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Original Communications.

SOME OF THE PRESENT ASPECTS OF SURGERY.

By WM. H. HINGSTON, M.D., D.C.L., L.R.C.S.E.,
Surgeon to the Hotel Dieu; Professor of Clinical Surgery.

Read before the Medico-Chirurgical Society.

Much of what I am about to read to you has been hurriedly written. Your secretary called upon me three evenings ago, and invited me in the name of the Society to read a paper before you to-night. Here it is, with all the evidences of haste clinging to it:

The aspects of a science or of an art are as the aspects of a country; not being always objective are not always the same—for the subject, seeing, has views of his own, habits of vision as it were, and these, unconsciously to himself, perhaps, change and colour the prospective. I am as one, and only one of those observers, and the field of observation—chiefly ultra mare—is the scene of former and more lengthened residence.

During my recent visit to Europe, after an interval of nineteen years, I perceived, or fancied I perceived among individuals in the higher walks of the profession, whether met with in society or at their own homes, a greater seriousness—a greater earnestness than on former occasions. Or was it that those intervening years had changed the mode of vision in the observer?

The friction of mind against mind is seemingly incessant. The struggle for position is unremitting—rendered the more necessary by the increased and steadily increasing cost of living, and almost

pari passu, the steadily increasing number of votaries to the healing art. The large incomes enjoyed—not always enjoyed, but always slaved for—by a limited few, have caused recruits innumerable, each one hoping to achieve distinction, as in the time of Napoleon the humblest soldier was animated with a hope of one day exchanging his musket for the *baton* of the marshal.

Although great courtesy characterizes the relationship of members of the profession with one another, there are few who are not keenly alive to the necessity of continued effort for supremacy, as well as for its recognition; and self-assertion, though clothed with becoming modesty, is not always absent from the highest and most conservative ranks of the profession.

But—and most markedly in Great Britain—plain, honest thought finds plain, honest expression at all the meetings of societies I attended. Vague statements are unheeded; and if imagination is suspected as a possible source of stated fact, a clapping of hands is an indication of *that fact* having been duly noted. The most imaginative could not devise a readier method of expression than the clapping, graduated on a crescendo scale, which marks distrust or disapproval; and tediousness or irrelevancy receives a quietus in the same way.

The vast strides in the study of minute and morbid anatomy, and in special and general pathology, have opened up newer, and, it is said, more profitable fields of professional labour. The growth and multiplication of specialties are prodigious. The three divisions of physician, surgeon and accoucheur; the subdivision of eye and ear surgery, and afterwards the further separation

of the two latter, are no longer adequate to express the numerous subsections of professional work. On former visits I usually spent an hour or two a day with Sichel, Desmarres, or von-Græfe over the eye; with Wilde or Toynbee in studying the ear; while a Stokes, a Graves, a Trousseau, or a Schoenlein was, in our then benighted condition, deemed fit to teach the practice of medicine in general; and a Syme, a Velpeau, or a Langenbeck, was supposed to be quite abreast of general surgery. Now, all is changed, and perched on every barley-corn of vantage ground, the specialist works in a narrower—a more restricted sphere, seeing clearer, no doubt, what he *does* see, but with less acquaintance, it is said, with the ailments of other organs with which his own may be intimately connected. Yet the labors of the specialist—each in his own department—have greatly advanced the general stock of knowledge. The all-around man is becoming a *rara avis*; yet when a Jonathan Hutchison appears, going to and from the meetings of the British Medical Association, he is greeted by physician and surgeon alike as one who, in his day, has touched many things pertaining to both medicine and surgery, yet of whom it may be said, *nec tetiget quod non ornavit*. It is men such as he who show us how the various branches of our art are mutually dependent, and how they correct, reform and reclaim each other.

The newer and more inviting fields of special work are, in Great Britain, drawing into their ranks, at a rapid rate, men who will be competitors in those ranks. There must soon be a limit to subdivision. The story told, a few years ago, of a lady in London who had given her lungs to one physician; her liver to a second; her heart to a third; her womb to a fourth, and so on, would now be strange in the atmosphere of refined life, were she so incautious and so ill informed as to confide the whole of any organ to a single individual.

