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# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, JUNE, 1886. No. 10.


## Original Communications.

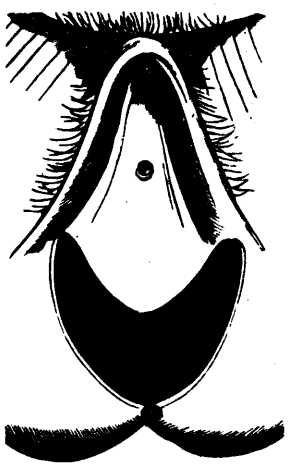
### NEW METHOD FOR THE RELIEF OF RUPTURED PERINEUM.*


BY E. H. TRENHOLME, M.D., B.C.L.

Prof. of Gynecology, Bishop's College, Montreal.


This disease must be as old as parturition itself, and yet, beyond the adjustment of the parts by binding the knees together, in recent cases no really successful advance had been made for its cure till the late ever-lamented Dr. Sims introduced his silver suture. The operations of Baker Brown, and others, were not of any real value, and perhaps the cause or nature of failure was not fully brought out till Emmet's paper upon this subject was given to the world. Now, I do not propose to go over the many points connected with this trouble and the operations attempted for its cure. How much progress has been made can hardly be conceived of by those who have graduated during the last twenty-five years. One of the best and most esteemed surgeons of this City of Montreal, and, I might say, of this country, endeavored to dissuade a confrere from attempting the operation, stating that "it was sure to be a failure." Not only did he do this, but used his endeavors to prevent the lady from having the operation performed. Thanks, however, to the silver suture and the courage of the operator, the operation was successfully performed and the patient cured. This, occurring in our good city, speaks volumes. For my own part I think the evils resulting from severe lacerations are very great, and if anything, I may say, will direct more attention to the prevention of these evils, I will be satisfied. I feel confident that the sum-total of the sorrow and misery arising from this cause vastly exceeds our conception. It is a recognized factor in the causation of subinvolution of the vagina and uterus, and I am persuaded its results are not limited to these organs, but that the tubes and round ligaments share in the same mischief. It is a fruitful cause of retro-laxations of the uterus and prolapsus of the bladder.

Of all the marital misery and personal distress I need say nothing—these, of course, vary with the peculiarities of individual cases and the extent of the disease. I will not speak of the well known prepartion of the patient required, especially in extensive lacerations; you all know as to this and the after-treatment also. There is one remark I wish to make as to what is known as the perineal



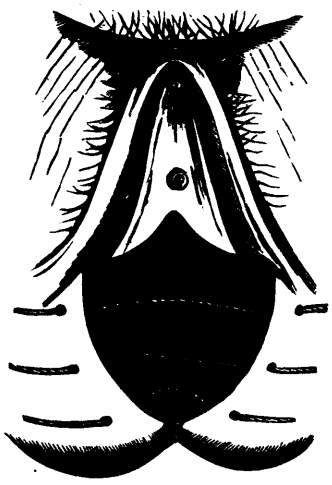
No. 1.

body. Some writers have made light of its existence, because its anatomy and relations are not sufficiently definite to merit, as they think, this appellation. That every uninjured perineum has such a body is unquestionable, and the restoration of this body is *the one* object of perineorraphy.

An operation is successful or unsuccessful, according as to whether this end of the operation is or is not attained—without it the natural support of the pelvic viscera is impossible—not only is there apt to be hernia of the anterior rectal wall, but prolapsus of both bladder and uterus—and this in the order I have given them. The best success, heretofore has followed Emmet's operation. His conception of the trefoil character of the surfaces to be brought together, is based upon a right conception of the anatomy of the parts. The perineal

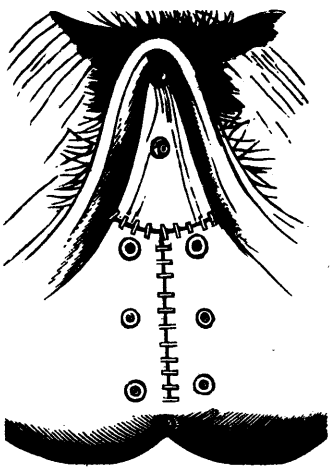
*Read before the Medico-Chirurgical Society, Montreal, April 2, 1886.

body being the central, and the lateral surfaces the outside leaves of the trefoil—each sulcus represents the lateral borders of the vagina and rectum. Perfect union of these surfaces leaves but little more to be desired. What remains to be attained is the object of what I now offer. In



No. 2.

the first place, the loss of any tissue is to be avoided, and sure union by first intention, the desideratum to be attained. My operation is based upon the recognition of the immense value of the perineal body. I denude the surfaces to the fullest extent of the parts injured. This denudation is accomplished by the removal of the covering of the parts to be denuded in the cicatricial surface in *one* piece. For this purpose the first incision is made at the upper part where the edge of the skin coalesces with the cicatricial surface—the dotted line in sketch No. 1 shows this—the knife is entered at the highest point on the right side, and the incision brought down to the lowest part of the fourchette, when it is met by a similar incision on the left side. The lowest part of the angle is then seized with the forceps and carefully dissected upward, taking special care to remove the whole surface without incising the flap — this dissection is carried on till the surface represented by the original wound is uncovered. This flap, when raised with the hook, is seen in drawing No. 2. The next step is the introduction of the sutures, (which should be of catgut, as they cause very little irritation and usually come away in 6 or 8 days) and upon this point I would say a word in favor of the use of the clamp shield suture, which I adopt. It is by far the best one. This is because it gives the greatest possible extent of surface to surface—much greater than can be secured by any other means. Two deep sutures usually suffice, and these—whether silver, silk, or catgut—are passed in and secured by clamped shot upon an ivory shield. The first suture should be inserted low down, and about $\frac{3}{4}$ of an inch from the edge of the wound. It must be passed under the denuded surface so as not to appear, and brought out on the opposite side at a point corresponding to that of insertion. The second deep suture is similarly introduced higher up—the last deep suture should catch the flap, and the interrupted suture will do for this. The edges of the wound are coapted by horse-hair sutures, while the upper part of the flap on the right and left side are secured by the running catgut suture—this leaves the united surfaces in the shape of the letter T. The vaginal surface of the wound is perfectly covered, and in no way can a drop of fluid enter the wound or interfere with union by first intention. There is very little pain, inasmuch as the deep sutures are clamped and allow of distention. Interrupted sutures should not be used. Where the rupture extends into the rectum the flaps are carefully brought together by running catgut sature, and the operation completed as in this case.



No. 3.

The objection felt to all former modes of operating was that it left the vaginal incision open, which sometimes therefore interfered with union by first intention. This, by my method, is now impossible, and when catgut is used the results of the operation

leave absolutely nothing more to be desired. The following points are gained 1, perfect union, 2, perfect restoration of the perineum, 3, no loss of substance, and 4, no after fever worthy of the name.

Sketch 3 shows the condition of the parts at the completion of the operation.

## TETANUS FROM TOOTH EXTRACTION—RECOVERY.

BY A. C. GAVILLER, GRAND VALLEY, ONT.

On the 26th March, W. P.——, æt 30, called at my office to have a tooth extracted. The tooth was the first molar in the lower jaw, right side. He stated it had been aching for two weeks, and he thought it was ulcerated. He said he had slept very little for several nights previous, owing to the pain; and otherwise expressed himself apprehensive of the result. Upon adjusting the tooth forceps and tightening my hold I found the tooth was extremely tender, and upon attempting to draw the tooth, the patient moved his head, thereby causing the forceps to slip, breaking the tooth, one root remaining firm in the socket, the front root coming half out, when the tooth broke leaving the root in a twisted position, pointing outwards, but still quite firmly fixed in the socket. The patient appeared to suffer intense pain, and drew his breath in deep, violent and spasmodic gasps. He also complained of stiffness in his hands, especially the right, and I now perceived that the fingers and thumb, though quite straight, were drawn together at the extremities and appeared to be quite stiff so as to oppose all motion, either voluntary or passive, as though partially frozen. On trying to open his hand the resistance was similar to that in a muscular cadaver during the rigor motis. He also complained of a similar stiffness in his feet. With a fresh pair of forceps I extracted the root which was raised in the socket, after which he said the pain in the head was much easier, but the stiffness of his hands and feet did not abate. The tooth was extracted at 1 p m. A gentleman who happened to be in my surgery, and myself, hastened to apply vigorous friction to the affected hands and feet, with decided improvement, so long as the friction was continued, but on ceasing the friction, the stiffness advanced rapidly up the arms and legs, invading the muscles of the chest, causing extremely labored respiration. I administered chloroform at 1.25, but it did not appear to arrest the rapidly advancing rigidity, while the irritation of the vapour on the lining of the bronchial tubes excited spasmodic contraction of the bronchial muscular fibres, so that respiration resembled that of a typical case of asthma. As these means failed, I administered ether, one drachm in three drachms of alcohol, diluted with water, and injected $\frac{1}{8}$ grain of morphia, while vigorous friction with whiskey was continued on the patient's limbs, which, despite our utmost efforts were rapidly becoming more rigid. The friction undoubtedly retarded the progress of the spasms as the patient expressed himself feeling better and having less stiffness in the limbs when the friction was freely applied. The character of the spasms was throughout, one of tonic rigidity with exacerbations. An exacerbation would commence in the hands and feet and rapidly travel up the limbs in a wave-like manner toward the trunk. In the trunk the muscles of the back were principally affected. The neck also was drawn forcibly backwards, which, together with the contraction of the muscles of the back, gave the typical appearance of opisthotonos. During two of the exacerbations respiration was entirely suspended, owing to the complete rigidity of the muscles of the thorax, so that the patient lost consciousness by apnœa. The heart also appeared to be implicated by the spasm, as the pulse ceased to beat during the acme of his most violent attack, in which his hands were so firmly clenched that an assistant who was engaged in rubbing one of the patient's hands—felt his hand almost crushed by the vice-like contraction of the patient's fingers. Another assistant, a powerful and heavy man, was lifted off his feet by a spasm affecting the lower limbs. At this time, about 2 p.m., the rigidity invaded the muscles of the jaws so that they were several times firmly locked, while the patient remained perfectly conscious. During the remissions, the patient complained of numbness and stiffness of the hands and feet and in a less degree of the legs, with stiffness of the jaws; but with these exceptions, throughout the whole attack, the patient's senses were perfectly clear and his mind collected, except when almost suffocated by the extreme rigidity of the muscles of the thorax. The spasmodic contraction affected the muscles of the eye to such an extent that the

cornea was frequently completely invisible, from extreme rotation of the eye-ball. At 2.30 the pupil was much contracted by the morphia, but the spasms were yet at their height. I, therefore, again had recourse to the morphia, believing that my only chance of success lay in deadening the nerve-centres before the circle of vicious reflex action became fully established. Whilst charging my hypodermic syringe the patient had so severe an exacerbation that my assistants, with one exception, pronounced him dead, some leaving the room. I immediately injected ¼ grain of morphia partly in the temple, and the remainder in the forearm; both of which parts were immediately subjected to powerful friction. The injection took effect rapidly and the spasms shortly began to abate, and by 3.15 had entirely ceased. The parts last affected were the muscles of the little fingers. No sooner had the rigidity ceased, than the patient sank into a somnolent condition. Those functions, which, during sleep are continued by reflex action, appeared most affected, for while his sleep was yet light, his respiration entirely ceased, so that when I re-entered the surgery, after an absence of a few moments, I found his features livid, his pulse almost imperceptible, and no visible respiratory movement. I immediately called him loudly by his name and he readily awoke and sat up, but shortly lay down and relapsed into the former condition of light sleep, his respiratory movements being very slight and gentle, and diaphragmatic, but not at all slow. In this condition he continued, gradually becoming more wakeful. At 7 p.m he complained of occasional twitching of the muscles of the arms and shoulders, which, probably, was at least in part due to the action of the morphia, which I have observed to produce similar effects in other cases. For this twitching Dr. A. Groves, of Fergus, in whose care I had left him for a short time, administered one drachm of pot. brom., and advised a similar dose at midnight, which was given. The bromide speedily relieved the twitching. Several assistants watched the patient through the night. About 2 a.m. he was observed to fix his eyes on certain objects, and extend the fingers of his right hand in a very peculiar manner. I prescribed ⅓ grain morphine per orem. After this he slept gently until half-past five, when his breathing suddenly became very faint, and his pulse almost imperceptible. My assistant found it extremely difficult to arouse him, but after shaking him vigorously and speaking loudly to him he roused up, and when I saw him a few moments later I found him easy to arouse, and his respirations of ordinary rapidity; but entirely diaphragmatic and of small ampiitude. I think, when the ⅓ grain of morphia was admininistered at 2 a.m., patient was still influenced by that, which had been given the previous afternoon, and that ⅛ grain would probably have been a preferable dose. During the next three days he gradually regained strength, although it was some days before he could fully open his mouth. The jaws did not seem stiff, but the mouth opened only so far and then came to a full stop. Movement was free so far as it went. I did not permit him to leave my surgery until twenty-six hours after the final disappearance of tetanus, neither did I allow him any solid food. When he awoke on the fourth morning, he found the third and fourth fingers of the right hand firmly flexed on the palm, so that it required some time and friction ere he could extend and move them freely. He also felt very nervous and shaky, and complained of palpitation of the heart. I therefore prescribed the following:

℞ Tr. Cinch. Co. . . . . ℥ i.
Pot. Brom. . . . . ℥ i.
Tr. Digital, . . . . . ℥ ii.
Aqua. Ad. . . . . ℥ viii.

S.—℥ss. ter. in die. —M.

From this time he rapidly improved, and when I last saw him, April 2nd, he expressed himself as being in his usual state of health.

## FIBRO-CYSTIC TUMOR OF UTERUS AND OVARY—OVARIOTOMY—RECOVERY.

BY K. N. FENWICK, M.A., M.D., PROF. OBSTETRICS AND GYNECOLOGY ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

Mrs. B. aged 36, married eleven years; no children; no miscarriages; always regular. About eight years ago first complained of pains in the abdomen, and was informed by her physician that she had a tumor. About two years ago she moved to Kingston, and upon examination I found a tumor in the right side of abdomen about the size of a child's head, hard and evidently containing fluid. At that time there were no indications of its fibrous character, and I had the impression that it was

ovarian, but as the symptoms were not urgent an operation was not suggested. She soon after this left Kingston and moved to Carlton Place, where the tumor rapidly became larger, and as the pain, distension, and vomiting became very troublesome she was tapped to give temporary relief. The cyst very rapidly refilled, and four weeks afterwards the symptoms becoming very distressing she came to Kingston General Hospital to have the tumor removed.

On admission she was hardly able to retain any food; the abdomen was very fully distended, tense, and marked by veins; she suffered constant pain in her side; and her face had an expression of hopeless anguish.

On the 21st of April, 1886, the room being heated to 80°, and with strict antiseptic precautions, bichloride of mercury being the agent employed, and assisted by Dr. Stirling, and Messrs. Errett and Robertson, medical students, I proceeded to operate. The spray was not used

An incision was made four inches in length, from below the umbilicus towards the pubes in the median line, cutting the tissues in order upon a director until the peritoneum was reached, which was carefully cut in the same way. A sound was then introduced and passed all round the anterior and lateral walls to feel for adhesions, but these were slight and easily freed. She was then turned upon her right side and the cyst punctured with a curved trocar and sixteen quarts of a greenish-yellow fluid removed, the cyst walls being gradually drawn out, and a solid mass as large as two fists which again was found to be attached to the whole of the upper border of fundus of uterus and the right broad ligament. An endeavour was made to tie this broad pedicle with silk in sections, but as it was found to be useless this was tied and left in. The pedicle then consisting of uterus and broad ligament, fully eight inches wide, was sewed with silver wire, using the cobbler's stitch as recommended by Emmet. The cyst walls and solid mass were then cut away about an inch from this, and as there was still a good deal of oozing from the stump it was held up to the wound by the fingers and seared thoroughly with the thermo-cautery, and then as it still bled it was swabbed with perchloride of iron, and dropped into the pelvic cavity. The abdominal cavity was then carefully sponged out, the edges of the peritoneum sewed up with a continuous catgut suture, finally including the rest of the wound. Collodion, iodoform gauze, bichloride gauze, absorbent cotton and a bandage completed the dressing. No drainage tube was used. She suffered severely from shock for a few hours, but soon recovered, and the next day her pulse was 120, temp. 100° and resp. 33. Her condition remained about the same until the 8th day, the vomiting having ceased since the operation, and having no pain whatever nor even tenderness over abdomen. Her diet for forty-eight hours consisted simply of iced brandy, and then she was allowed milk and limewater, and for a week milk and brandy only.

