was altogether an hereditary one, and that the sole object of the quarantine was to prevent these lepers from cohabiting and thus leaving a leprous progeny to perpetuate the disease. We thus hope that when the present occupants have terminated their unhappy existence the need for the lazaretto will forever cease. It is just possible that Father Damien had inherited the disease.

BOOK NOTICES.

SOME CERTAINTIES IN THE THERAPEUTICS OF EPILEPSY. By C. L. Dana, M.D.

PATHOLOGY AND TREATMENT OF ALOPECIA AREATA. By A. R. Robinson, M.B., L.R.C.P. and S. (Edin.)

THE CORTICAL LOCALIZATION OF THE CUTANEOUS SENSATIONS. By Charles L. Dana, A.M., M.D., of New York.

A RÉSUMÉ OF EXPERIENCE AT THE AURAL CLINIC OF PROF. HERMANN SCHWARTZE, IN HALLE, GERMANY. By Charles H. May, M.D.

PRELIMINARY REPORT TO THE ILLINOIS STATE BOARD OF HEALTH, WATER SUPPLIES OF ILLINOIS AND THE POLLUTION OF ITS STREAMS. By John H. Rauch, M.D., Secretary.

COLOR BLINDNESS IN ITS RELATION TO RAILWAY EMPLOYEES AND THE PUBLIC. By G. Sterling Ryerson, M.D., C.M., L.R.C.S., Edin.; Professor of Ophthalmology in Trinity Medical College, Toronto.

SCARLATINOUS OTITIS. By Chas. H. May, M.D., Visiting Ophthalmic and Aural Surgeon, Randall's Island Hospital, N. Y.; Instructor in Ophthalmology, Vanderbilt Clinic, College of Phys. and Surg., N.Y.; Asst. Surg. N. Y. Ophth. and Aural Institute, etc. Reprinted from "The American Journal of Obstetrics for April, 1889.

THE QUESTION OF RELATIONSHIP BETWEEN LICHEN PLANUS (WILSON) AND LICHEN RUBER (HEBRA), A. R. Robinson, M.B., L.R.C.P., and S. (Edin.) Professor of Dermatology in the New York Polyclinic; Professor of Dermatology and Pathology in the Woman's Medical College of the New York Infirmary; Member of the American Dermatological Association, etc. Reprinted from the "Journal of Cutaneous and Genito-Urinary Diseases." For January, February and March, 1889.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: Cancer and Cancerous Diseases, by Sir Spencer Wells, Bart., F.R.C.S.; Cardiac Dyspnœa and Cardiac Asthma, by Dr. S. von Basch; The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases, by Dr. L. Grellety; Tension as met with in Surgical Practice, Inflammation of Bone, Cranial and Intracranial Injuries, by T. Bryant, F.R.C.S.; Antisepsis and its Relation to Bacteriology, by Dr. J. Neudorfer. Published monthly. Price, $10.00 a year; single copies, $1.00. July, 1889. New York, William Wood & Company, 56 and 58 Lafayette Place.

As will be evident from the perusal of the above titles this volume is in no way inferior to its predecessors. In fact the already high standard attained by the past volumes is being constantly improved upon, and we repeat what we have said before, that we have never seen so much value for the money.

PERSONAL.

Dr. E. L. Keyes, of New York, has resigned the chair of Genito-Urinary and Skin Diseases at Bellevue Medical College, which he has filled with so much distinction, and has been succeeded by Dr. Samuel Alexander, of the class of 1882.

A native of India, while fishing, caught a fish resembling an eel. While trying to bite its head off, the fish slipped into the man's throat, and stuck fast, the fins preventing removal. The man died.

A Bad Beginning.—Young physician (diagnosing a case): "In the first place, sir, you must drink less coffee."

Patient: "I never drink any coffee at all, sir."

Young physician (considerably annoyed): "Well you ought to."

He Missed the Mark.—Young physician (to patient): "What you need is exercise, sir. You should walk more."

Patient (reaching for his pocket-book): "How much, young man? I was walking all last night with the baby."