Now and then, as you are aware, efforts are made in the direction of synthetizing diseases. Thus Erasmus Wilson, in his old age—and it was a richer legacy than that represented by his Cleopatra's needle,—reduced, for therapeutic purposes, diseases of the skin to *four* clearly and easily understood heads. The whole was contained in a few duodecimo pages. Eczema was grouped naturally under one of them, and I much doubt if any of the octavo volumes, on that disease alone, have contained more matter for the practising physician than the few lines in question. No one

is still doing more to harmonize medicine and surgery than Sir Jas. Paget, who draws from pathological anatomy and from clinical pathology, whether for the use of the experimentalist, the chemist or the microscopist.

Great advances have been made in the diagnosis of diseases of the different cavities of the body; but in the exploration of mucous inlets, as the nose, larynx, trachea, urethra, bladder or vagina, I failed to notice any advantages not within the *portée* of practitioners twenty years ago.

The *principles* of treatment are not now much better understood, although *diagnosis* may have outstripped its former self by many a stride.

With the greatly increased facilities for the investigation of disease; with the improvements in the methods of diagnosis; and with the application of direct methods of treatment, initiation is sometimes shrouded in well-intentioned mystery. For instance, in a specular examination of one of the mucous inlets, there was an arrangement of mirrors which reflected the electric light *four* times before it reached the mucous membrane. The green baized drapery completed the illusion; and the fee was larger, possibly, than if the examination had been gone through with direct light, or with light once reflected.

The separation of medicine, as a whole, from surgery, as a whole, seemed destined to be complete and irreparable. But it is not so. Handmaids of each other they must ever remain; again, a tendency is noticeable of an *approchement*, and this time by the invasion by the surgeon of the domain of medicine.

The lines which separate specialties are, as I have said, narrow, short, yet well defined. They are steadily becoming narrower, shorter, and still more defined as between specialties, and especially surgical specialties. That the public is a gainer is much doubted. But while the lines which confine specialism within steadily narrowing limits are becoming more defined, the lines which separate medicine, as a whole, from surgery, as a whole,—even in those departments in which, till recently, the physician tolerated not the aid or intervention of the surgeon,—the latter has dared to enter, and with advantage, the domain of the physician.

Not many years ago, for instance, in all affections of the chest or abdomen requiring manual interference, the surgeon was sent for, and the operation was performed at the request, and under

the guidance and direction of the physician whose diagnosis was followed, and who had called in the surgeon to do that which required a cooler nerve or a more dexterous hand than that possessed by himself. How is it now? The surgeon's knowledge of *internal* derangements within the skull, chest or abdomen requires to be so precise that skill in operating must wait upon, and be preceded by great accuracy in diagnosis.

The surgeon who trephines the skull, cuts through its membranes, and removes a tumor from the brain; or who sends a bistoury through its substance to an abscess, does that which requires no extraordinary manual skill or dexterity—a butcher, or a butcher's boy could do it as well. But the exact, the precise localizing of disease within the brain, by the correct interpretation of disturbance of function *at a distance*, is one of the greatest triumphs of modern surgery, and is a step towards its recognition as a science as well as an art.

The domain of the surgeon is, therefore, steadily extending, and fractures, dislocations and excisions of tumours no longer limit the field of his labours.

It would be inconsistent with the time at my disposal to traverse the field of practical surgery, to point out what might be considered encroachments upon the territory of the physician. I shall only allude to those instances, where, till recently, medicine, and medicine alone, was relied upon for relief:

In chest affections requiring surgical interference, diagnosis must be clear and precise. In empyema, for instance, not alone must the quantity and situation, but even the quality of the fluid be made out before proceeding to operation. In bronchiectasis of the lung, where the difficulty of diagnosis is admittedly great, it must be precise before resorting to any operative procedure. Here, again, the surgeon, although he may receive aid in determining the exact site and nature of the disease, must rely upon his own diagnosis, chiefly, if not entirely.

In local peritonitis what could be more daring, more surprising, yet more satisfactory than Mr. Lawson Tait's thrusting a bistoury into the groin of a woman labouring under all the symptoms of puerperal fever, where he suspected pus by the symptoms alone, but where, as he told me, there were no outward signs of its presence; no swelling, and no local tenderness. From a condition, almost of collapse, recovery took place. The operation was not, 't is true, a difficult one. Anyone could have performed it; but the diagnosis was prophetic.

The case of Dr. Leslie Phillips, operated upon by John W. Taylor, F. R. C. S., is of like character, and now that attention has been directed to the subject, and that surgery has taught a means of escape, deaths from supposed puerperal fever will, it is hoped, be less frequent than formerly. Here, as you will see, surgery comes to the relief of the obstetric physician in cases which are peculiarly within the province of the latter.