The wound was dressed on the 8th day and found perfectly united without a drop of pus. On the evening of the 8th day her temperature went up to 105°. On examining the wound there was found a little gaping of the skin in the centre and some bloody serum oozed out, but it had no smell, and after washing it out with bichloride solution it ceased. During the next few days the skin gaped a little but the deeper parts were perfectly healed and the outer part of the wound was closed with adhesive plaster.

Quinine in 10 gr. doses was given in capsules twice a day, and the temperature then came down to 101° and hardly ever rose higher, and about the 19th day after the operation it became normal.

About the 9th day she had diarrhœa which continued more or less for several days, but was kept in check with starch and laudanum injections, and also by sulphate of iron, and lactopepsin in capsules.

On the 20th day she sat up for the first time and was allowed to have full diet, since which time her recovery has been uninterrupted, leaving for home on the 17th May in good spirits.

## Correspondence.

### ONTARIO MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR,—In common with many others, I am glad to note that an effort is being made to get the members of the profession in Eastern Ontario to take more interest in the success of the Association, and to manifest that interest by attending the meetings with more regularity. I sincerely hope the effort will be successful, and that this year the wise men from the east will appear in

greater force at the coming meeting at Toronto in June. You will pardon me, I trust, for mentioning one matter which I have frequently heard spoken of, and that is, that in the management of the affairs of the Ontario Medical Association the men from eastern Ontario seem to be somewhat slighted. This may never have been done intentionally. However, while the Association has been in existence now nearly five years, and a new President has been chosen each year, no one east of Toronto has ever been selected for that honorable position. It is true that each year some eastern man is selected for vice-president, but at the close of the year, instead of being promoted to the presidency he is retired and another chosen for the vacant position. Some of us think that when a man has been selected as vice-president, he should, before being retired, be allowed to have the honor of the presidency. I am glad to learn that some who take a prominent interest in the Association have stated that the present vice-president from eastern Ontario will likely be selected president for the ensuing year. If this is the case I am sure no one will express or have reason to feel the slightest dissatisfaction. One more suggestion and I will stop. Let some effort be made to suppress the paper fiend—I mean that individual who turns up at every meeting with a paper or something which he must read, and although no one but himself thinks his production is a clever one, yet he seems to think it necessary to take up valuable time which might better be devoted to interesting discussions on the different reports. These discussions always bring out the views of some of the best medical men in the Province, and are most instructive to the oldest of us. The Association should not be divided into sections for this divides the interest, and usually the room of one section is full while that of the other is almost deserted. Perhaps these suggestions will do no harm.

Yours, OLD SCHOOL.

## Selected Articles.

### CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

*Hernia.*—In old people with long standing hernia the curative action of a truss cannot be looked for; but in all recent cases at all ages a truss must be applied, not simply as a palliative, but in order to effect a cure. The younger the patient, the greater is the probability of this good result. The hernial protrusion, after it has once been reduced, should never be allowed to come down again. Although in the recumbent posture the chances of the hernial protrusion occurring are diminished, still, as any exertion, as in the act of coughing, may during the night cause the protrusion, a truss should be worn day and night. During the night less pressure is required to keep up the hernia, and if a spring truss is irksome to the patient the hernia may be kept up by a thick pad of layers of lint or layers of flannel, fixed in position by an elastic spica bandage.

(*a.*) In inguinal hernia a double spiral truss is preferable to a single-headed truss In young children the presence of an inguinal hernia on one side indicates a tendency to hernia on the opposite side; in the adult the same factor is at work, although in a less degree; for this reason the use of the double-headed truss is indicated. A double-headed truss also fits more comfortably, and gives that general support to the lower part of the abdominal wall which renders the patient infinitely more comfortable than if he used simply a single-headed truss. In inguinal hernia care must be taken that the pad of the truss does not press on the spine of the pubis. In the oblique variety the principal pressure should be over the situation of the internal abdominal ring, and the head of the truss should not extend to a lower level than immediately below Pourpart's ligament. Otherwise, when the patient stoops, the tissues of the thigh, pressing on the lower part of the head of the truss, are apt to displace it in an upward direction and render it inefficient, the hernia escaping below it. Although in some rare cases a perineal band may be necessary, every endeavor should be made to avoid its use, as it is irksome. The wearing of a piece of boracic lint below the pad of the truss prevents chafing and irritation of the skin, and the parts are kept dry, the presence of the lint allowing of free evaporation. The pad must be flat and have no tendency to press into the inguinal canal. All that is required is to support the weakened wall, and any pressure into the canal tends to weaken by atrophy the structures which form its walls, and in this way to prevent a radical cure. Everything should be done to imitate Nature's way of curing a hernia, namely, by contraction of the neck of the sac and contraction of the fascial structures which surround the neck of the sac. The surgeon should see to the application of the truss himself. The weaker the truss the better, as long as it fulfils its object, keeping the hernia up. Each time the hernia is allowed to come down the tissues are stretched. The good work of weeks is undone by a single protrusion, and hence the im-

portance of explaining to the patient the necessity of never allowing the hernia to come down.

(*b.*) In umbilical hernia the natural tendency to contraction of the abdominal opening is interferred with if a nipple-shaped pad is used. The pad must be flat, of a considerable size and thickness, and in the child it is best kept in position by the use of a broad elastic bandage. If the pad is made of layers of flannel, it should be placed next the skin, under the chemise ; the elastic roller is then passed round the body over the chemise, and a large safety-pin is passed through the bandage, chemise and pad, fixing the last firmly in position.

(*c.*) In femoral hernia the great depth of the crural ring through which the hernia protrudes prevents pressure being made directly upon it, and in this form of hernia the use of a small nipple-shaped triangular pad, fitted on to the ball and socket joint of the Salmon & Ody truss, as first recommended by Prof. Spence, is the most efficient means of keeping up the hernia. By the judicious use of what is termed a keeper, the lower extremity of the pad can be tilted upwards and backwards, increasing the efficiency of the appliance. In some cases of inguinal hernia, instead of the fixed head, the Salmon & Ody ball and socket pad arranged with a keeper may be found useful.

(*d.*) A hernia, apart from strangulation, is irreducible either in consequence of adhesions of the omental contents to the inner surface of the sac wall, or in consequence of induration and chronic enlargement of the omental contents after they have passed into the hernial tumor. In the former case, in order to reduce the hernia, a cutting operation will be necessary, opening the sac, dividing the adhesions, and returning the contents. In the latter case, namely, where there is induration with thickening of the omental contents, the reduction of the hernia is generally effected by prolonged treatment in the recumbent posture, the foot of the bed being elevated, and the patient kept on low diet. Some years ago the writer had under his care a patient with a large irreducible inguinal hernia, in whom repeated attempts had been made to reduce the hernia by the methods indicated above. In that case, the continuous use of elastic pressure over the whole surface of the inguinal tumor, by means of an elastic bandage, enabled him to completely reduce the hernia after three days of continuous pressure. Since that time several cases of irreducible inguinal, femoral and umbilical herniæ have been treated in this way with most satisfactory results ; and in every case of irreducible hernia this method should receive a fair trial before cutting down and relieving the irreducibility by operation.

In the reduction of an inguinal hernia the mobility of the neck of the sac, where the constriction exists, is a great obstacle to reduction. It is therefore necessary to fix the neck of the sac with one hand before applying pressure over the hernial tumor with the other hand. If the hernia is of large size, the reduction is often facilitated by getting an assistant to fix the neck of the tumor, the surgeon applying pressure with both hands over the hernial mass. In femoral hernia it is impossible to fix the neck, and, although the anatomical relations here render the neck of the sac less mobile than in inguinal hernia, still the impossibility of grasping the neck during taxis is in all probability the main reason why taxis fails more frequently in femoral than in inguinal hernia. The pressure in femoral hernia is mainly on the apex of the tumor, and as the effect of pressure is often simply to change the shape of the tumor, its reduction is not effected. In inguinal hernia the neck of the sac can be fixed, and the pressure can be applied over the surface of the tumor in a more efficient manner.

(*e.*) When a hernia is strangulated, that is to say, when there is an obstruction to the blood-flow into and out of the hernial tumor, if taxis fails, there should be no delay in operating. It is often a very difficult matter in practice to distinguish a strangulated hernia from an inflamed hernia, in which there is no inflammation of the contents of the hernial tumor apart from strangulation. It is also difficult to diagnose a strangulated hernia from an obstructed hernia, in which there is an obstruction to the free passage of the contents of the bowel within the hernial sac. In the first case it is a local peritonitis, in the second a local constipation. Both conditions, if they persist, end in strangulation. When the surgeon is in any doubt, he should operate. In all cases in which there are any symptoms which may be referable to a strangulated hernia, a careful examination by sight and touch must be made of all the situations in which a hernia may exist ; and if in any of these situations a swelling is discovered, however unlike it may be to a hernial tumor, the surgeon should cut down upon the swelling, and carefully examine its exact nature. He may find, for example, only an inflamed gland, or he may find a small hernial tumor behind an inflamed gland. In the former case no harm has been done ; in the latter case delay would probably mean a fatal result. Do not be deceived by a free passage of the bowels after the symptoms of strangulation have commenced. In women more particularly, two or even three free movements of the bowels may take place after complete strangulation. The bowels being loaded with fæcal matter, the passage of this fæcal matter per anum deceives the surgeon, and he delays operating until it is often too late. After operating, relieving the constriction, and returning the contents, ligature the neck of the sac, and stitch together the structures which surround the neck —perform, in other words a double operation ; firstly, relieve the strangulation ; and, secondly,

attempt to cure permanently the tendency to the formation of a hernia. In performing the radical cure, therefore, either after the operation for strangulated hernia, or after operating on an irreducible hernia which has resisted carefully applied elastic pressure, or after operating on a reducible hernia which cannot be kept up by a truss, imitate Nature's method of cure,—ligature with catgut the neck of the sac, and stitch together the anatomical structures which surround the neck of the sac.

*The Rectum*—In all rectal affections there is often great depression of spirits. There is a close physiological connexion between the genito-urinary tract and the rectum. Very frequently a patient will come to you complaining of irritability of the bladder, which may be due to some rectal irritation, *e. g.* piles or fissure ; and it is, therefore, a good rule in all cases of irritable bladder to make a careful examination of the rectum, anus, and perineum. In all rectal examinations care must be taken to ascertain before making the examination that the patient is not suffering from acute syphilis. The discharge from an ulcer when the patient is in this state is infectious. In an examination of the prostate it is best to place the patient on his back ; but in an examination of the posterior rectal wall the patient is best lying on his left side. In the married female, the surgeon with two fingers introduced into the vagina can by pressure cause protrusion of the mucous membrane of the rectum, and in this way assist the diagnosis in cases of fissure and of internal piles. The best way, however, of examining a male patient is to make him lean over the back of a chair. If the buttocks are then separated, much may be learned by a visual inspection of the perineum. If there is any discharge the skin of the perineum will be more or less excoriated, the area of excoriation corresponding to the portions of skin in apposition with each other. If there is a fissure, the opening of the anus will be firmly closed by the contraction of the sphincter, and the patient shrinks from any tactile examination. One small external pile is often an indication of the presence of a fissure at its base. A venous pile, due to the rupture of a small vessel at the junction of the skin and mucous membrane, will be indicated by a bluish colored projection at the seat of the rupture. A redundancy of the folds of skin around the anus indicates in all probability the presence of internal piles within the opening. A leathery appearance of the skin around the anus is seen in the affection termed pruritus ani. After a careful visual examination the finger well oiled is to be introduced gently, and with a rotatory movement into the cavity of the rectum. In some rectal conditions associated with an abnormal dryness of the mucous membrane in the narrow part of the canal corresponding to the internal sphincter, this dryness will be best overcome by the injection of an ounce of warm oil before attempting to introduce the finger. After the finger is fairly within the rectum, inflammatory affections of the mucous membrane will be indicated by increased heat within the rectum. The presence of a fissure will be discovered as the finger is being introduced. Some fissures lie immediately within the opening. In this case the lower extremity of the fissure will be observed by forcibly separating the buttocks, and stretching the skin around the anus. In other cases the fissure lies altogether within the opening, and can only be diagnosed by feeling it with the finger. An anal speculum may be used in doubtful cases, but the educated finger is the best diagnostic. The condition of the prostate is carefully to be noted : (1.) With regard to its size and its shape, increase in size of one or other of the lateral lobes indicating lateral hypertrophy of the gland. (2.) As to the presence of a soft point or points, indicating either inflammatory abscess or tubercular deposit in the process of disintegration.

In the examination of a fistula with a probe, the finger in the rectpm will enable the surgeon to discover more easily the internal opening. In stricture of the rectum the stricture is almost always within reach of the finger, and the condition of the stricture can be carefully examined. After the finger is removed the presence of pus or slimy blood-stained mucus will indicate the existence of an ulcerated surface. Diarrhœa is often a symptom of stricture of the rectum, and in anyone above middle age who suffers from persistent diarrhœa a rectal examination should always be insisted upon in order to assist the diagnosis.

## DIFFERENTIAL DIAGNOSIS OF HEPATIC DISEASES.

Dr. W. E. Quine *(Western Medical Reporter)* : The diagnosis of a disease of the liver is accomplished by comparing, successively, each group of symptoms known to be characteristic of a disease of the organ, with the group presented to our patient, and then deciding which of the former fits our case. The presence of jaundice is a prominent feature of some groups, while its absence from others is equally noticeable. Hence its presence in any case of disease before us, limits the process of comparison to those diseases whose symptomatic groups contain it. The same may be said of other striking symptoms, such as pain, ascites, enlargement of the affected organ, etc.

Consider the diagnostic relations of jaundice first :

1. Remember that its absence is not proof of the absence of hepatic disease. 2. Intense jaundice, clay-colored stools, and a distended gall bladder, indicate obstruction of the common duct. 3.

Jaundice, preceded by a history of severe pain, is of calculous origin, and due to obstruction of the common duct. 4. Jaundice, associated with an antecedent history of similar attacks, points to gastro-duodenal catarrh, or to biliary calculi, as the primary morbid state. 5. If it occur suddenly, in apparent health, it is due either to obstruction of the ducts, or to emotional disturbance. 6. If it appear slowly, yet progressively, it is due either to stricture, or to compression of the common duct. Stricture usually has an antecedent history of biliary colic, and compression is often associated with a discoverable tumor. 7. Slight but persistent jaundice is due either to incomplete obstruction of the biliary ducts, or to passive congestion of the liver. Passive congestion depends on some thoracic obstruction to the circulation—either disease of the heart, or disease of the lungs. 8. Very slight jaundice, associated with an abnormally small liver, indicates sclerosis of the organ. 9. Jaundice, associated with enlargement of the liver, is, in acute cases, of catarrhal origin; and in chronic cases it is usually due to cancer, but occasionally due to hypertrophic sclerosis. It occurs in over fifty per cent. of the cases of cancer. 10. If jaundice be attended with fever, it is due either to gastro-duodenal inflammation, or to inflammation (infective) of the portal vein; or it is a complication of some specific febrile disease. 11. Jaundice, associated with ascites, indicates either cancer or sclerosis. In cancer the liver is abnormally large, and in sclerosis it is abnormally small. In cancer, ascites occurs in seventy-five per cent. of the cases. 12. Jaundice, associated with cerebral disturbance, indicates either acute thoracic inflammatory obstruction to the circulation, or specific febrile disease; or, in very rare cases, acute yellow atrophy of the liver. 13. Jaundice is not a characteristic symptom of hepatic abscess, waxy degeneration, fatty infiltration, or hydatid tumor of the liver, though it may occur in any of these diseases.

Consider now the diagnostic relations of some other prominent symptoms of hepatic disease:—

1. Enlargement.—This is marked, and symmetrical, in amyloid degeneration, and sometimes in passive congestion; marked, but symmetrical in cancer, hydatid tumor, and in ninety per cent. of the cases of abscess; symmetrical, but not marked, in congestion (ordinarily), acute biliary obstruction, fatty, and pigmentary infiltration, and hypertrophic sclerosis. 2. Enlargement and Jaundice.—These conditions co-exist in cancer, obstruction of the bile ducts, passive congestion and pigmentary infiltration. Jaundice is marked in fifty per cent. of the cases of cancer, and in all cases of biliary obstruction; but in passive congestion and pigmentary infiltration, it is usually slight 3. Enlargement, Jaundice, and Ascites.—The conditions co-exist in cancer. 4. Shrinking and Jaundice.—Occur in acute yellow atrophy. 5. Shrinking and Ascites.—Occur in sclerosis. 6. Fever.—In acute yellow atrophy, the temperaturte of the body is 100°, or over; and in hepatic abscess there is usually an obscurely periodical fever, of variable intensity, associated with much sweating. 7. Emaciation—It is rapid in cancer, and usually in abscess; and slow in cirrhosis. 8. Hemmorhagic Tendency.—It is very marked in acute yellow atrophy. It often exists in cases of chronic jaundice and anæmia depending on cirrhosis, cancer, and pigmentary infiltration. 9. Cerebral Symtoms.—They are striking in acute yellow atrophy, and in advanced pigmentary infiltration.