In diseases of the abdominal organs how much has lately been done by surgery. Hepatitis, with all its train of sufferings, was claimed by medicine as its own; but surgery of the liver has suddenly leaped into importance lately. A painful, inflamed, and enlarged liver is now relieved by Harley and others, and the patient cured by the insertion into it, at its upper and convex part, of a long trocar, and by the drawing directly therefrom as large a quantity of blood as was considered prudent to be taken from the arm in the days of venesection. Operation for draining hepatic abscesses or removing hepatic cysts; cholecystotomy for crushing or taking calculi from the gall bladder; laparotomy for purulent or persistent peritonitis; abdominal sections for internal hemorrhage, etc., are all of recent date, and open a field, not of brilliant operative procedures, but of more brilliant diagnosis, and what is of greater moment, of far more beneficent results.

The considerable degree of immunity from danger which has attended abdominal sections, has led to the spaying of females—married and unmarried—for sometimes real—sometimes, it is believed, unreal sufferings. This operation has been performed for objective disturbances, and for disturbances purely subjective: Prolapsus of the ovary, a common affection; atrophy of the ovary, not easily diagnosed; œdematous ovary; a pultaceous condition of the ovary; cirrhotic ovary; hydrosalpinx; in pyosalpinx *pur et simple*, often guessed at by raised temperature alone; in pyosalpinx resulting from gonorrhœa; in that condition of neurosis whose shapes are endless, and whose outward hysterical manifestations are innumerable; in localized peritonitis where the intestines, omentum, etc., are glued together, etc., etc., etc.; in inflammatory conditions after confinement, especially in the acute and subacute stage; in deformity, where the birth of a living child might be *reasonably* expected to prove fatal to the mother; in uterine myomata where the size of the growth is inconvenient; in bleeding myomata; in (who would believe

it?) all cases of uterine myomata in patients under forty years of age; in retroflexed and antelexed uterus; in epilepsy; in hysterio epilepsy; in every case of insanity in the female.!!

Here, as you will perceive, I have said nothing of those considerable tumours of the ovary or tubes—cystic, fibrocystic or malignant, which, all agree, may demand removal.

Is it to be wondered at that this operation should be resorted to with a frequency which is alarming? Ophorectomy is to-day epidemic in many places on the other and on this side of the Atlantic. Occasionally an authority, such as Thomas More Madden, in Europe, writes that the operation of laparotomy is performed "too frequently" and in unsuitable cases; and Emmet, on this side, stems the tide somewhat by saying that for a year he had seen but one case of disease of the tubes, where the operation might be justifiable, that the patient refused to be operated upon, and got well in a few months. Yet every one knows Emmet's unsurpassed field of clinical observation. In one hospital in Liverpool, says Dr. Carter, no less than one hundred and eleven women had been deprived of one or both ovaries during the year 1885, said to be about one-third of all the patients admitted. This frequency continued in 1886, and led to a commission of enquiry. Canada has many ophorectomists and salpingotomists. The *Upper Canada Lancet* has denounced the epidemic, and at our own Medico-Chirurgical society ovaries are sometimes fished up from the depths of the pocket,—sometimes the vest pocket—and sometimes it has happened that so able a pathologist as Professor William Osler has, after close inspection, declared he found nothing abnormal in them.

The fashion, doubtless, will soon change; diagnosis of affections of the appendages will, in the meantime, have been much advanced; and the question of operation will have been settled in accordance with those general principles, which should guide all prudent and honorable men in its performance or rejection.

This question has a moral and a social as well as a medical aspect; but I do not arrogate to myself any preparedness not possessed by others. I may say, however, I have more than once prevented the operation, and I have been afterwards thanked for it, and another then unborn generation has been advantaged by it. I admit there are cases where a diseased condition of the ovaries or tubes

demands surgical interference; but those are not cases where every objective sign is absent, and where the symptoms detailed by a hysterical woman are the only guide.

A CLINICAL LECTURE

DELIVERED AT THE MONTREAL GENERAL HOSPITAL,
Nov. 20, 1886.

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

Dean and Professor of Practice of Medicine in the Medical
Faculty, University of Bishops' College.

ANEMIA.