Finally, let us consider the diagnostic features of the important diseases of the liver and biliary passages:—

1. Catarrhal Jaundice.—Begins with symptoms of gastro-duodenal catarrh; the jaundice lasts two or three weeks, and is associated with some enlargement of the liver and local discomfort; the stools are clay-colored, and sometimes the gall-bladder is noticeably distended. 2. Obstructions, Cystic Duct.—Here there is a pyriform tumor, but there is neither jaundice nor clayey stools. 3. Obstruction, Hepatic Duct.—No tumor of the gall bladder; decided jaundice, and depending on the seat of obstruction, the stools may be clayey, or of normal coloration. 4. Biliary Colic.—Usually comes on two or three hours after a meal, or immediately after vigorous exercise; calculi appear in the stools; jaundice occurs within a day or two. There is no evidence of intestinal derangement (colic); no stercoral vomiting (intestinal obstruction); no pyuria or hæmaturia (renal colic). 5. Passive Congestion.—There is either disease of the heart, or obstructive disease of the lungs; the liver is large, sometimes very large, firm and tender; sometimes there is bilious vomiting and purging, and also slight jaundice. 6. Sclerosis or Cirrhosis.—Nearly always a history of intemperance, constitutional syphilis, or chronic biliary obstruction ("biliary cirrhosis") precedes it; onset insidious; course, three months to six years The liver is small; dyspeptic symptoms are associated with ascites, and prominence of the epigastric veins. 7. Amyloid or Waxy Degeneration.—There is a history of profuse suppuration, or of syphilis or tuberculosis without suppuration. Liver is large, smooth, and hard; spleen also; there is albuminuria; late, the gastro-intestinal canal becomes irritable; general health impaired; course of the disease is slow. 8. Fatty Infiltration.—Liver is large, smooth, soft, and its edges are rounded. Dyspeptic symptoms usual; also symptoms of heart failure. Without the latter, diagnosis cannot be made. 9. Pigment Infiltration.—Always associated with a history of chronic malarial infection. At first the liver is enlarged, but later it shrinks. Symptoms of gastro-intestinal catarrh

occur, and they are associated with bronzing or pigmentation of the skin, a hæmorrhagic tendency, headache, tinnitus, vertigo, delirium, and involuntary discharges. 10. Cancer. — The cancer is secondary in fifty per cent. of the cases, to cancer of the stomach, rectum, etc. Sometimes there is a history of heredity. Cachexia occurs; rapid emaciation and impairment of health; anæmia and a hæmorrhagic tendency; jaundice in fifty per cent. of the cases; ascites in seventy-five per cent. of the cases; the liver enlarges rapidly, but irregularly; there is lancinating pain. 11. Hydatid Disease.—Results, usually, from close association with infected dogs. The health is undisturbed, unless pressure effects of the tumor derange it. The liver is the seat of a great, irregular, painless tumor, which *may* exhibit "hydatid fremitus" when percussed. In case of doubt, aspirate. The fluid is non-albuminous, and it contains "scolices."

## THE DIETARY IN INDIGESTION.

BY J. MILNER FOTHERGILL, M.D., EDIN.

When I hear medical men denouncing a regulated dietary in indigestion, my surprise is excited. Is it a malady to be combated by drugs only? I do not think anyone will support that proposition. Medicinal agents are not without their value; but the medicinal treatment of indigestion is surely but ancillary to the dietetic management. That a regulated dietary is too often a restricted dietary —so restricted indeed that the patient is practically half-starved—may be admitted. But need a regulated dietary necessarily be a very restricted one? I opine not; if the matter of the dietary of the dyspeptic be given a little more attention.

And for this it is well to keep the physiology of indigestion in mind. Digestion is solution by hydration so that the carbo-hydrates and albuminoids may pass through the wall of the alimentary canal; after which they are de-hydrated—else they would pass out by the kidney, giving glycosuria and peptonuria and leaving the body unfed. But a preliminary to solution is disintegration. If mastication be not properly performed the "lumps" of food find their way into the stomach and offend it.

Pastry, pieces of hard potato, cheese, are notorious offenders. The solvent action of the gastric juice can exercise no disintegrating effect upon the substances, while they act as irritants and set up pain. A piece of meat comparatively unchewed is less objectionable because the gastric juice acting upon the connective tissue allows the muscular fibrillæ to fall asunder. But even with muscular fibre there is a wide difference. Pork and veal are hard meats, and not readily falling to pieces in the stomach under the action of the gastric juice are held, and rightly too, to be indigestible. On the other hand a thin slice of well boiled ham, cut across the fibre is very digestible. So is the loose fibre of a sheep's head. This is the mechanical aspect of the digestibility of food. Hard stringy meat is very indigestible. So are ill-cooked vegetables, and especially the cruciferæ, so are hard boiled eggs.

Fish, and especially white fish, whose fibres very readily fall to pieces, are in repute with dyspeptics for obvious reasons. Fish which are fatty, are indigestible (because the fat resists the action of the gastric juice) as the flesh of the salmon, the mackerel and the herring. The short fibre of the whiting, "the chicken of the sea," makes this fish especially digestible. Then come the flat-fishes, the haddock and the cod. They all are best boiled, for if fried, care is requisite that the flesh be not soaked in fat—when it is highly indigestible. There are few more indigestible matters than a fried sole which has not been skillfully cooked. And the same holds good of birds. Chicken and game are digestible, while the duck and goose, greasy-fibred meats are as certainly indigestible.

Potatoes have an evil reputation, but that again is largely a matter of cooking. A potato which is imperfectly cooked has a hard centre. A "stone" an Irishman calls it—and if palpable pieces of such hard indigestible matter be swallowed gastric distress is the intelligible result. But if the potato be well cooked and put through a sieve it ceases to be indigestible from "the mechanical point of view." It is the question of disintegration which militates against vegetables, and uncooked fruit. Pieces of hard apples are notoriously indigestible; while a baked apple will sit lightly on the most irritable stomach. The flesh of the grape is in great repute in all conditions of gastric irritability and debility whether primary or secondary to some general sickness.

Fat is an offence to a susceptible stomach, even as liquid fat floating about in it; but still more as lumps of fat upon which the stomach can exercise no solvent influence. Hence many persons, children and adults, reject sweet pieces of fat, and (after the meal) take some fishy oil. As the digestion of fat does not commence till the food has left the stomach, it is not well to give fat till its "time draws nigh." Thin stale bread with butter rubbed well in and doubled is much more digestible than the same bread cut thick with a stout layer of butter plastered over it.

Pastry, when fat and flour are well rubbed together, form a most indigestible compound resisting all disintegration except mastication. Suet puddings and dumplings also are indigestible.

On the other hand milk puddings, especially if made without an egg, are in repute, and not without reason for dyspeptics. They are light and sit easily on the stomach, the farinaceous matter being readily disintegrated, and what escapes disin-

tegration is soft and does not give offence to the stomach.

There is another matter not of occult but of microscopic disintegration, or actual solution which has yet to be discussed—a matter of vital importance. As savage man sat grinding the cereals which form so large a factor in human food, the action of the jaws produced a free flow of saliva, and as fast as the finer particles were broken off the seed, by the crunching of the teeth, diastase of the saliva converted the insoluble starch into the soluble dextrine and grape sugar. The toil of the miller produces disintegration and relieves the jaws of much of the labor. But disintegration is only the precursor of solution. The starch granule remains. By heat the cook cracks the starch granule so that the solvent diastase can readily act upon it. So far, so good; but heat does something more. It has an actual solvent action and heat will, if sufficient, cause conversion of starch into dextrine. A thoroughly well baken flour if subjected to the iodine test under a microscope will readily show this.

When a large quantity of raw unconverted starch enters the stomach it is a burden to that viscus. The gastric juice has no effect upon starch and the starch granules merely embarrass the action of the stomach until they find their way out of it by the pyloric ring—and sometimes by the way they entered, viz., the gullet. Undigested starch hampers the stomach and makes the labor of that viscus a painful toil to it. New bread is a gross mechanical irritant, resisting disintegration. The impediment caused by isolated but numerous starch-granules is another matter. Biscuits and crackers if insufficiently masticated cause indigestion. So do cakes which have not long been exposed to heat. The cakes which are held in such favor at the breakfast table in American households, have been regarded as indigestible and a glance at an American cooking book explains why. These cakes are exposed to heat for from thirty to forty minutes only. [The language of England sometimes requires translation. For cakes read rolls, and for biscuit read cracker.—ED.] A good biscuit or loaf is much longer in the oven. Potatoes are indigestible as ordinarily eaten, because they are not long exposed to heat. But if well mashed potatoes be put into the oven to brown, or be placed before the fire for that purpose, the longer exposure to heat tells upon the starch-conversion.

Hominy that is well boiled or subjected to the final heating process of cooking is decidedly digestible. Cereals that have been steam cooked are in repute with dyspeptics either for adding to meat teas, or for preparing milk puddings. Some cooks who have to cater for dyspeptics boil all their rice, sago, and tapioca thoroughly before making these up with milk for a milk pudding. In Germany, pearl-barley, thoroughly well boiled and passed through a sieve is in request as an addition to meat teas for invalids. The porridge of Scotland being made with coarse oatmeal is boiled a long time, while in England a short boil is enough with the fine ground oatmeal in vogue there.

The advantage of the numerous prepared foods—whether babies' food or invalids' foods—which are all more or less compounds of starch which has been to a certain extent predigested either by baking or the malting process, lies in their ready digestibility. A touch of saliva is enough to complete the conversion of such carbo-hydrates and the soluble matters pass out of the alimentary canal, and the stomach is not burdened with a weight of undigested starch impeding its work.

Gross and fine disintegration of food are cardinal matters in the dietary of dyspeptics.

Mastication must be perfect else gross particles embarrass the stomach. Starch granules which have escaped the saliva interfere with the solvent action of the gastric juice on albuminoids. The dietary of dyspeptics must be conducted on the above lines; and if the dyspeptic were properly informed he could find a sufficient variety of food; but if he be told to diet himself upon a number of articles of food he soon begins to loathe them and often goes without food sooner than partake of them.

Of course there are dyspeptics and dyspeptics! Some only require to give a sufficiency of time to the process of mastication to be free from suffering. Others must eschew pastry, veal and pork. Others again have to abandon solid meat and vegetables and adhere to meat broths, with cooked starch, malt-extracts, malted preparations, milk puddings and fish. When the stomach has been outraged or offended care is requisite for its restoration. When there is present a condition of general exhaustion food will disagree which ordinarily can be taken with impunity. When a condition of acute indigestion is set up a very careful dietary for a few days is directly curative.

Ready disintegration and solubility of food constitute the base line of the dietetic treatment of indigestion.

## PESSARIES: INDICATIONS FOR, AND METHODS FOR THEIR TREATMENT.

In a clinical lecture by Dr. H. K. Leake published in the *Texas Courier-Record of Medicine* he remarks as follows upon the subject of pessaries. My method of placing pessaries, is, so far as I can learn, different from that of all others who use them. The Sims' speculum dilates the vaginal canal and reveals to the critical eye of the surgeon its whole extent, thus enabling him to perform operations within its cavity with as much ease as those he undertakes on the exposed

parts of the body. Why not utilize the same means for the perfect fitting and introduction of pessaries? For illustration, take a case of retroversion. The patient lies in Sims' position with the perineum well retracted by the speculum in the hands of a qualified assistant. The spirit lamp used in modeling your instrument burns brightly on a table at your left hand. You now introduce well into the cavity of the uterus, the Elliot or Emmett's repositor, and reversing the action of the instrument, you have the satisfaction of witnessing the organ revolve, right under your eyes, into its normal position. The repositor being now withdrawn it is replaced by the sound, the handle of which is given to the assistant, who holds the uterus in its new position, until a pessary can be fitted to the conformation of the vagina and cervix. Experience will enable you almost at a glance to determine the size and shape of the pessary required. Having heated the hard rubber over the spirit flame, its curves are unbent or increased, its fenestra widened or narrowed, or any other form given the instrument, which is desirable, before leaving it permanently in position. Resuming control of the sound, its handle is passed through the fenestra of the pessary and the latter strung along the continuity until the cervix is reached, when by tilting up the lower end, or depressing the upper bar, the latter glides readily in position up behind the cervix; after which the sound is withdrawn and the speculum removed. The patient is now made to stand erect and is subjected to a final examination. The index finger, well lubricated, being introduced into the vagina and carried up to the vault, is swept around the cervix noting the position of the pessary and effect, if any, produced upon the affected organs. This plan of fitting and introducing pessaries seems to be the most rational of any yet recommended. Indeed, I do not see how it is possible in any other way to conform the outlines of the instrument to the anatomy of the vaginal walls and cervix, and thus meet the exact requirements of each case The same position is to be recommended also in re-examining and re-fitting pessaries, the precaution being to inspect them before removal.

All patients who have had pessaries introduced for backward displacement should be instructed in the knee-breast position advised by Dr. Campbell. They should assume this for at least five minutes night and morning. By this rational procedure the strain upon the pessary is lessened somewhat, thereby assisting its traction-lever power. Moreover, the blood, which has yet a tendency to stagnation in the weakened and dilated vessels of the displaced uterus, as well as other organs contiguous thereto, flows out and seeks remote areas in the head and trunk of the body, which is placed by this manœuver on a lower level. Thus the weight of these organs is diminished, a better circulation favored in them, and much comfort, if even for a short time, afforded the patient. A special injunction should, for obvious, reasons, be given regarding the rectum and bladder, which should be kept as empty as is consistent with health; and all straining and lifting interdicted. Corsets should not be worn, and the under garments must be suspended from the shoulders. Vaginal injections of hot carbolized water should be directed once daily at least, and in using them a large amount of water employed; but care will be necessary in taking them lest the pessary be floated from its position by the force or largeness of the stream. The syphon syringe is, except in special cases, to be preferred. Iron tonics should be regularly administered; those containing strychnia being the best—its special action is assumed, being exerted upon the muscular tissue of the uterus as well as that of the ligaments.

The following conclusions seem warranted from the foregoing discusion of this subject:

*First.* That while there exists great difference of views as to the expediency of using pessaries, the practical gynæcologist also is influenced in his opinions by his own individual experience, and will not servilely bow to the authority of those, who perhaps, rejected such aids on insufficient grounds.

*Second.* That the classical pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritation, difficulty and pain on locomation dragging pains in hips and lower abdomen, etc., combined or uncombined with systematic effects, are relieved by a skilful ajustment of pessaries, and must be continued to be held as an indication for their employment.

*Thivd.* That in all cases of anæmia, neurasthenia, hysteria, presenting themselves, the cause may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

*Fourth.* That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

*Fifth.* That, contrary to the general view, retroflection can be redressed and maintained in position by a skilful ajustment of the traction lever pessary

*Sixth.* That pessaries should be fitted and placed with the patient in Sim's position, this being the most favorable for such procedure.

*Seventh.* That, while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least, acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistician will demonstrate their greater efficacy in tables showing permanent results.

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Belladonna is said to relieve the unpleasant nasopharyngeal symptoms of potassium iodide.

## SOME MODERN REMEDIES IN HEART DISEASE.

BY EARNEST SANSOM, M.D.

From an article in the *Lancet* we take the following:—

1. *Digitalis.*—It is a matter of experience with others as well as with myself, that digitalis may not be given in mitral stenosis with the same advantage as in mitral regurgitation. It may often do good if given for periods of a week, with intervals of at least equal length, but it should always be used with caution. In many cases, instead of promoting regularity of the heart's action, it notably increases irregularity. On this point I entirely concur with Dr. Broadbent. The search, therefore, for a more satisfactory therapeutic agent in such cases is very desirable. We will proceed to examine the evidence in the cases treated by—

2. *Convallaria Majalis.*—In cases of mitral stenosis convallaria exercised a pronounced diuretic effect. In all cases the quantity of urine was augmented during its administration. In most of the cases there was no oliguria at the end of the treatment, but the evidence here as well as that in the cases of mitral regurgitation renders it probable that the drug may after the maintenance of a maximum blood-pressure in the renal arterioles, so constrict these as to impede the blood-supply. It will be well, therefore, with convallaria, as with digitalis, to suspend the administration at intervals. It is a fair conclusion that convallaria is an important diuretic in cases of mitral stenosis, comparable in its effects with caffeine in mitral regurgitation, and that its effects in this direction are more pronounced in the obstructive than in the regurgitant lesion. We will now consider the cases of mitral stenosis in reference to the

*Effects of convallaria on the pulse and respiration.*—In one case the pulse-rate progressively fell under ten-grain doses of the convallaria extract, from 112 to 80, 76 to 72, and after suspension of the drug rose to 92, to again fall under digitalis to 70. In another case the pulse-rate which under ten-minim doses of tincture of digitalis had increased from 99 to 110, decreased under convallaria to 102 and 64, rising after the suspension of the drug to 72 and 120. The sphygmographic evidence is more valuable and more conclusive from the mere observation of the rate of the pulse.

The breathing was improved under the drug in nearly all the cases; in one case there was severe dyspnœa, which lasted during a fort-night (in this case bronchitis and emphysema existed in marked degree), but afterwards there was gradual improvement, and the patient left the hospital free from all distressing symptoms. It was evident that in these cases the drug acted very favorably. Only one case died in hospital; in this pericarditis and severe pulmonary complications were manifested; the patient improving during the time that convallaria was administered, and the temperature was reduced from 101° to normal, but after the omission of the convallaria the temperature rose to 103°; the patient died suddenly after having for a time considerably improved.

So far as I have been able to judge, convallaria compares favorably with caffeine in the treatment of mitral stenosis. In one case a girl, aged seventeen, in whom there existed tricuspid regurgitation, in addition to mitral stenosis and regurgitation, the quantity of urine rose from a maximum of 30 oz. to 54 oz.; but in regard to the pulse and respiration there was no perceptible influence. In another case of stenosis with œdema, the daily urine rose only from 36 oz. to 40 oz., and here also the pulse and respiration were not perceptibly influenced; the patient died. I was not encouraged to repeat the treatment by caffeine in the cases of mitral stenosis whilst I obtained such good results with convallaria; but in cases of this affection manifesting œdema or ascites, where a diuretic effect could not readily be obtained by convallaria, I should administer caffeine in addition.

My general conclusions are that caffeine is an agent of great value in the treatment of cases of mitral regurgitation, especially those in which there is much dropsy; and that convallaria, though manifesting no very favorable influence in cases of mitral regurgitation, except as an occasional substitute for digitalis, is of considrable therapeutic importance in mitral stenosis.

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THE HYGIENE OF THE NEWLY BORN.—The following instructions to mothers and nurses, prepared by a commission composed of Moutard Martin, Bergeron, Parrot, Blachez and Dujardin Beaumetz, have been issued by the head of the Department of Public Charities, Paris:—

1. Till the appearance of the first teeth, i.e., between the sixth and seventh months, the only food of the infant should be milk, that of the mother preferably, if she be in good condition, otherwise that of a wet nurse. It is very dangerous to give an infant solid food of any kind during the first months of its life.

2. The child should be offered the breast about once in two hours, and less often in the night.

3. In the event of inability to provide woman's milk, the milk of the cow or goat may be substituted. This milk should be given warm, diluted with one-fourth part water, and slightly sweetened. At the beginning of the fifth month the milk may be taken pure. All other liquids employed to dilute the milk (thin gruel, bread-water, barley-water) are injurious.

4. In feeding the infant, glass nursing bottles

should be employed. These, especially the tubing and the mouth piece, should be thoroughly cleansed every time they are used. Never allow the nurse to resort to those "sugar teats" with which some mothers seek to appease the cries of the infant, and which are sure to produce canker, and disorder the digestion.

5. It is not till the sixth or seventh month that one should begin to allow farinaceous substances with milk, such as bread, baked flower, rice, arrow root, mealy potatoes; these supplementary foods should always form a considerable part of the infant's dietary towards the end of the first year, to accustom the child to weaning. Weaning ought not to be thought of till the first twelve or sixteen teeth have pierced the gums, while the infant is in a good state of health, and during the lull which follows an eruption of teeth.

6. Every morning the "toilet" of the little one should be made before suckling or feeding; this toilet consists: (1) in washing the child's body, and especially the genitals, which ought always to be kept clean; (2) in scrubbing the head, on which it will not do to let scruff or dandruff accumulate; (3) in changing (at least every second day) the child's underclothing; (4) in giving a warm bath in which the infant should be held five or six minutes. The belly band ought to be kept on during the first month.

7. Swaddling clothes, which cause compression of the body, should be interdicted. The more freedom the young child has in its movements, the more robust it becomes, and the better its development. All swathing which encumbers the neck and head should also be discarded

8. The infant should be protected against the injurious effects of excess of cold and heat, whether out doors or in the house; within doors, the air should be renewed several times a day.

9. It is not safe to carry the babe into the open air before the fifteenth day, unless the temperature is very mild.

10. The child ought not to be allowed to sleep in the same bed with its mother or nurse.

11. The bed of the infant should be composed of oaten straw, soft thatch, or husks; the cradle should have curtains during the first months of infancy, and especially during the cold season, to avoid currents of air, but these curtains should never be completely closed. The babe ought not to be rocked.

12. There should not be undue haste in teaching the infant to walk; it should be allowed to creep on the floor and help itself up; walking carts and baskets should be discountenanced.

13. The least indisposition on the part of the infant (colic, diarrhœa, vomiting, cough) should be at once attended to.

14. As pregnancy has the effect to render the milk less nutritious, in case of pregnancy, every nursing woman should cease to suckle her infant.

15. It is a good plan to vaccinate infants during the first three months after birth, or during the first few weeks, if an epidemic of small-pox is prevailing.

PRECAUTIONS FOR THE PREVENTION OF PUERPERAL FEVER. — Dr. Macan, in *Braithwaite's Retrospect*: In considering the precautions necessary, the fact is emphasized that we should keep quite separate in our minds the two great classes of infection—auto-infection, where the poison is generated within the woman, and hetero-infection, where the poison is introduced from without.

The latter class being by far the more numerous and dangerous, and almost always due to inoculation with septic matter introduced by the hands of the attendants or by instruments used in operations. Every hand and instrument likely to come in contact with a woman's genitals during pregnancy, labor and the puerperal state should be thoroughly disinfected. The bed linen and all napkins used about the patient should be kept perfectly clean. As soon as the child is born the woman is to be placed slightly on the back to prevent entrance of air into the vagina or uterus, and unnecessary handling of the parts after delivery should be avoided. Before stitching a ruptured perineum or performing any operation, the vagina is injected with carbolic acid solution (1 in 40), and if it is necessary to introduce the hand, the uterus also is washed out. Vaginal and uterine tubes are best made of glass, and kept in carbolic acid solution.

Carbolic solution evaporated in the room day and night renders the air innocuous as possible.

In auto-infection, where the poison is generated within the woman, labor is complicated with a dead fœtus, perhaps a fibrous or cancerous tumor of the uterus, a post-partum hemorrhage with badly contracted uterus, followed by formation of clots, or the retention of portions of the placenta or membranes.

The uterus being badly contracted if air enters the vagina, decomposition of the uterine contents result. If the fœtid discharge finds a free escape no bad result is likely to follow, but if the drainage is not perfect the discharge becomes more fœtid, is absorbed by the system and auto-genetic puerperal fever results. The prophylaxis of auto-infection consists in preventing the air from entering the vagina or uterus, and in quickly removing any fœtid accumulation that may have taken place in the uterus, disinfecting its cavity and providing free drainage. This is best done by having the woman lie somewhat on the back after delivery, and the proper application of the binder as preventing a negative pressure in the abdomen. This position is also valuable to prevent accumulations in utero, as the intra-abdominal

pressure is then greater and gravity acts more thoroughly.

A distended bladder or anything preventing uterine contraction should be looked to. If the uterus contracts badly ergot should be given, and if the discharge becomes fœtid, hot antiseptic vaginal injections are indicated, which remove the discharge and cause contraction. If discharge remains fœtid and the temperature runs high for 24 or 36 hours, intra-uterine injections should be made, and an iodoform pessary introduced.

In all cases where the child is dead and there is any odor, the uterus should be washed out with corrosive sublimate solution, and the iodoform pessary introduced. Iodoform has been used with the greatest success in the Rotunda Hospital. Apart from the antiseptic properties it also lessens the high temperature of puerperal fever.

OIL OF SANTAL IN URINARY AFFECTIONS.—Dr. A. P. Gipoulou writes, in the *Journal de Medecine de Paris*, concerning the good results obtained by him from the use of the oil of yellow sandal wood in the treatment of the various affections of the urinary organs. The results of his experiments may be tabulated as follows: 1. In chronic and obstinate gonorrhœa no especially remarkable effects were produced. 2. In acute gonorrhœa accompanied by severe vesical tenesmus, frequent and painful micturition, etc., the acute symptoms were speedily relieved, though the discharge diminished only gradually in quantity. 3. In a case of suppurative nephritis of the left kidney, in which there was frequent micturition, and the urine was loaded with pus, an improvement was noted within twenty-four hours, and at the end of a fortnight the pus had entirely disappeared from the urine. 4. A railway employé was suffering from acute cystitis, accompanied by tenesmus and bloody urine, which had resisted the action of ordinary remedies for over a month; he was relieved permanently in a few days by the use of yellow sandal-wood oil. 5. In a number of cases of vesical catarrh equally rapid and permanent results were obtained. 6. In three cases of simple acute unilateral nephritis speedy relief was afforded by the same remedy. 7. In two cases of nephritic colic excellent results followed the administration of santal oil; the attacks were promptly cut short, and an apparent cure was the result. 8. Finally, Dr. Giloupou relates a case of acute Bright's disease following scarlet fever, in which there was general anasarca and the urine was heavily loaded with albumin. During a treatment for four or five days with diuretics the œdema increased, but within two days after giving santal oil the improvement was marked, and at the end of a week the anasarca had disappeared and no more albumin could be found in the urine.

UTERINE HEMORRHAGE, NEW METHOD OF TREATMENT OF.—Dr. Richardson in the *Praktische Artz*, thus speaks of a new method of treating uterine hemorrhage, which consists in introducing into the external os a crystal of alum of the size of a hazel nut and pressing it back nearly to the internal os. The uterus quickly contracts forming a hard coagulum and arresting the hemorrhage. He also notes that the alum beside its hemostatic power possesses also an antiseptic action, and that he has extracted clots of blood which had remained undecomposed in the cavity of the uterus for four or five days. He recommends removing carefully the placenta and blood clots before introducing the alum. Dr. Richardson has employed this method of treatment for twenty years with uniform success, and regards it as preferable to the means most commonly used, tamponing, injections, uterine friction, application of the electric current, injections of hot or cold water, cold douches to the abdomen, compression of the aorta, and injection of the perchloride of iron. Many of these require special instruments which are not always at hand; others require to be carried out at a great loss of time. Again the injection of styptics is not always free from danger, and the same objections lie against the application of cold. None of these objections apply to the use of the crystals of alum, or perhaps better still the crystals of the double sulphate of aluminum and ammonium. A fragment of crystal may be wrapped in a piece of gauze and introduced into the uterus, leaving an end of the gauze outside of the uterus for convenience in withdrawing the alum when desired. The contraction of the uterus is immediately obtained. This should be allowed to remain for two days without disturbance, at the end of which time an injection of warm water may be thrown into the vagina to wash away the clots of blood. The same treatment may also be employed for hemorrhages arising from other causes. Dr. Richardson having used it with success in two cases of cancer of the uterus with profuse hemorrhage.

TREATMENT OF PUERPERAL SEPTICŒMIA THROUGH THE BLOOD.—In a thesis, published in the *Medical Press and Circular*, by Dr. C. R. Illingworth, the following extract concerning puerperal septicæmia appears:—Here we have a disease in which every effort of nature against the absorption of infective material should be fostered and encouraged The clots in the maternal sinuses after the separation of the placenta may be regarded as the evidence of this effort, and the preservation of their integrity until they become organized and contracted should be of paramount importance. Hence the advisability of avoiding agents which tend to soften and absorb fibrinous deposits and formations of this nature. Should infection by septic materials from the exterior have taken place, the efforts of

the physician should be directed to strengthen the blood, and thus preserve the fortifications raised by natural means against further infection. This can only be effected by hæmatinic and astringent remedies, such as the perchloride of iron and dilute hydrochloric acid, with the assistance of quinine, chlorate of potash, etc., for the destruction of such germs as have found entrance to the circulation through the lymphatics. To give liquefacient remedies ruch as ammonia, sodic salicylate, and potassic iodide is simply to break down the natural barrier described, and to further the absorption of septic materials by a diffused and weakened circulation — weakened by reason of its deficient fibrin-forming power and diffused to its own detriment through the midst of the infecting sources, on account of its greater fluidity. Infection of the blood, indeed, is thus doubly ensured, by medicinal liquefaction and septic softening of clots; for wherever there is the development of sulphuretted hydrogen by the decomposition of animal matter, no fibrin can exist.

Besides cleansing the uterus and vagina with injections of Condy's fluid and carbolic oil, applying antiseptic unguents to any torn portions of the mucous membrane of the passages, and ordering a thorough washing of the external genitals two or three times a day, I prescribe as follows: —Recipe: Liquoris ferri per-chloridi ℥ j., quiniæ disulphatis ℈ j., glycerini ʒ ss,—ʒ vj., aquam ad ʒ vj. Misce et solve. Fiat mistura. Signetur: Capiat ægra semiunciam secundis horis.

BEEF TEA.—Dr. J. Milner Fothergill in a brief article in the *British Medical Journal*, September 5, expresses his opinion of beef tea as follows: Fashion prescribes the food of the sickroom to a large extent. Veal-broth had given way to calf's foot jelly when my professional experience first began. Then a patient who had not had calf's foot jelly had been neglected—was the verdict of the public. Now the calf can scamper about in safety; its feet are not in demand. Now it is beef tea which holds the place of honor in the sickroom The afflicted relatives of a dying man will declare with a distinct consciousness of having discharged their duty in a creditable manner, the quantity of beef, of the very best quality, which has been used to make tea for the sick man—"the very strength of the meat," they will add. Their intentions are excellent, but how about their practice? Are they or are they not talking nonsense? What food value does this vaunted beef tea possess? Answer me that, any of you who can; I will gladly be taught. As a stimulant, as a pleasant vehicle for something else, beef tea is valuable; but its food value is so small that it can scarcely be classed as a food.

I do not desire to speak disrespectfully of beef tea, nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the word—to give a patient beef tea as food, is to give him stone when he asks for bread. What that beef tea needs is grape sugar. How can this be added? In all our prepared foods, known generall as "baby foods," starch has been converted into the soluble dextrine or maltose; the one grape sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted more or less completely, into grape sugar. The saliva of a sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbohydrates are now to hand. . . . There are malt extracts containing not only soluble carbohydrates but also some soluble albuminoids and phosphatic salts, ground malt of like composition, also grape sugar itself. The latter is not too sweet to pall upon the palate when added to beef tea or other meat broth.

PRINCIPLES OF CEREBRAL SURGERY.—My creed, if I may use the term, is as follows:

I. The complexus of symptoms, called "compression of the brain," is due not so much to displacing pressure exerted on the brain substance as it is to some form or degree of intracranial inflammation.

II. The conversion of a closed (simple) fracture of the cranium into an open (compound) fracture by incision of the scalp is, with the improved methods of treating wounds, attended with very little increased risk to life.

III. The removal of portions of the cranium by the trephine or other cutting instrument is, if properly done, attended with but little more risk to life than amputation of a finger through the metacarpal bone.

IV. In the majority of cranial fractures the inner table is more extensively shattered and splintered than the outer table.

V. Perforation of the cranium is to be adopted as an exploratory measure almost as often as it is demanded for therapeutic reasons.

VI. Drainage is more essential in wounds of the brain than in wounds of other structures.

VII. Many regions of the cerebral hemispheres of man may be incised and excised with comparative impunity.

VIII. Accidental or operative injuries to the cerebral membranes, meningeal arteries or venous

sinuses should be treated as are similar lesions of similar structures in other localities.

IX. The results of the study of cerebral localization are more necessary to the conscientious surgeon than to the neurologist.