The term "Anemia" is often very loosely applied; generally speaking it refers to three classes of cases, viz.: (1) Where the blood is deficient in quantity; (2) where it presents certain abnormal qualities; (3) where, owing to a weak heart, the arteries are not properly filled. Very often in cases we find a combination of the whole three. The principal alteration in the quality of the blood depends upon a deficiency or diminution in the number of the red corpuscles. In such cases the salts are in excess, as well as the proportion of water, and the serum, as a result, is of a low specific gravity. The fibrin is generally in excess, and there is a tendency for the blood to coagulate in the veins. Chlorosis is a form of anemia—commonly known as green sickness, from a greenish tint of the skin—met with in young girls who are sufferers from some menstrual derangement. The causes which produce this disease are numerous, but among the principal are the following: Excessive loss of blood at one time, or repeated small losses, as, for instance, losses from epistaxis or nose bleeding, or from hæmorrhoid or piles; constant sedentary employment, especially if this employment is carried on under unfavorable hygienic conditions, as, for instance, in a confined atmosphere, and where the sunlight is deficient, mal-assimilation of food, and where animal food is eaten rarely. Anemia is also met with in women, who are nursing strong and vigorous children, and who prolong lactation beyond the time, which is usual to devote to this function. The disease is met with more frequently in women than in men, and between the ages of fifteen and twenty-five years. The reason of this is the great demands made about the periods of puberty, upon the developing power of the individual. Anemia gives rise to a great many

phenomena, especially referable to the nervous system, mental depression, irritability, want of energy, a feeling of lassitude and indolence. Muscular exertion, is distasteful, and, therefore, it is with difficulty that the patient can be induced to take out-of-door exercise. Digestion is often painful, and when not, during the digestive act, the physical and mental powers are markedly depressed. Palpitation of the heart is very common, as is pulsation of the jugular veins, the latter producing a decided *venous hum*. There is generally also heard functional systolic murmurs at the base of the heart, which are believed to be produced within the aorta and the pulmonary artery. The fact that they disappear under the treatment adopted for the anemic condition, as well as the absence of any sign pointing to organic lesion, denotes their functional character; breathlessness, especially on the least exertion, headache, dizziness and noise in the ears are common symptoms. Neuralgia is apt to occur in various situations, especially over the cardiac region and in intercostal muscles; spinal irritation, and sometimes ovarian irritation are often met with. The various organs of the body are deficient in functional power, in proportion to the lessened amount of blood which goes to them compared to what they receive in health. Anemic patients are pale, often have a waxy look with a clear and transparent skin; or if the patient is chlorotic, then there is a greenish tint to the skin. The mucus membrane is pale, especially that of the lips, gums, and the conjunctiva of the lower eyelid. The sclerotic are clear and bluish, usually the tissues are flabby and wanting in tone. The ankles are often swollen and œdematous, and after standing some time the legs are apt to be greatly swollen. In the morning the eyelids are puffy, the extremities are cold, and the patient is afraid of the slightest cold; leucorrhœa is often present. The pulse is small, feeble and compressible, sometimes it can with difficulty be felt. The urine is pale, excessive in quantity, and of low specific gravity, and very faintly acid. Treatment.—The first thing to be done is, if possible, to find out the cause and have it removed; hæmorrhages must be arrested or restrained, the food must be abundant and varied, and must have a due proportion of animal diet. If the patient is nursing this must at once be discontinued, and it may be advisable to caution against pregnancy, for, strange as it may seem, anemic women are very apt to conceive. Digestion and assimilation must be improved by the admin-

istration of those remedies which assist these functions, as Pepsin and Muriatic Acid, given in combination with some of the vegetable tinctures. Great attention should be paid to the hygiene of the individual; fresh air, plenty of sunlight, out-door exercise, avoidance of crowded and hot rooms, and early hours of retiring, and at least 8 hours sleep must be insisted on; change of scene, especially to the sea-side with sea bathing, followed by rapid friction, will do much good. Particular attention must be paid to the bowels, from which there should be a daily evacuation, and the best aperient to use is aloes, given in the form of the well-known, Aloes and Myrrh pill; the great remedy in this disease is iron. In chlorosis, the Mist. Ferri Co., or Griffith's mixture, which you have seen me so often prescribe in the out-door clinic to weak, delicate girls, suffering from amemorrhœa, is the remedy *par excellence*. In ordinary anemia the Pill Ferri Sach. Carb., the Ammonia-Citrate of iron, and Ferrum-Redactum are very useful, and have all done good service. They are all preparations which are readily assimilable. The most commonly employed iron preparation is the tincture of steel, better known medically as the "Tincture of the Muriate of Iron." It is an invaluable remedy, and it is the only one I have prescribed for this patient. All these preparations should be taken after meals, so as to be assimilated along with the food. How they act we do not positively know; but the fact that iron is a constituent of the red corpuscles of the blood affords a partial explanation. No matter in what way they act, nothing is more certain than the value of iron in this disease. It is a wise precaution to change from time to time the preparation of iron which is being taken. Wine, especially Burgundy, is useful, it promotes assimilation and diminishes tissue waste. Extract of malt is also a useful remedy. Cod liver oil is recommended, but my experience is not favorable. It is very apt to upset the stomach, already performing its work badly. The patient should be encouraged to look for a cure; but it is well to deal honestly and say that it will take several months to effect it, and that a steady perseverance in the treatment is an absolute necessity.

ACUTE LARYNGITIS.

The patient now before you is, as you perceive, a strong, healthy man, who states that his bed is

placed near a door, where there is a very cold draught, and that he woke up the other morning with a sensation of rawness and tickling, which he referred to the larynx, and a sense of chillness and general malaise or soreness of the muscles. This was followed by cough of a coarse, harsh character, and destitute of expectoration. Then the cough got somewhat loose, and now the expectoration is considerable, and of the character of muco-pus. There is often some aphonia, and there was and still is in this case. This peculiarity of the voice is due to swelling of the mucus membrane, and variation in the tension of the vocal cords. The disease is an acute catarrhal inflammation of the mucus membrane of the larynx, and if moderately mild passes through its various stages in a week; more serious cases may take a month or more.

Treatment.—In severe cases confinement to bed and to a room of a uniform temperature; in mild cases confinement in the house and possibly to a room of uniform temperature. It is well to moisten the air by discharging steam into it; tincture of aconite and vinum antimonialis will often loosen the cough, and hasten the production of secretion from the membrane. A solution of morphia sprayed over the throat often relieves cough. A good combination for the same purpose is tartar emetic, camphorated tincture of opium, and syrup of lactucarium. A mustard poultice for a few minutes to the throat followed by the wet compress. Bromide of potash is a good addition to any mixture. Persons are very apt to become subject to it; such persons should sponge the body every morning with cold water, wear flannels, protect the feet from dampness, and keep up the general health. It is said that an impending attack may be abated by the administration of fifteen grains of quinine, and a quarter to half a grain of morphia. Persons subject to this disease, and who have the means, should live in a dry, equable climate.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, December 17th, 1886.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Aneurism of the Innominate Artery.—Dr. W. G. JOHNSTON exhibited a specimen of aneurism of the innominate artery, which had eroded the ster-

num and first and second ribs on right side. The arch of the aorta was unaffected. The right carotid and right subclavian were given off from the sac. The left carotid and left subclavian pressed upon and pushed over towards the left. The superior vena cava was obliterated through pressure at a point two inches above its origin. Azygos vein enlarged to the size of the ring finger, and communicated by a large branch with the superior intercostal vein. Superficial anastomoses of epigastric and hypogastric veins were prominent. Hemorrhoidal veins normal.

Dr. Ross said that the patient had been under his observation for eighteen months, and was never recognized as a case of aneurism of the innominate artery, but the symptoms pointed more to the arch of the aorta. The earliest symptoms were pain at the back of neck and shoulder of a neuralgic nature, accompanied with cough. These were relieved by potassium iodide. The patient got better of his first attack, but was frequently laid up in hospital. Enlargement of the superficial veins of the abdomen and thorax was early evident, but lately the superficial veins were tortuous and as large as a man's finger. The patient also exhibited signs of intra-thoracic pressure—such as paralysis of the right vocal cord, rattle in the larynx, and signs of pressure on the trachea.

Dr. R. L. MACDONNELL had had the case under observation for the last fourteen months, both in his wards in the Montreal General Hospital, as well as during the past summer, when the patient was earning his living as a night watchman. There were two points of clinical interest in the case. In the first place, the results of the use of the sphygmograph were deceptive. The tracings obtained showed very marked interference with the blood current through the left radial, hence he had assumed that the aneurism was situated on the arch at a point beyond the giving off of the innominate artery, the fact being that the great dilatation of the innominate artery caused not an impediment through that channel, but by its bulk had pressed upon the subclavian and disturbed the flow of blood to the left upper extremity. In the second place, the relief afforded by the iodide of potassium had been most effectual. Whenever the drug had been discontinued, or whenever the patient had been unable to obtain it, the pain and dyspnoea had increased. This effect had several times been noted, and particularly by the patient himself.