From the "Operative Surgery of the Brain," Dr. John B. Roberts.—*Am. Med. Digest.*

USEFUL FORMULÆ.—The following formulæ have been used by me for the past three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood-globules, and bringing the roses to the cheeks of the pale and chlorotic :

| | | |
|---|---|---|
| R. | Strychniæ sulphatis . . . . | gr. j. |
| | Sodæ arseniat. . . . . | grs. v. |
| | Hydrarg. bichloridi . . . . | grs. viij. |
| | Potassæ carb. . . . . | |
| | Ferri sulph. āā . . . . . | ʒ ij. |

Fiat pil. No. cxx.

One pill for a dose three or four times a day after food.

Where a patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture :

| | | |
|---|---|---|
| R. | Hydrarg. bichloridi . . . . | grs. iss. |
| | Sodæ arseniat. . . . . | grs. iij. |
| | Strychniæ sulph. . . . . | gr j. |
| | Vini ferri amara . . . . . | fʒ xvj. |

Take two small tablespoonfuls in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis, and tincture of nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ, aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron—*Med. and Surg. Reporter.*

MEDICAL NOTES.—For *nervous vomiting*, with constipation, in a healthy girl, Prof. Bartholow directed one of the officinal pills of aloes and asafœtida, ter die.

Prof. Gross advises for the *night sweats* of hectic fever this pill :

| | | |
|---|---|---|
| R. | Zinci oxidi, . . . . . | gr. ij. |
| | Extract hyoscami, . . . | gr. ss. |

Ft. pil. j

Prof. Da Costa treated a case of *cerebral embolism*, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. Result, perfect recovery.

Prof. Bartholow treated a case of *pleurisy* combined with *pneumonia* of low grade, with ammonium iodide gr. v. every eight hours, and ammonium carbonate gr. v. dissolved in spts. of mindererus ʒj, every eight hours, so taken that one remedy will be taken every four hours.

Prof. Da Costa directed for a case of *gastric vertigo*, with beginning cirrhosis of the liver, that the phosphate of sodium ʒj, be taken every morning ; and hydrarg. chlorid. corrosive. gr. $\frac{1}{10}$, ter die, to keep up the secretion and to act on the liver. Patient must live on a diet of meat, milk and vegetables ; no oleaginous food at all.—*Coll. Clin. Record.*

*Ringworm.*

| | |
|---|---|
| Hydrarg. bichlor., . . . . . | gr. ij. |
| Napthol, . . . . . | gr. x. |
| Ung. zinci oxidi benz., . . . | ʒ j. |

Ft. ungt. M.—

Use externally twice a day.

*Rheumatism.*

| | |
|---|---|
| Chloral hydrat., . . . . . | ʒ j. |
| Acid salicylic, . . . . . | ʒ jss. |
| Ung. stramonii, . . . . . | ʒ j. |

Apply to afflicted joints.

*Eczema of the Scalp.*

| | |
|---|---|
| Bals. Peruv., . . . . . | grs. viii. |
| Acid. boracic. pulv., . . . . . | ʒ iss. |
| Vaseline, . . . . . | ʒ i. |

S.—Apply daily. M.—

ATROPINE SOLUTION IN NOCTURNAL EARACHE.—Some grown people and many children suffer greatly from constantly recurring earache at night. Children often cry all night from pain in one or both ears ; they cannot sleep and will not let others sleep. Mothers and nurses will know how often they are kept from sleeping by a child crying with earache. During the day the child may have no trouble, but as soon as night comes and the child retires ; the pain and the crying begin. Without going into particulars as to the character of the pain, I wish to refer here only to the treatment of such cases. In all such cases the very best remedy is a solution of atropine. For children, put one

grain in an ounce of water; for a grown person put 2 to 4 grains in the same quantity of water. Drop 3 to 6 minims into the painful ear and let it remain 10 to 20 minutes, or even let the patient go to sleep with the medicine in the ear. Repeat as may be needed. Sometimes a single application remedies the whole trouble, but at other times it has to be repeated occasionally. Rarely it is necessary to repeat the medicine the same night. I earnestly recommend this treatment in such cases. So far as I now know, it has never disappointed me. The above refers only to repeated attacks of nocturnal earache, and not to acute pain from furuncles in the external meatus or from abscess in the drum. In such cases, the atropine solution would practically have no effect.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF NEURALGIA BY NEUBER'S METHOD.—Dr. Schapiro recently read a paper, at the Medical Society of St. Petersburg, upon the results of researches on treatment of neuralgia by Neuber's method of hypodermic injections of a solution of osmic acid. His observations include eight cases of trigeminal neuralgia (three males and five females). The age of the patients varied from thirty-eight to sixty. In every case the disease was of a very severe type and of long standing The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each case was from one to twelve (twenty in one case), five to ten drops being injected every time. The duration of the treatment was from one to sixty days. Dr. Schapiro adopts a modification of Neuber's 1 per cent. aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerine to the watery solution prevents for a long time, osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill effect. The patients are now under the author's observation (two to six months after the commencement of the treatment).—*Medical and Surgical Reporter.*

CONTRA-INDICATIONS TO MERCURY IN SYPHILIS.—At the recent meeting of the British Medical Association, A. Cooper, F.R.C.S., read a paper on syphilis (*New York Medical Record.*) After pointing out the great value of mercury in the treatment of the disease, and the necessity for prolonged courses of the drug, he draws attention to the contra-indications, which many physicians are apt to overlook or to neglect. Mercury should not be given to phthisical subjects, unless the chest affection is slight and the patients health is good in other respects. When albuminuria exists mercury must, of course, be withheld, unless there is reason to believe that the renal affection is due to syphilis. When syphilis exists in scrofulous subjects, if the symptoms of scrofula are not very severe, mercury may be given with care in small doses. Mercury is contra-indicated in profound anemia, when nonspecific The least symptom of sloughing or phagedena should prevent any thought of administering mercury. If any of these complications set in during a course of the medicine, it should be at once discontinued. Alcohol and tobacco should be avoided or used sparingly during a course of mercury. Exercise and fresh air tend to prevent salivation, and the skin should be kept perfectly clean. Confinement to the house is desirable when any eruption appears.

THE THERMO-CAUTERY IN ENLARGEMENT OF THE THYROID BODY.—The method of Dr. Weiss consists in touching the skin over the tumor with a small Paquelin's cautery, held like a pen. Touches with this instrument are made in horizontal rows, the rows being about one centimetre apart, and the touches in each row being close together. If the cautery be at a white heat, the proceduce causes very little pain. Anæsthesia, general or local, is quite superflous, and so is all after-treatment, but a little cotton-wool may be laid upon the site to prevent friction by the clothes. A thin dry scab falls from each spot after about six days. After seven or eight days the procedure may be repeated, and so on for six, eight or a dozen times, according to the extent of the original enlargement. It is most valuable in the purely hypertrophic variety, but in the cystic also is of great advantage if the cysts be punctured with a Pravaz's syringe. In obstinate cases, the above method is rendered somewhat more severe by applying vaseline directly after the use of the cautery. The effect is to cause the premature separation of the small scabs, which is followed by a slight suppuration for a few days. The explanation of the good effects of Paquelin's cautery, so applied, is presumably this: Weiss believes that the irritation brought to bear on the nerve-endings in the skin causes constriction, more or less persistent, of the arterial muscular coats, which induces defective nutrition of the hypertrophic gland-substance and its gradual disappearance. —*Med. World.*

BROMIDE OF ARSENIC IN ACNE.—Dr. Henry G. Piffard, writing in *Journal of Cutaneous and Venereal Diseases*, says:

Conceiving, from purely theoretical considerations, that it might be useful in certain cases, I first tried it in the spring of 1878, in a case of pustular acne vulgaris of moderate severity, and gave it in doses of one milligramme (gr. $\frac{1}{65}$) three times a day. Within a week the patient, a young lady, returned, complaining that her face was

much worse. On examination, I found on each side of the face a crop of miliary pustules in addition to the acne. The arsenic was discontinued, and a placebo was prescribed. This was followed by improvement for a week, when arsenic was the resumed in much smaller doses, and in three or four weeks the case was substantially well. In a second case I had a similar experience, and in a third case I prescribed an alcoholic solution, containing one grain to the ounce, and directed that two drops should be taken night and morning. This patient I did not again see for nearly six months, when she informed me that the medicine had, in a few weeks, accomplished all that she desired. Since then I have used bromide of arsenic with much satisfaction in pustular acne, but have not used it in other varieties of this affection, nor in other cutaneous diseases.

TREATMENT OF GONORRHŒA WITH ANTISEPTIC INJECTIONS.—Dr. A. Bourgeois has recently published an important article on the treatment of gonorrhœa with antiseptic injections. Since the microbiologists have affirmed the existence of a gonococcous cause of gonorrhœa, the whole problem in the author's opinion, consists in finding an antiparasitic topic, sufficiently energetic, but innocuous to the mucous membrane. It is thus necessary to lay aside all very irritating substances; the three parasiticides which seem to him to unite all required conditions are permanganate of potash, bichloride of mercury, and sulphate of quinine. He employs the permanganate in solution (1 to 2,000), the bichloride (1 to 20,000), the sulphate of quinine (1 to 100). Four injections are to be made in twenty-four hours, one in the morning, one at noon, one at seven o'clock in the evening, and the other during the night; this last is in: dispensible, according to Dr. Bourgeois since, if the microbes be left to response during the entire night, they will have time to multiplv. The injection should be warm, as it thus penetrates more easily into the urethra; it should not occasion pain; if so, it should be diluted until it can be well tolerated. A glass syringe, well graduated, capacity of eight grams, should be used. The injection should be made to entirely fill the urethra, but not to forcibly distend it and produce pain and perhaps injury to the mucuous membrane. It is much better to use colored liquids, since one can thus better judge of the quantity introduced into the urethra. After having diluted the first injections, the patient will gradually get accustomed to the full strength recommended above. The patient should be directed to urinate one-quarter of an hour before, and as long as possible after the injection.

In order to insure the penetration of the medicated liquid to the desired depth, Dr. Bourgeois has devised another procedure, which consists in introducing within the urethra, to the depth of about eight centimetres, a cylindrical gum sound of medium calibre, open at its two extremities, without lateral eyes. This is first smeared with iodoform ointment, (1 to 20) and a glass syringe, holding eight grammes of the injection, is fitted to its free extremity, and the liquid is gently forced into the urethra, the instrument being at the same time gradually withdrawn, so that the liquid replaces the sound in the canal, where it is retained from ten to fifteen minutes. Two or three such operations should be made in the course of twenty-four hours. In addition, the author gives to his patients, during the entire course of the disease, one or two grams per day of bromide of potassium, with a view of preventing all generic excitement. He also treats the constitutional condition of his patients with appropriate medication.—*Jour. of Cut and Ven. Diseases.*

WHEN TO TIE THE UMBILICAL CORD.—Dr. Engel, in the *Centbl. f. Gynak.*, strongly recommends that the cord should not be tied till all pulsation in it has ceased, and in the course of his paper mentions the following facts as evidence of the importance to the child of the small quantity of blood saved to it:—"He contrasts the mortality of all the premature children born in the Klausenburg Hospital during the last eight years, during the first four of which it was the custom to ligature the cord immediately on the birth of the child, while during the latter four the plan of treatment he advises was practiced. During the first period there were 90 premature undersized and underweighted children born, of whom 17, or 18.88 per cent., died within ten days of birth, while during the latter period there were 74 such births, of whom 10, or 13-51 per cent., died within the same time. In cases where the mother became feverish, a wet nurse was had resourse to. "This striking difference of mortality can only—in the absence of any other visible cause—be attributed to late ligature of the cord."

IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE CODE OF ETHICS.—At a recent banquet Sir Spencer Wells told a story from his personal experience as a young man, which has in it a lesson for the older men of to-day. He had been called in the absence of Dr. Braithwaite, the family physician, to see a girl whom he found lying, insensible, on the bed. Not knowing what to do he gave some brandy-and-water. Dr. Braithwaite then arrived, and after examining the case ordered two teaspoonfuls more of the mixture, but as soon as he was alone with Wells, said: "It was very wrong to give her brandy-and-water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had,"

he added, with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling, mixed with so much knowledge of human nature—which so impressed the future Sir Spencer as to influence him in his consultations with his juniors.—*Medical Age.*

HENOCH ON THE TREATMENT OF PERTUSSIS.—The following, originally a clinical lecture on the subject, embodies the principal views of the Berlin authority.

Pertussis is an affection the treatment of which confers but little credit on those who have embraced the healing art The enormous number of remedies alone, recommended since the oldest times against this affection is proof enough of its incurability. We know no drug capable of aborting the affection or shortening its convulsive stage; while on the other hand, in its third phase, the so-called stadium decrementi, when the natural healing process has set in, every remedy is apparently successful. The numerous drugs which, following the recommendations of other physicians, have been tried, have been nearly all discarded. At present, Henoch relies solely on one remedy, viz., morphine, which is even superior to the vaunted belladonna medication, and is at least able to lessen the gravity and frequency of the paroxysms, especially the nocturnal ones, without, however, influencing the general course of the disease. Henoch usually prescribes the following:

℞ Morph. acet. s. mur, . . gr. $\frac{1}{6}$-$\frac{1}{2}$
Aq. dest., . . . . . f℥i;
Syr. alth., . . . . . f℥ss. M—
S—A teaspoonful two to four times daily.

If excessive somnolence should set in, the drug is at once to be discontinued. In one instance a child, being treated by morphine, slept for eighteen consecutive hours without being interrupted by the paroxysmal coughs, which of course returned after the passing off of the narcosis. In another case, that of a six-months-old child, there was an actual intoxication proceeding with collapse, contraction of the pupils, and sopor, which, however, readily yielded to cold affusions and analeptic measures. It is therefore necessary to instruct the nurses and mothers in every instance of the nature of the prescribed medicine. Using the proper precautions, Henoch states that he has never experienced any accident with the morphine mixture, even if half a teaspoonful of it were given daily for several weeks. He consequently feels justified in preferring this drug to all other narcotics, especially to the dangerous atropine. Still, he regards the morphine only indicated in the graver cases, marked by at least twenty paroxysms within twenty-four hours. In milder cases, inhalations of carbolic acid recommend themselves, which on the ground of the alleged—but hitherto not yet demonstrated—parasitic nature of the affection, appear even theoretically indicated, and have recently acquired a certain reputation with many practitioners of renown, such as Thorner and Burchard. In Henoch's experience this medication has not furnished any constant results, its effects being sometimes remarkably favorable, sometimes doubtful, or again wholly negative. Injurious effects at least have never been witnessed from these inhalations. Their application can be executed in various ways. Henoch uses a one-half per cent. solution of carbolic acid by means of an atomizer, or if this procedure meets with difficulties, orders the air of the sick-room to be impregnated with the same evaporating solution, or a sponge saturated with it to be hung up at the child's bed, over its head, and have the sponge placed several times daily before the nose of the child for a period of several minutes. Other inhalations, such as those of chloroform, benzine, salicylate of sodium, oil of turpentine, tannic acid, and quinine, have all received fair trials, but have not given the expected satisfaction. The same holds true of the internal use of bromide of potassium, of hydrate of chloral, and of quinine. Following the instruction of Dr Sauerhering, of Stettin (*vide Therapeutic Gazette*), the systematic exhibition of quinine in gradually increasing and then decreasing doses has also been tried, and again convinced Henoch that the morphine medication and the carbolic acid inhalations were the best treatment of whooping-cough.

Therefore the idea of aborting or lessening the duration of the affection will have to be abandoned, and the parents must be instructed that a mitigation of the attacks is all that can be expected from the treatment. Fresh air is a decided adjuvant to the prescriptions, though damp and rough weather and the existence of a pronounced bronchial catarrh contraindicate an out-door sojourn. If the child be attacked during the summer months, one will often be asked whether a trip to the sea-shore be advisable or not. Henoch says that he has often complied with the wishes of parents in this respect, but never saw any benefit from such a change of locality, and the only, though lamentable, result of the journey was often the infection of previously healthy children who came in contact with the sick child at the sea-shore or watering-place. Only exceptionally, as in his own child, he observed a characteristic pertussis disappear in fourteen days after the child had been sent to the Reichenhall Springs. Still, he believes with Trousseau in the existence of so-called abortive cases of whooping-cough, and that the affection in the case alluded to belonged to this category. Trousseau, by the way, has reported a case of genuine pertussis which aborted after a three days' duration.

THE TREATMENT OF STRANGULATED HERNIA BY IRRIGATIONS OF ETHER.—Dr. Bartosz writes, for the last two years he has been applying with brilliant success irrigations of ether for the reduction of all cases of strangulated henia which have come under his care. The irrigation is made after the method of Finkelstein (*Bull. Gén de Thèr.*, December 15, 1885), which consists in pouring on the tumor every half-hour a tablespoonful of ether, and allowing it slowly to evaporate. The hernia under such treatment disappears spontaneously, or may be readily reduced in obstinate cases by gentle taxis. In the seventeen cases in which the author states that this method served to reduce the hernia, strangulation had persisted in some only a few hours, while in others it is stated to have lasted already for several days, before the cases were subjected to treatment. The author further refers to a case of intestinal occlusion in a woman 60 years of age, in whom absolute constipation had existed for nine days, incessant fæcal vomiting and tympanites, thready pulse, etc, in whom, after a fruitless trial of all the known remedies, irrigation of ether on the entire abdominal surface in one and one-half hours caused a large evacuation of the bowels and the cure of the patient. This method of irrigation so employed by Bartosz may be replaced by driving the current of air from a bellows over the ether. Whatever, however, may be the means adopted, the ether acts by the refrigeration which its evaporation produces, and is therefore analogous to the application of ice, and is consequently simply an improvement of the method whose value has long been recognized. We should think however, that where the strangulation lasted for several days, as is stated by the author to have been the case in one of his instances of cure, even if the reduction of the strangulation should take place, there must be the greatest danger incurred in the return to the abdominal cavity of a knuckle of intestine which cannot but be gangrenous.

WINTER-TIRE.—It is a curious fact that the farther north we travel the hotter habitually are the interiors of the houses. At first thought it would seem natural that the temperature in which the person lives in the house should approach more closely that of the external air, but a little consideration shows the reasonableness of the habitual action of northern nations The man who is exposed all day to a low temperature must produce an enormous amount of caloric in order to meet the demand and keep his body warm. At eventide he naturally seeks rest, not only for wearied mind and muscle, but also for the heat-producing function. It is not always remembered that energy is expended in maintaining bodily temperature, and that when an excessive amount of such energy is required, excessive exhaustion follows. The habitual excessive draught of the winter-time upon heat production is probably one of the reasons that in the early spring every one feels so relaxed and depressed. Of course, the general relaxation and lack of energy which has received the popular name of spring-fever, and which is supposed by many to be moral rather than physical, is due in part to the fact that the winter is, at least to many brain-workers and denizens of cities, the period of excessive toil. Nevertheless, it should be called winter-tire rather than spring-fever.

This relaxation of the system shows itself not only by the production of laziness, but also in manifestations of distinct disease. A good deal has been written in the course of the last decade concerning the fact that in children chorea is so much more frequent in the spring than at other times, but our own experience is that in this respect chorea does not stand alone among nervous diseases. Neurasthentic conditions, hysteria, and all the minor or functional nervous ills which are connected with lowered nerve tone have come under our notice as a regular spring crop, and we think most neurologists will find that the months of April and May are those of greatest professional activity.

A RESULT OF EXTENSION IN THE TREATMENT OF FRACTURE OF THE THIGH.—Dr. Fischer reports a case of fracture of the thigh in a child six years of age, which was treated by extension with weight and pulley. A cure was obtained in four weeks, but it was then found that the ligaments of the knee had been so stretched that the ends of the tibia and femur slid over each other with an audible sound, and hyper-extension occurred when an attempt was made to stand. The trouble was relieved by retention for a month in a silicate of soda splint. The cord passed over two pulleys and a weight of eleven pounds was used. Dr. Schmidt, in referring to this case, reports a similar instance of over-stretching of the knee in an old woman, with fracture of the femur just above the condyles. In both cases the trouble was due to the continuous traction maintained by plasters attached only to the leg and pulling through the knee-joint.—*Centralblatt fur Chirurgie.*

TREATMENT OF ACUTE CORYZA. — Dr. S. S. Cohen, in a recent communication to the *Philadelphia Med. Times*, recommends, as a specific against acute coryza the 1-120th of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipiency of the disease Afterwards to relieve the unpleasant symptoms of dryness he has given one-seventh of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains

repeated every two hours until tinnitus aurium is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act. —*Western Med. Reporter.*

THE HYGIENE OF PREGNANCY.—Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours; and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bathe the external genitalia with tepid water. For the breasts, use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tincture of arnica and water, but in the evening should be covered with cocoa-butter. High-heeled shoes should be dispensed with during pregnancy.—*Coll. and Clin. Record.*

DIET IN ALBUMINURIA.—After passing in review the principal theories which have been given regarding the pathogenesis of albuminuria, Nollet offers the following conclusions:

1. Milk diet has as yet given the best results in the treatment of albuminuria.
2. This method is not applicable to all forms, and if too prolonged may produce serious inconveniences for the patient.
3. The albuminuric should avoid large meals, eating frequently, but little at a time.
4. Individual susceptibility must determine the sorts of animal food least injurious to the patient.
5. Fish appears to favor the passage of albumen into the urine.—*Gaz. Méd. de Paris*, March 6, '86.

THE DIET IN DIABETES.—*Articles permitted:* Almonds, plain, in rusks and in biscuits, bread toasted or stale maccaroni, bacon, butter, cheese, eggs, fat and oils, beef-tea and soups, beef, mutton, fish, game, and poultry, cabbage, lettuce, pickles, and spinach, custards without sugar, cream, jellies unsweetened, nuts; coffee, cocoa, sherry. *Articles forbidden:* Peas, beans, lentils, potatoes, sweet potatoes, celery, carrots, beets, radishes, mustard, oysters, arrow-root, buckwheat, sago, tapioca, and puddings generally, apples, bananas, and fruits generally, including raisins; milk, sugar, chocolate, ale, sweet wines.—*Journal of Reconstructives.*

JEQUIRITY IN GRANULAR LIDS.—Dr. Peonnoff, having used jequirity in twenty cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a one or two-per-cent. of the powdered seeds of jequirity daily.—*London Lancet.*

THE TREATMENT OF BURNS.—Altschul ("*Monatsheft f. prakt. Dermat.*") reviews the treatment of burns, and gives the results of his own experience. Iodoform he regards as the application *par excellence* for burns of the second and third degrees; he prefers an iodoform-gelatin of the strength of ten per cent., or, better still, an iodoform paste, of which the following is the formula:

| | |
|---|---|
| White bole, . . . . . | ½ drachm; |
| Olive-oil, . . . . . | 1 ounce; |
| Solution of subacetate of lead | 6 drachms; |
| Iodoform, . . . | from 2 to 4 drachms. |

PELVIC NEURALGIA.—In congestions or plethora of the pelvic organs, with accompanying neuralgia, in women, the following formula frequently gives decided relief:

| | | |
|---|---|---|
| ℞ | Pot. bromid., . . . . . | |
| | Amm. bromid, *aa* . . . . | ℥ iss. |
| | Tinct. guaiac., . . . . . | |
| | Tinct. colchici., rad., *aa* . . . | ʒ ss. |
| | Syr. simp., . . . . . | ʒ iij. |

M. Sig.—Teaspoonful three times a day.

SCABES.—The following is Hebra's modification of Wilkinson's ointment:

| | | |
|---|---|---|
| ℞ | Flor. sulphur., . . . . . | |
| | Ol. fagi., *aa* . . . . . | ʒ iss. |
| | Creta alb., . . . . . | ʒ i. |
| | Saponis viride, . . . . . | |
| | Ungt. simpl., *aa*. . . . . | ʒ iij. |

M. Rub thoroughly into the skin after a hot bath.

RHUS POISON.—The following is recommended in rhus toxicodendron poisoning.

| | | |
|---|---|---|
| ℞. | Corrosive sublimate, . . . . | ℥ ij. |
| | Amm. mur. . . . . | ℥ iv. |
| | Potass. nit., . . . . . | ʒ j. |
| | Aquæ font., . . . . . | ℥ xvj. |

M.—Sig. Dissolve, and wash the parts in this solution twice a day. It cures the itch with equal certainty.—*Med. Brief.*

INDUBITABLE CONGENITAL TUBERCULOSIS.—An eight months' fœtus was taken from a cow, the subject of advanced tuberculosis, by Dr. Johne. The placenta and uterus were free from tuberculous lesions, but in the lower lobe of the right lung a nodule the size of a pea was detected containing four caseous centres. The bronchial glands were congested and also tuberculous. The liver con-

tained numerous gray granulations. Microscopically, the tubercular structure was confirmed; masses of epithelioid cells with giant corpuscles containing tubercular bacilli were discovered.—*Lancet.*

CONVULSIONS IN AN INFANT CURED BY MORHINE.—Dr. H. Plummer, of Harrodsburgh, Ky., reports in the *Medical Record* for March 27, 1886, the case of an infant, 22 months old, who was seized after a short period of malaise with convulsions. She was seen after the second convulsion, and did not then appear to be very ill, but was fretful. The temperature was 102° and there was some little cough, but there was no signs of pneumonic trouble. Bromide of potassium in 5-grain doses was given every hour, but the convulsions increased in severity and frequency. The bowels had been moved by calomel and castor oil. In the afternoon of the second day the child was in the following condition: The tongue was protruded between the teeth, swollen, and constantly in motion; the fore-arms were flexed and rigid, the thumbs being firmly drawn into the palms, and the lower extremities were likewise rigid. The child was now unable to swallow, and the pupils were widely dilated. The convulsive attacks recurred at such short intervals that they seemed to be continuous Other remedies having proved ineffectual, Dr. Plummer determined to employ morphine, and accordingly gave $\frac{1}{6}$ grain hypodermically. In a few minutes the little patient fell into a sleep, in which she remained, awaking only to drink, for twenty hours. The pupils became of nearly the normal size, and the muscular system became relaxed. From this time she continued to improved, although she seemed nervous and fretful, for a time, and the convulsions did not return.

CHLORIDE OF CALCIUM AS A GLANDULAR DEOBSTRUENT.—Dr. Arthur Davis thinks that this old and formerly much used drug is not sufficiently resorted to in cases of enlargement of the lymphatic glands, and he relates two cases wherein the results were very satisfactory. He utters the caution that the drug must be given in solution in doses of from three to ten grains thrice daily, according to age, and he concludes that in the application of this drug, therefore, three points should be borne in mind:

1. The necessity of a cautious but gradual increase in the strength of the dose taken.

2, The steady persistence in its use for a lengthened period.

3. Its uselessness in cases where suppuration has already commenced.—*Med. and Surg. Reporter.*

THE TREATMENT OF FEVER BY ELECTRICITY.—Prof. E. De Renzi having by chance observed a case of quartan fever cured by the application of electricity, instituted a series of experiments in this direction, and has formulated as a result of these observations, the following conclusions:

1. Fevers of malarial origin resist the action of the electrical current much more than do those symptomatic of bronchitis, pulmonary phthisis, etc.

2. During the application of electricity the temperature remains elevated, or even rises to a fraction of a degree; but soon after, at the most within an hour or two, a fall of several degrees occurs.

3. The best effect is obtained by holding a moist electrode in the hand while a metallic brush attached to the other pole is swept over the surface of the body.

4. Arterial pressure is increased during the application, the skin becomes reddened and often moistened with perspiration, and the pulse is increased in force. It is probable, therefore, that the antipyretic effect of electricity is due to the increased activity of the cutaneous capillary circulation, whereby caloric is more rapidly lost.—*Gazetta Medica Italiana.*

MALIGNANT TUMORS OF THE NOSE.—*Revue. Mens. de Laryngog.* Schmiegelow, of Copenhagen, has observed and described three forms—sarcoma, carcinoma, and lupoid polypi. The latter resemble tubercular vegetations of the larynx and trachea; their surface is white, granular non-translucent, hard, but less so than the fibromata. In two cases they were attached to the septum, middle and inferior turbinates The structure is like that of a tubercle. Carcinoma is rare, sarcoma somewhat more frequent; the former is slow of progress, occupying months and even years, whilst the evolution of a sarcoma usually takes weeks; carcinoma is more superficial, ulcerates more quickly, is less hard than sarcoma. Epistaxis is by no means an habitual sign of either, and infiltration of the lymphatics is not the rule, though visceral metastases have been observed. In Schmiegelow's case of carcinoma its origin, usually from the ethmoid, was from the cartilaginous septum and its histological type cylindrical. Growths limited to the nasal cavities proper, excepting the ordinary soft polyp, are so rare that every case should be minutely described and published.—*St. Louis Med. and Surg. Journal.*

SYPHILIS OF THE BRAIN.—In this dangerous manifestation of syphilis, from whatever pathological condition arising, Dr. Gerhardt places his reliance upon mercurial ointment and iodide of potassium for treatment. If the treatment is begun early enough, many of the cases are curable; but if treatment is delayed, there is no hope. Treatment must be begun early, and must be energetic and long continued. He uses daily

inunctions of ungt. hydrarg, in doses of three to seven grams, and administers at the same time from two to five grams of iodide of potassium. The more the patient moves about in the open air, the greater, proportionally, must be the amount of ointment rubbed in.—*Berliner Klin. Wochens.*—*Archives of Pediatrics.*

ACNE AND ITS TREATMENT.—Young people are subject to acne, which many think is caused by some change in the blood. The disease is seen in many instances about the age of puberty. It is marked by a popular eruption on the face, sometimes interferes with the digestion, and has a low fever. The indications are to give a simple cathartic.—*Medical Summary.*

A MUSTARD SPONGE.—Dr. B. W. Richardson recommends the use of a sponge for mustard poultices. He says: "A sponge makes the best of mustard carriers. The nurse mixes the mustard in a basin with water until the mass is soft and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white hanhkerchief, ties up the corners of the handkerchief neatly, to form a hold, and applies the smooth convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for re-application, often a matter of importance during the weariness of night watching. The sponge can afterwards easily be washed clean in warm water."

MENTHOL IN THE TREATMENT OF URTICARIA AND PRURITUS.—Among the myriad of remedies for these troublesome affections we have used this remedy for urticaria in three cases. Not only is the itching relieved for the time, but a cure seems to be effected. In pruritus ani, and in eczema, moistening the parts with menthol solution causes an immediate cessation of the pain. The solution should contain from two to ten grains of menthol to the ounce of water.—*Exchange.*

FOR WORMS.—Prepare six powders, each containing from three to five grains of santonin, according to age, and a fourth of a grain of calomel. The first two powders to be taken at twelve hours interval, the remainder at twenty.four hours interval. Followed by a dose of castor oil, "Infallible."—*Brit. Med Jour.*

A LIBERAL OFFER.—The editor of a newspaper in this State thus appeals to his delinquent subscribers: "To all those who are in arrears one year or more, who will come forward and pay up arrearages and for a year in advance, we will give a first-rate obituary notice gratis in case it kills them."—*The Sunny South.*

TREATMENT OF LEUCORRHŒA AND FŒTID VAGINAL DISCHARGES.—Dr. Cheron orders the following injections morning and evening:—Chlorate of Potash, ʒ iij.; laudanum, ʒij.; aquæ rhenicæ, ʒx. Two or three tablespoonfuls for a quart of warm water.—*Medical Press and Circular.*

ANOTHER USE FOR COFFEE.—Chewing coffee is said to effectually remove the disagreeable taste following galvanism to the head and neck.—*Peoria Med. Monthly.*

"Yes! You docters are great fellows," said the man on the cracker-box to a young M. D., near by. "You put a long name onto everything, and then people forget it. Oh, yes! I know. You call water aqua and pumpiosis, and you call tar, fix liquidator, just as if people did not no what a fix was. You say if a man has lung fever, that he has the ammonia; and if he gets a cold, you say he has the brown skitters. But you don't fool a man that's been brought up in Philadelphia. You call wax, ce-rat-um, and call a mixture of baking soda and acid, sigh-lets powders, and so you go on thinking to cheat honest folk. And now you expect people to believe in you, but we won't until you come right out and call things by their proper names—" Just then some one rushed in and said there was a dog fight down street and the groceryman was left alone.

A woman once consulted Abernethy for an ulcer on her arm, and when asked, "What ails you?" exhibited the sore without speaking. "Poultice it, and take five grains of blue mass every night; come back in a week!" The woman offered the usual fee, which the surgeon refused. At the end of the week the patient appeared, and the same pantomime occurred. After a few more visits, the doctor looked at the arm and pronounced it well. The patient again offered a fee. "No," said Abernethy, "I will take nothing. You are the most sensible woman I ever met. *You don't talk!* A few months afterwards he discovered that the woman was *dumb.*

Prof. Da Costa speaks highly of a double salt of sodium and iron, the pyrophosphate, in the treatment of anæmia. As it is unirritating, it is the best salt for hypodermic use. It is freely soluble, and can be given in large doses as it does not irritate the stomach, not does it produce constipation.