Dr. WILKINS referred to a case in his practice

where there was obliteration of the superior vena cava from clot, which produced no varicosity.

Dr. ROSS said one of the early symptoms of the case was a suffused appearance of the face, but the varicosity did not progressively increase; it was sudden and at the last.

Typhoid complicated with Diphtheria.—Dr. JOHNSTON exhibited for Dr. Neilson specimens from a case of typhoid fever complicated with diphtheria. There was a well defined membrane covering the fauces, and extending through the larynx to the smaller divisions of the bronchial tubes. The spleen was enlarged, and there were typhoid lesions in the intestines.

Dr. KENNEDY stated that the patient had consulted him about a week prior to his being sent to hospital. The symptoms present were somewhat anomalous. There was acute bronchitis with congestion of the base of both lungs. On the second day of attendance a rash made its appearance over the face and back, and as there were two children sick with measles in the next room it was looked upon as being a severe case of measles. On the following day the patient exhibited typhoid symptoms, which increased in severity during subsequent days. Typhoid fever was clearly apparent, and the patient was sent to the hospital. The peculiarity of the case appears in the probable co-existence of measles with typhoid fever. The severity of the subsequent symptoms and rapid termination seems to strengthen the possibility of this combination.

Congenital Absence of the Petrous portion of the Temporal Bone.—Dr. R. L. MACDONNELL exhibited the skull of an idiot, which had been dissected at McGill College. There was on both sides deficient development of the petrous portion of the temporal bone. The base of the skull, as seen from within, was flat, the petrous bone not forming the normal ridge between the middle and posterior fossæ. The organs of hearing had never reached development, there being in reality but a rudimentary tympanic cavity. The foramina through which the various nerves passed were small. No previous history of the case had been obtained. The subject presented several other abnormalities. 1. The right common carotid divided into its external and internal division, opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid; the superior thyroid and lingual arteries were given off this common trunk, and the facial from the

lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicuspid were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. WILKINS, 1st Vice-President, then took the chair, and

Dr. CAMERON read a paper on "*Aseptic Midwifery.*"

Dr. CAMERON alluded to the absorbing power being specially active in the puerperal state, owing to the denuded placental site, and the many lacerations and abrasions present after labor.

The absorbable septic agents may be conveniently divided into three classes:

1. *Specific microbes*, which multiply rapidly and invade the whole body, even when absorbed in small quantities.

2. *Plomaines* or ferments, active inanimate septic matters, frequently the product of microbes acting upon the tissues, giving rise to the condition called by some *sapraemia*.

3. *Pyogenic cocci*, which penetrate rapidly and in large numbers, and which may or may not produce metastases. They have the power of setting up suppuration in the tissues with which they come in contact. The most important of them is the *Streptococcus Pyogenes*, the cause of ordinary acute abscess. From cultivation experiments it seems highly probable that, under favorable circumstances, this coccus may rival the anthrax bacillus in virulence and ability to spread throughout the body.

The true relation existing between micro-organism and septicæmia is not yet settled. Some regard micro-organisms as the cause, while others consider them as the result of the septic state.

Whatever difference of opinion may exist *theoretically* as to the cause of puerperal septicæmia, *practically* it seems pretty well agreed that the infectious matter, whether animate or inanimate, comes directly or indirectly from without, and is absorbed through some lesion in the parturient canal. The rational treatment of the puerperal period lies, therefore, in the direction of *asepsis* or *antisepsis*, the exclusion or the destruction of germs.

The *aseptic* or dry method aims to exclude germs, and is theoretically preferable; but, practically, it requires great care, and the lochia sometimes become offensive in spite of every precaution.

The *antiseptic* or moist method aims to destroy

the germs by frequent antiseptic douches or to wash them and their products away. But constant douching is liable to certain risks, notably the absorption of the antiseptic or the production of pelvic inflammation.

The method now in use in the University Maternity, and which, with some slight modifications, he adopts in private practice, is as follows :

1. Strict precautions are taken to scrub and disinfect the hands thoroughly before each vaginal examination.

2. Whenever possible, a preliminary vaginal douche (sublimate) is given at the beginning of the second stage of labor.

3. Great pains are taken to secure and maintain firm uterine contraction after the expulsion of the placenta ; frictions to the fundus are kept up for an hour before the binder is applied.