Professor Parvin recommends as a remedy for the salivation of pregnancy, the smoking of the fourth of a cigar several times a day.

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## RECTAL MEDICATION AND ALIMENTATION.

That the rectum possesses no mean powers of absorption has long since been established; yet we fear its great importance is not generally recognized, and that insufficient attention has been given to the many advantages of rectal medication and alimentation. Many important diseases are in proximate relation to this cavity, and consequently are more readily affected by remedies, thus administered, than by any other mode. Liebig states that a 20% solution of salt injected into the rectum will disappear completely in one hour, so completely that an evacuation at the end of that time, will be found to contain no more than the usual quantity of salt. The fluid extract of rhubarb has been detected in the urine one hour after injection into the rectum, and abundant proof has been obtained, that most if not all liquid or soluble remedies are absorbed by the rectum with great facility. Hence we may confidently administer medicines per rectum whenever indicated, especially for pelvic ailments. Comparatively few resort to this method, even for diseases of this locality, because of their want of confidence in the absorbent powers of the rectum; yet the few who have given it a fair trial, seldom return to medication by the stomach for diseases of the bladder, prostate, womb, ovaries, testicles, lower bowel, etc., etc. Medication by rectal suppository or capsule, is simple, direct and cleanly, and when indicated remedies are properly selected and prepared, is very efficacious. The advantages of this mode are obvious; the stomach is left free for food, the disgust produced by nauseous medicines, their probable rejection by the stomach, the troubles of administering to children and delirious patients, and many other practical difficulties are all obviated. Rectal alimentation also deserves more practical attention than it has hitherto received. Although the practice has obtained from the earliest period, and is probably as old as the science of medicine, yet we have not availed ourselves of its great utility, to the extent which its importance merits. Herodotus states the Egyptians used clysters at certain times for their health, and the ancient Greeks injected wine, whey, milk, ptisan, broth of spelt, etc., for this purpose. The Romans availed themselves of this method of administering nourishment, as a sustaining treatment, as well as most other civilized nations of which we have any record. The practice has continued to ebb and flow, with the fashion of the period, down to the present day. Many prominent physicians of the last and present century have strongly advocated its utility, and urged its more frequent adoption by the profession. The use of pancreatized enemata has been known for over two hundred years. It is mentioned in a Latin treatise published in 1671. It behoves us then not to permit this important means of sustaining life, under adverse circumstances, to languish or become obsolete at the present day. That its necessity and utility are as important to day as in the past, will not be disputed, nor has it been superseded by any other method of administering nourishment, when the stomach, from any cause, fails to perform its duties. Now that science has furnished us with the means of supplying food partially if not wholly digested, and prepared for absorption, rectal alimentation should attain better results than in former days, and should be more frequently resorted to, if we would avail ourselves of every means in the interest of our patient. Pancreatized and peptonized aliment, in a liquid or semi-liquid form, is readily absorbed by the rectum, and will sustain life for an indefinite period. Its utility in the large majority of diseases is so obvious, that enumeration would be superfluous. We have barely hinted at a few of the points of this very important subject, but all will easily conceive its necessity in every-day practice, and we trust will not fail to recognize its great importance,

not only to the patient, but to the physician, if he would be successful in combating disease, and postponing the dire event of our mortality, to the latest period allotted to man.

## FEVER.

The theory of fever, or increased body temperature that has been so long familiar to us, seems to be insufficient. We have been accustomed to say quite glibly, that the increased heat is due to increased oxidation of the tissues—to a degradation of their histological elements, under the influence of some cause, hitherto rather shadowy. Some of the most advanced, and most scientific minds in the medical profession, have become skeptical as to the fact, that this degradation of tissue is the prime and only factor in the process. It may, therefore, almost be put as a corollary to the above proposition, that new light will be thrown upon this difficult, but interesting and important subject, just as the old theories about heat and light were supplanted by the present ones, as soon as science acquired facts which were not consonant with the old theories. The thought has been suggested that a portion of the heat manifested in fever is produced by a checking or lessening of the processes of tissue-building. We know that during fever the processes of repair, so to speak, are in abeyance. The various tissues waste, and no sufficient renewal goes on. Now by what means, in health, are the tissues built? Is not a certain amount of force necessary for the performance of what we call the vital functions? The weaving of cells, the secretion of juices, the elaboration of tissues; surely these processes require a certain amount of motion, or chemical action, or what ever form of energy it may be, and this we may now put down as heat, or as some force in the manifestation of which heat is used up or rendered potential. If this be true, we have advanced considerably in our capability of understanding that fever is due not only to increased oxidation, from the rapid disintegration of the tissues, but also to the non-disappearance of a certain amount of force necessary for the elaboration of the various aliments, their assimilation and the subsequent tissue-formation. It has been clearly shown that during febrile states more heat is given off, that is, the increased body heat is not due to its retention in the body. Unfortunately for the theory, all observations so far made, upon animals, appear to show that in all the processes of the body heat is evolved or rendered sensible, and not latent. But recent observations, very carefully conducted by Mr. Ord, show that in certain growing fruits, *the temperature is lowest* where the greatest amount of tissue-building is going on. The cucumber was selected for these observations, and Mr. Ord found that the thermometer registered a difference of as much as 1.1° in different points of the same cucumber, being lowest where growth is most rapid, *i. e.*, at the tip, and at the stalk end. He also found a difference of 2.9° between a ripe and a growing cucumber placed under similar outside conditions; that a ripe cucumber, that is, one in which disintegration of tissue was going on, showed a temperature 0.6° higher than a bottle of water suspended beside it, while a young growing one was 2.3° lower than the water. These observations were carried on under conditions carefully regulated to preclude error, and they are certainly full of suggestion to any one interested in the phenomena presented under fever, and what medical man is not? They point strongly to the fact which is so at one with all our ideas of heat as a mode of motion, that in all work done, whether it be the drawing of a train up a grade, the changing of water into steam, or the building of a cell, heat is used up, or changed into some other form of energy.

This subject lies at the root of a large amount of the disease we are called upon to treat from day to day. It is to be hoped, then, that that amount of attention may be given to it which it deserves, and that in the near future the question may be definitely settled.

## LAPAROTOMY EPIDEMIC.

Under the above title the *Medical Press and Circular* has in a leading article felt itself constrained to make a decided stand against the frequency with which this operation is performed in England. The article grew out of a statement made by Dr. Imlach at a recent meeting of the Liverpool Medical Institute, that every Monday, his receiving day, out of ten women his nurse picked, he found seven requiring abdominal section and "spaying." As a result of that article, at a

crowded meeting of the Liverpool Medical Institute, held on the 4th of February, to discuss the subject, Dr. Gurnsdale proposed the following resolution, seconded by Dr. John Cameron, Senior Physician to the Royal Southern Hospital, and which was unanimously carried: "That in view of the large and increasing number of cases of abdominal section at the Hospital for Women in this city, as shown in the annual Medical Reports for the years 1884 and 1885, this meeting is of opinion that a select committee should be appointed for the purpose of investigating the grave questions of practice and ethics involved in the performance of these operations, and that the following gentlemen form the committee: Dr. Nevins, president, Dr. Cameron, Dr. Waters, Mr. Bickersteth, Mr. Banks, Dr. J. H. Wilson, Dr. M'Fie Campbell and Dr. Alexander." As it was more than hinted at a previous meeting of the Institute that "women are spayed without being told what the nature of this operation of spaying is, and the position in which they will be placed by it," the remarks of our contemporary appear to be well timed.

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COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—Following is a list of successful candidates at the college of Physicians and Surgeons of Ontario examinations:

*For Primary.*—G. Acheson, W. Armstrong, A. E. Ardagh, L. Ault, C. N. Anderson, J. Appelbe, O. R. Airson, J. W. Begg, A. D. Barnett, George Bell, A. Bradford, J. J. Brown, S. G. T. Barton, G. H. Bowlby, A. E. Bolton, R. A. E. Burns, E. Bromley, Agnes D. Craine, J. M. Cameron, Susanna Carson, D. Cameron, E. P. Campbell, L. F. Cline, S. Cummings, D. M. Campbell, G. A Cassidy, J. G. Creegan, D. A. Dobie, W. H. Dawson, W. H. Downing, J. M. Eaton, A. J. Errett, C. R. Francy, A. J. Fisher, J. G. Ferguson, G. A. Fere, A. Forin, J Galloway, A. D. Graham, M. Gallagher, T. H. Holsted, A. N. Hotson, L. J. Hixon, R. R. Hopkins, J. W. Hunter, J. F. Hart, W. H. Harris, J. A. Hamilton, C. James, G. F. Jones, D. A. Kidd, C. J. W. Karn, C. B. Langford, T. H. Little, A. Lawson, A. E. Lackner, B. Lammiman, Annie Lawyer, M. Maybee, W. H. Merritt, J. A. MacMahon, J. E. Maybee, D. C. Meyers, Mary B. MacKay, P. MacNaughton, J. H. McCasey, E. A. McGrath, J. B. H. McClinton, P. McLaughlin, L. G. McKibbon, C. D. McDonald, D. P. McPhail, A. W. McCordick, J. A. McDonald; D. R. McMartin, T. G. McGannon, J. A Neff, W. Newell, A. Ochs, J. A. Palmer, A. F. Pirie, J. Proudfoot, A. R. Pyne, R. P. Pattee, J. W. Rowan, J. L Reeve, T. M. Robinson, J. O. Reaume, P. J. Scott, G. S. Stockton, J. R. Shannon, J. C. Smith, J. A. Scott, W. A. Shannon, A. J. Stevenson, M. Steele, T. Scales, J. W. Shillington, A. T. Tufford, O. Taylor, M. Tovell, C. A. Toole, A. F. Vrooman, T. P. Weir, W. J. Welsh.

*For Final,*—F. Beemer, L. Brock, G. M. Brodie, R. M. Bateman, F. H. Brennan, E. Bromley, H. S. Birkett, W. C. Beaman, H. E. Burdett, J. M. Conerty, W. P. Caven, G. R. Cruickshank, J. M. Cleminson, J. P. Casselman, C. Collins, J. B. Carruthers, L. F. Cutten, J. I. Cassidy, G. A. Cassidy, L. F. Campbell, W. F. Cale, C. R. Cuthbertson, J. F. Campbell, J. G. Creegan, S. S. Cornell, H. E. Drummond, D. Dunton, G. J. Dickison, W. G. Dow, W. Dow, M. L. Dixon, A. A. Dame, A. B Eadie, jr., A. B. Eadie, sr., A. H. Edmison, W.M. English, E. H. Earl, A. Ego, W. H. Fox, J. W. Fraser, D. E. Foley, J. M. Forster, A. Forin, D.M. Gordon, T. D. Galligan, J. H. G. Grant, R. Gibson, Wm. Giles, J, W. Hunter, R. Hillier, W. C. Heggie, George Hunt, J. W. Hart, W. W. Hay, W. B. Hopkins, J. H. Hamilton, J. A. Hamilton, F. C Heath, J. E. Hanna, P. H. Hughes, D. R. Johnston, D. W. Kester, W. J. Logie, W. Lasgie, T. C. Lapp, M. Mather, J. C. Moffat, D. E. Mundell, S. J. Mellow, J. C. McAlister, T. McEwan, H. A. McCallum, D. McEdwards, E. McLaughlin, J. C. McCabe, George McKenzie, W. H. McKague, A. F. McVety, T. G. McGannon, C. T, Noecker, W. R. Nicholls, J. Olmsted, A. B. Osborne, P. H. Orton, J. W. Peaker, R. P. Pattee. J. L. Reese, A. B. Riddall, W. A. Richardson, L. M. Robinson, J. O. Reaume, C M. Sanford, George Sanson, J.J. Soden, J. P. Shaw, D. Storms, J. M. Shaw, H. C. Scadding, A. F Tracy, J. A. Tuck, C. A. Toole, S. West, R. J. Wilson, E. J. Watts, R. West, F. Winnett, G. H Wilson, W. J. Weekes, E. W. Wright, W. H. Waddell.

VICTORIA UNIVERSITY.—The following is a list of the successful candidates in Medicine at this University:—M.D. and C.M.—N. Aikins, R. M. Bateman, G. M. Brodil, E. Bromley, J. A. Carbert, J. Caven, J. F. Campbell, G. R. Cruikshank, C. R. Cuthbertson, W. Dow, D. Duntan, W. G. Dow, W. English, E. C. Eschelby, J. Forster, W. H. Fox, O Grain, W. D. Green, J. A. Harvie, A. O. Hastings, W. C. Heggie, R. Hillier, C. Hodgetts, W. B. Hopkins, G. Hunt, S. J. Jones, A. P. Knight, J. Leeming, W. J. Logie, J. M. MacCallum, T. J. McDonald, G. McDiarmid, T. McEwan, J. M. Nairn. H. Noyes, J. F. Orr, J. Rea, A. B. Biddell, G. Sousan, W. B. Thistle, A. F. Tracy, W. R. Watson, S. West, R. J. Wilson, R. J. Hood, W. A Young.

M.D.—H. Bourbonnais, F. P. Canac-Marquis, A. Cheval, O. Clouthier, H. Dauth, A. Elfe, —. Grenier, J. E. Grignon, M. Gervais, H. Hervieux,

W. Joyal, J. Laberge, J. Legauit, J. L'Esperance, P. U. Laberge, C. F. Lussier, A. Mallette, A. Mignault, D. McNamara, P. C. Pilon, A. J. Bte. Rolland, J. H Roy, J. Rodier, A. S. St. Armour, E. J. Thérien.

C.M.—F. P. Canac-Marquis, L. A. Demers, J. Laberge, J. L'Esperance, A. J. Bte. Rolland.

THE TREATMENT OF NASAL POLYPI BY INJECTIONS.—Dr. Dudley S. Reynolds, in a published clinical lecture (*Phil. Med. Times*) recommends the injection of from one to three minims of liquified pure carbolic acid into the body of the tumor through a hypodermic syringe needle, made especially long and bent at an angle of twenty-five degrees near the point of attachment to the barrel. This needle is straight from the point back three and a half inches and is very convenient, as Dr. Reynolds has found, for the purpose. The carbolic acid instantly coagulates the contents of the polypi, while the investing membrane is quickly inflamed, and in about forty-eight hours from the time of the injection it is usual for the main part of the injected growth to come away *en masse*, completely sphacelated. Some cases of polypus exhibit a tendency to frequent hemorrhages, especially of the remaining pedicles after the body of the polypus has been destroyed by caustic. Injection into the bleeding pedicle, of the officinal compound tincture of iodine, or of iodine in solution, will be followed by rapid shrinking of the muscular mass and permanent relief of the hemorrhagic tendency. To prevent accumulations in the nasal passages the following powder is recommended:

℞—Sodii boratis . . . . . ℥j.
Sodii chloridi . . . . . ℥ii.
Cubebæ . . . . . gr. v.
—M. Ft. pulv.

TREATMENT OF CHOLERA INFANTUM.—According to Dr. W. Byford Ryan (*Amer. Practitioner*, May, 1881), the indications for treatment of cholera infantum are, first, to restore the blood-supply to the surface, thereby relieving the visceral engorgements; second, to maintain capillary action of the entire economy, thus helping to arrest extravasation of serum; third, to give tone to the muscular and mucous coats of the bowels; and, fourth, to supply proper nutriment. Dr. Ryan believes that these indications can be largely met by the use of belladonna, since belladonna, by dilating the superficial capillaries, will help to remove peripheral anemia. It will further tend to arrest secretion from the mucous membrane of the bowels, and by the anæsthesia which it produces of these surfaces will help to remove the extreme irritability of the stomach and intestines, and thus do away with the prime factor in the causation of vomiting and excessive diarrhœa. Dr. Ryan believes, and states that his experience supports that belief, that belladonna will in every case arrest both the vomiting and diarrhœa at once, and that no child sick of this dangerous summer complaint, who has a fair constitution, need be lost if it have this treatment, combined with and followed by such tonic measures and nourishment as will suggest themselves to any intelligent physician. As the most suitable tonics Dr. Ryan recommends minute doses of nux vomica and arsenic.

ERGOT IN DYSENTERY.—Dr. Du Rocher succeeded in curing a severe case of dysentery, which had resisted treatment, by powdered ergot, of which 45 gr. were given in six doses during one night. The case progressed rapidly and without untoward symptoms.