4. After the birth of the child the vulva is kept covered with a pad of sublimated jute, and is carefully washed with a sublimate solution every time the pad is changed. Vaginal or uterine douches are not employed, except in operative cases, or where the hand has been introduced within the vagina or uterus after the expulsion of the placenta.

5. A few hours after delivery, the vulva and anterior portion of the vagina are thoroughly douched out with a strong sublimate solution, the parts carefully inspected, stitches applied if necessary, and about a drachm of boro-iodoform insufflated into the vulva and ostium vaginae ; a thick pad of sublimated jute is applied, and whenever it is changed the external parts are washed with a sublimate solution. No further dressing or douching is usually required, the uterus generally involutes rapidly, and the lochia soon fade. If the lochia become offensive, an antiseptic vaginal douche is given, boro-iodoform again applied to the vulva, and the dry dressings continued. This plan works admirably ; the patients are more comfortable, elevations of temperature rare, involution more rapid and complete, and convalescence more satisfactory.

When temperature and pulse rise rapidly from the third to sixth day, and other causes can be excluded, sepsis may be generally inferred. In such cases the septic condition is most frequently due to the presence of decomposing debris in the uterine cavity ; loose shreds and clots are not usually as dangerous as bits of placenta or membrane which remain adherent to the uterine wall,

and are, therefore, in more intimate relations with the maternal circulation. A simple uterine douche is generally sufficient to sweep away loose debris, but is unable to dislodge those portions which adhere to the uterine wall. When a uterine douche fails to bring down the temperature in a few hours, it is good practice to follow the German method, viz., pass a blunt curette into the uterine cavity and scrape away the adherent decomposing material. He first saw this method last July in Carl Braun's wards in Vienna ; it was then quite a novelty, having been in use only a few weeks, but has now become a recognized treatment. Since his return he has had occasion to use the curette in several cases. In all of them he scraped away shreds of membranes or decomposing debris firmly adherent to the uterine wall, which repeated douches had failed to dislodge.

The most important points in the antiseptic treatment may be briefly summarized as follows :

1. Great care in the disinfection of hands and clothing.

2. A preliminary vaginal douche (sublimate) when possible.

3. Careful management of the third stage of labor, and securing firm contraction of the uterus.

4. The dry method of dressing.

5. A vaginal douche, if there is rise of temperature or offensive discharge ; if that fails, a uterine douche ; if that fails, immediate curetting of the uterine cavity.

6. If, later on, there is evidence of peritonitis and the presence of pus in the peritoneal cavity, abdominal section with thorough cleansing and draining offer the best chance of recovery.

Discussion.—Dr. KENNEDY agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche ; always believes in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche, unless there had been operative procedures.

Dr. RODDICK said he was always interested in antiseptics, and had long believed antiseptics to be as important in midwifery as in surgery ; but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton General Hospital,

and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. ALLOWAY thought no subject was of more importance than aseptic midwifery. Owing to its acceptance the mortality had notably decreased during the past five years. It is rare now to hear of septic cases, much less of death. For the last five years he had been an antiseptist, and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he has seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper of New York reports 40,000 cases in Vienna, with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. TRENHOLME said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to his great care in removing the membranes and placenta entire.

Dr. SHEPHERD called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. CAMERON, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger of carrying in air with the douche, and for that reason prefers the dry dressings.

Progress of Science.

OPHTHALMIA NEONATORUM.

ITS TREATMENT.—Dr. J. E. Weeks, of New York, one of the resident staff of the Ophthalmic and Aural Institute, writes, in the Medical Record, on ophthalmia neonatorum, that the plan of treating this affection he has found most rational is as follows, for the careful carrying out of which a trained nurse or a careful attendant is essential :

If only one eye is attacked, the well eye must be carefully guarded against the possibility of infection from the diseased eye. This is done by cleansing both eyes frequently with absorbent cotton or clean sponges, and clean, cool water, weak solutions of sublimate, boracic acid, etc. Sealing the eye in infants is very unsatisfactory; it may be done with benefit in adults. *Constant* cold applications to the lids should be made. I find the following method most efficient: Pieces of linen, twelve or eighteen in number, are folded into three layers, so as to form squares of an inch and a half. These squares are dampened and spread on a cake of ice. The nurse in attendance changes the pieces of linen to and from the eye sufficiently often to have a cold piece *always* resting on the lids. These applications are kept up *constantly* until the swelling of the lids subsides, and until the discharge has almost entirely ceased, usually from three to seven days. The plan of making the cold applications at intervals of two or more hours is certainly not advisable in these cases, as the temperature of the lids rises as soon as the cold is removed, and the development of any living germ in the tissue of the conjunctiva is resumed. I have witnessed the increase of inflammatory action in cases of this kind when the intermittent plan was followed. The secretion is removed from the conjunctiva by careful washing with cold or cool water, a clean sponge or absorbent cotton, usually every twenty or thirty minutes—more or less frequently according as the secretion is more or less profuse.