OINTMENT FOR ALOPECIA AREATA.—Dr. Allen, *Jour. Cut. & Ven. Dis.*, recommends an ointment of pyrogallic acid, one drachm to the ounce in alopecia areata. He states that a decided improvement was manifested in five days, and that in a month a good crop of hair was growing.

MENTHOL IN TUBUCULAR LARYNGITIS. — Dr. Krause recommends the application of a twenty per cent. solution of menthol in the above disease, and owing to the benefit derived from the treatment, is now trying the effect of menthol inhalations in pulmonary phthisis.

SOME USES OF FRIEDRICHSHALL WATER.—Lauder Brunton, Professor of Therapeutics at St. Bartholomew's Hospital, London (*The Practitioner*), says, "The therapeutical range of Friedrichshall is highly esteemed by the leading German physicians: Mosler and Thierfelder find it of great service in habitual constipation and various digestive liver affections; Scanzoni in the constipation of pregnant women; Schröder and Veit in uterine congestions and inflammation, and especially in chronic metritis; Weber in catarrh of the bladder;

and Sir Henry Thompson in the prevention of calculous disease and the prophylactic treatment of gravel. Löschner, Helft, and Mosler speak highly of its use, combined with suitable exercise and diet, in the torpid forms of struma, and in scrofulous children. The opinion of these authorities is likely to reinstate Friedrichshall as a favorite laxative."

ONTARIO MEDICAL ASSOCIATION MEETING.—The following is the list of papers received by the meeting of the Ontario Medical Association up to time of going to press (which we do this month much earlier than usual). Many more, no doubt, will be in hand before the meeting on next Wednesday and Thursday, June 2nd and 3rd. The meeting will be held in the theatre of the Normal School, St. James' Square, and will be open at 10 o'clock, sharp; Dr. Tye, of Chatham, President. Dr. Reeve, "Inflammation of the Frontal Sinus"; Dr. Ferguson, "Fifty cases of Chorea in the Lower Animals—experimentally produced"; Dr. McKeough, Chatham, "The Influence of Malaria and Quinine upon Pregnancy"; Dr. Turver, "Treatment of Ante-versio-uteri"; Dr. Hunt, Williamstown, "Treatment of Laryngeal Diphtheria"; Dr. Blackstock, Thorold, "Intra-cranial Injuries"; Dr. Howe, Buffalo, "Bacteria and the Eye"; Dr. Campbell, Seaforth, "Placenta Prævia"; Dr. A. H. Wright, "Secondary Puerperal Hemorrhage"; Dr. C. W. Covernton, ———; Dr. McFarlane, "Surgical Treatment of Diphtheritic Croup"; Dr. Forin, Melrose, "Medullary Carcinoma of Liver"; Dr. Oldright, "Two or three points in the treatment of Colles's Fracture"; Dr. Palmer, "Diseases of the Eye in Pregnancy"; Dr. Henderson, Kingston, "Glio-sarcoma, involving Pituitary body"; Dr. Anglin, Kingston, "Casts of large Urinary Calculi"; Dr. Dupuis, Kingston, "Case of Multiple Hepatic Abscess, with Petrifaction of the Gall Bladder," also, "Case of Congenital Imperforate Rectum and Anus"; Dr. McKinnon, Guelph, "Some details on Ovariotomy"; Dr. Oakley, Streetsville, "Observations on the Repair of Nerve Tissue."

A TEST FOR SUGAR IN THE URINE.—A Philadelphia correspondent of the *Atlanta Medical and Surgical Journal* states that it might be of interest to mention a convenient substitute for Fehling's solution in testing for sugar in the urine. The ordinary solutions deteriorate on keeping, and are liable to throw down the sub-oxide of copper themselves if they have not been freshly prepared. Prof. Holland, in his lectures on chemistry, at Jefferson Medical College, gave the following test fluid, which is very efficient, is easily prepared, and is not spoiled by keeping:—

GLYCERINE CUPRIC SOLUTION.

| | | |
|---|---|---|
| ℞ | Cupric sulphate . . . . . | ʒj |
| | Glycerine . . . . . | f ʒj |

To make the test add five drops of this solution to one drachm of liquor potassæ, in a test-tube. Boil a few moments to test the purity of the fluid; should it remain clear, then add a few drops of urine. If glucose be present in quantity, there is at once thrown down a red precipitate, just as in the ordinary Fehling's test. To detect minute amounts of sugar, not shown by above procedure, after making the test as above, add half a drachm of urine; boil and set aside. If sugar be present, even in very minute quantity, the liquid, as it cools, will turn to an olive green color and become turbid.

REMOVAL OF FOREIGN BODIES FROM THE EAR.—Jonathan Hutchinson, in the *Br. Med Jour.* says:—I have never, since I was a student, used either forceps or scoop; and, for the purpose of extracting hard bodies from the ear, I hold that they are most dangerous. With a flexible silver wire loop, or if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient than any other method. It is impossible that it can injure the membrana tympani or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance I took out a piece of heavy lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety, and efficiency of the method make it desirable that it should be better known.

THE TREATMENT OF HÆMOPTYSIS.—Dr. Horace

Dobell recommends the following prescription for the reasons given :—

| | | |
|---|---|---|
| ℞ | Ext. ergotæ . . . . . | ʒii |
| | Acidi gallici . . . . . | ʒi |
| | Mag. sulph. . . . . | ʒp |
| | Acid sulph. dil. . . . . | ʒi |
| | Inf. rosæ acidi ad. . . . . | ʒviii M |

SIG.—Take two tablespoonfuls every two hours. The ergot contracts the capillaries ; the gallic acid is an immediate styptic ; the Epsom salts relieves congestion ; the digitalis steadies the heart ; the sulphuric acid is also a styptic, and the infusion of roses is the menstruum for the administration of the other drugs.

CAUTION IN THE USE OF IODINE COLLODION.—The application of this mixture has not been unattended with considerable danger—mortification, as in the case of fingers, following its use. Dr. Vogelsang has pointed out that when painted upon quite a broad expanse gangrene of the skin and sloughing may occur, and that the parts most obnoxious to its use are scrofulous or other glandular swellings in the neck. Dr. Vogelsang is of opinion that the iodine is to be considered as the cause of the gangrene. He assumes that under the impervious film of collodion, an intensified chemical action of the agent takes place, leading to the coagulation of blood in the capillaries and death of tissue.

VOMITING OF PREGNANCY.—Dr. Mendel (*Archiv de Tocol*), says he has had remarkable results from irrigation of the epigastrium with ether in severe vomiting of pregnancy. A patient not relieved by any of the ordinary remedies, found immediate cure by this treatment.

THE ACTION AND USES OF CHLORATE OF POTASH.—Dr. Von Mering, as the result of experiments with this drug, holds that the following considerations should guide us in the administration of this remedy : First, the salt should be given after meals ; second, quite an interval should occur between the several doses ; third, the salt should not be given in high fevers on account of the diminished alkalinity of the blood ; nor in respiratory trouble, such as emphysema, pneumonia, and in the dyspnœa attendant upon obstruction of the larynx by croup and diphtheria and the cyanosis of valvular disease of the heart ; a contra-indication exists also in renal mischief attended with diminished excretion.

HYOSCYAMINE IN CHOREA.—Dr. Da Costa recommends hyoscyamine in chorea in the following dose : 1-200 of a grain three times a day, the dose being doubled if necessary. He records a case treated in the Pennsylvania Hospital of a boy eleven years of age suffering with chorea to a degree which rendered him completely helpless ; he was unable to walk or feed himself, and he had not sufficient control over his powers of speech to convey even the nature of his wants. In four days after the administration of the drug he was able to walk about the wards, and his condition underwent steady improvement, until, three weeks from the date of admission, his muscular system had regained its normal condition, and locomotion was in every way natural.

BRAIN SURGERY IN THE STONE AGE.—Professor Victor Horsley, of London University College, recently delivered a lecture to the Medical Society on "Brain Surgery of the Stone Age," in which he showed evidence of operations having been performed upon the skulls of men living at that time. He exhibited photographs of skulls on which trephining had been performed. Considerable discussion took place as to whether these openings are trephine-apertures or not. The lecturer pointed out the fact that these openings were in most cases found in that part of the skull over the motor area, and suggested that the operations might have been performed chiefly for traumatic epilepsy.

NEW YORK POLYCLINIC.—The Summer Session of the New York Polyclinic begins June 2nd, and ends September 11th. The past session was very successful, having had the largest class of practitioners ever registered in any school in the United States. A large number of Canadian graduates have attended the clinics during the past, and the number bids fair to increase. For the practitioner who has not time to visit the hospitals of Europe, this institution offers a valuable opportunity for clinical work. The fee for the whole course (Pathology excepted) is seventy-five dollars.

CHANGES IN TRINITY MEDICAL SCHOOL.—Dr. Covernton, in addition to his usual course in

Sanitary Science, will give a short course of lectures on the Theory and Art of Prescribing.

Dr. J. L. Davison takes the chair of Materia Medica and Therapeutics *vice* Dr. Kennedy resigned.

Mr. Shuttleworth will give a full course on Practical Pharmacy, so as to meet the requirements of the Medical Council and other examining bodies.

TORONTO UNIVERSITY.—The following gentlemen have passed their examination in this University: M. B. Gold Medal, G. A. Peters, Starr Gold Medal G. A. Peters. Silver (1) C. T. Noecker. (2) D. R. Johnston, A. W. Bigelow, J. C. Carlisle, W. P. Cavan, H. J. Hamilton, D. McKenzie, J. W. Mustard, S. G. Parker, J. W. Peaker, O. W. Peaker, G. Weld, J. Macoun, H. E. Drummond, W. A. Richardson, W. R. Watson.

*Scholarships First Year*—J. H. Collins, G. N. Waite. *Second Year*—(1) J. Galloway, (2) G. A. Féré. *Third Year*—A. Eggle, J. Olmsted.

WOMAN'S MEDICAL COLLEGE, TORONTO.—At the Woman's Medical College, Toronto, at the 1st year's Examination, Miss Jennie Carson was the Blake scholar; in the 3rd year, Miss Alice McLaughlin was the Cameron scholar. At the Trinity University, Primary Examination, 2nd class Honors were obtained by Miss Jessie Carson and Miss Mary McKay.

BRITISH COLUMBIA MEDICAL COUNCIL FOR THE CURRENT YEAR. — President, Dr. Powell; Vice-President, Dr. C. N. Trew; Treasurer, Dr. J. C. Davie; Registrar and Secretary, Dr. G. L. Milne.

CANADIAN MEDICAL ASSOCIATION.—We wish to call attention to the meeting of the Canadian Medical Association, to be held in Quebec on the 18th and 19th August next. A very successful meeting is anticipated. Any member, desirous of proposing any alterations in the By-Laws should at once inform the Secretary, Dr. Stewart, of Montreal, of such proposed meetings.

ONTARIO VACCINE FARM.—We beg to call attention to the Ontario Vaccine Farm recently established in Palmerston, Ont., under the superintendance of Dr, Stewart. This establishment is subsidized by the Ontario Government, and under the supervision of the Ontario Board of Health. We commend it to the attention of the profession in Canada.

FEMALE PHYSICIANS.—The College of Physicians and Surgeons of Edinburgh and Glasgow, have decided to allow women to take the conjoint examinations, and to grant the "triple qualification" in Medicine, Surgery and Midwifery.

PERSONAL.—Dr. F. C. Heath, President of the Alma Mater Society, of Queen's University, has commenced the practice of his profession in Brantford.

NASAL HEMORRHAGE.—Johnathan Hutchinson says that nasal hemorhage may be checked in nearly every case, by immersing the feet and legs up to the knees, in water as hot as can be well borne.

BRITISH DIPLOMA.—Dr. R. N. Fraser of Queen's was admitted member of the Royal College of Surgeons, England, on 19th April.

CORONER.—Dr. J. Sinclair, of St. Mary's Ont., has been appointed coroner for the Co. Perth.

ERRATA.—By mistake, the name of Dr. Smith was omitted from the list of graduates in our last number.

For a case of *gonorrhœal rheumatism*, Prof. Da Costa directed that blisters be applied around the joint, and that the patient take a capsule containing ℥ v. of the oil of sandal-wood, four times a day.

It will be of interest to the readers of the LANCET to know that Dr. Henry, of Orangeville, was elected to fill the vacancy in the Medical Council of the Saugeen and Brock Division.

## Notes, Queries and Replies.

Will one of the correspondents of the CANADA LANCET state what is *laitière*, as it is called by Parisian ladies? My only knowledge of it is that it is supposed to give a softness to the texture of the skin (hence, I presume, its name, Fr. *lait*, milk) and a delicacy to the complexion. It is said also to alter the shape of the features. I am anxious to know what it is and how it is used. Dunglison makes no mention of it—at least with this name.

T. E.

## Books and Pamphlets.

URINARY AND RENAL DERANGEMENTS AND CALCULUS DISORDERS. Hints on Diagnosis and Treatment. By Lionel S. Beale, M.D. Philadelphia: Blakiston, Son & Co.

He who takes up Dr. Beale's book will experience no inclination to lay it aside till he has read every page of it, for the further he travels with the author the more disinclined will he be to part company with so instructive a companion. As we read along we have marked many parts for reperusal. With regard to the large secretion of urea in fevers, Dr. Beale says, page 33. "The large proportion of urea excreted in fevers and inflammations has been supposed by some authorities to be proof of excessive oxidation, and to be necessarily connected with the high temperature of the body. In spite of the blood being stagnant in the vessels and the air-cells of the lungs choked up, this ill-considered theory has been forced upon us, that it will probably be some time before any view more in accordance with well known facts will be accepted." On page 37 we have a warning as to the discovery of sugar in the urine when no sugar is really present. The reaction with Trommer's test, or Fehling's solution being due to "urea or some other constituent." It is impossible in a necessarily limited notice to draw attention in any adequate manner to the many important matters discussed in Dr Beale's book, we feel therefore that we cannot do better than to heartily recommend it to the careful perusal of our readers; and we feel sure that the book should find a place in the library of every practical physician.

A MANUAL OF OPERATIVE SURGERY. By Lewis A. Stimson, B.A., M.D., surgeon to Bellevue Hospital. Professor of Clinical Surgery in the University of New York, etc. Second edition. 342 illustrations. Philadelphia: Lea Brothers & Co. Toronto: Williamson & Co.

This is a deservedly popular "Manual." Dr. Stimson has been a close observer, and is a fine practitioner. His descriptions are clearly made, and his selected operations are always the choicest. His teachings, as set forth in this book, will serve as a faithful guide to the practitioner who may at any time be called on to operate. There is no attempt at an exhaustive treatise on general surgery; but whenever he branches off on his chosen topic, his diagnostic hints are well put and reliable. We recommend the book without reserve.

FRACTURES AND DISLOCATIONS. By T. Pickering Pick, F.R.C.S., Surgeon to, and Lecturer on Surgery at St. George's Hospital. Member of the Court of Examiners, R.C.S., England; 93 engravings. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

The name of the author is so well and favorably known to medical men, that the work hardly needs a notice. The object of the author has been to present a concise and practical treatise on the common fractures and dislocations, their causes, diagnosis and treatment. The scope of the work is not large, and while it is essentially clinical, we notice the absence of certain points which we think should have found a place in its pages. The rules laid down are concise, and will be of value to the student and young surgeon, as they have been formed on the author's experience in the words of St. George's Hospital.

A MANUAL of AUSCULTATION AND PERCUSSION. By Austin Flint, M.D., L.L.D., late Professor of Medicine and Clinical Medicine, Bellevue Hospital Medical College, etc. Fourth Edition revised and enlarged. Illustrated. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

LOCAL ANÆSTHESIA. By J. Leonard Corning, M.D, Physician to the New York Neurological Infirmary, etc. New York: D. Appleton & Co. Toronto: Williamson & Co.

OPERATIVE SURGERY OF THE HUMAN BRAIN. By John D. Roberts, A.M, M.D., Professor of Anatomy and Surgery to the Philadelphia Polyclinic, etc. Philadelphia: P. Blakiston Son & Co. Toronto: Hart & Co.

ELEMENTS OF INORGANIC CHEMISTRY; descriptive and qualitative. By James H. Shepard, Instructor in Chemistry, Ypsilanti High School. pp. 366. Boston: D. C. Heath & Co.

## Births, Marriages and Deaths.

WALLACE—LESLIE.—At Hamilton, Dr. R. R. Wallace, to Maggie A., eldest daughter of James Leslie, Esq., M.D.

EDGAR—On 28th April, the Rev. James Edgar, M.D., of Toronto, aged 63 years.