In these conditions applications of a one to two per cent. solution of nitrate of silver are made to the surface of the conjunctiva every morning and evening, care being taken not to make the solution sufficiently strong to cause an increase in the inflammation of the lids when it is applied. The applications are made in the following manner: The lids are everted, and the solution of silver is brushed upon the conjunctiva freely with a soft camel's-hair brush. After the silver has remained in contact with the conjunctiva from fifteen to thirty seconds, it is washed off with a very weak solution of sodium chloride or simple water.

The above-mentioned applications may be made in all stages of the disease, without regard to the condition of the cornea. If corneal ulcers exist, one or two drops of a one per-cent solution of the sulphate of atropine should be instilled between the lids two or three times a day. I find that the gonococci are present so long as the purulent discharge continues.

If the above plan of treatment be carefully carried out, I am confident that no eye need be lost by any form of gonorrhœal ophthalmia, if the treatment is commenced before the cornea becomes involved, and that corneal complications will be very rare. In nearly every case the progress of the disease will be arrested from the moment that treatment is begun. Canthotomy, Critcher's operation of a perpendicular incision through the mid-

dle of the upper lid, or scarification, I deem harmful and entirely unnecessary.

BISMUTH SUBNITRATE IN FŒTID PERSPIRATION OF THE FEET.

Viéusse recommends the subnitrate of bismuth in the treatment of fœtid perspiration of the feet, and concludes as follows:—(1) Profuse perspiration of the feet, whether accompanied by pain or fœtidity, is easily cured by the application with slight friction of subnitrate of bismuth upon the diseased parts. (2) In opposition to the opinion generally held, according to which the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by unfavorable results, and that if these are observed they should be attributed to other methods of treatment hitherto employed. (3) In the cure of this disease, subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant. The remedy, perhaps, exerts an action also upon the sudoriparous glands and sebaceous follicles, changing the quality and quantity of their products, and, possibly, as a result of the changes produced in the part with which it comes in relation, modifies more or less profoundly the capillary circulation. (4) In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the fœtid odor, as well as the pain, which is the consequence of the exaggerated secretion, to disappear permanently. *Rivista Internazionale de Medecina e Chirurgia.*

SPASMODIC ASTHMA—ITS TREATMENT.

This young lady is troubled with cough and shortness of breath, spells of which come on suddenly during the night. She has suffered from this affection for four years, and the attacks show a tendency to recur on Saturday nights. She is very liable to catch cold, and she is then more apt to suffer with the shortness of breath. I learn that several members of this young lady's family are affected in the same way. She is suffering, as you would infer from this history, with spasmodic asthma. When the spasm is not present, nothing abnormal is heard on auscultation. If, as often happens, emphysema or bronchitis coexists with the spasmodic tendency, the signs due to these conditions will be found. During the existence of an attack there would be found wheezing and whistling sounds.

I shall make this case the basis of a few remarks on the treatment of spasmodic asthma. The man who has studied asthma more thoroughly than perhaps any other is Hyde Salter, whose work on asthma contains all that is known about this disease. It is like Anstie's work on neuralgia—a complete text-book on the subject. Salter says that every case of asthma has a climate which will cure it,

provided we can find that climate. We have no means of judging beforehand what climate is going to cure any particular case, but in the majority of instances, the dusty, dirty, smoky air of the city is better for asthmatics than the pure air of the country. If we can find the appropriate climate the patient will be free from his asthma. It might also be said that in the majority of such cases as this, of hereditary, spasmodic asthma, unless we can find the appropriate climate, the patient cannot be cured.

Apart from the consideration of climate, the treatment of asthma divides itself into two parts, which are essentially distinct: first, the treatment of the paroxysm; and second, the treatment to prevent the recurrence. In the treatment of asthma, always use single remedies, for asthma is peculiarly a disease which is helped by single remedies; that is to say you will find certain cases that will obtain relief only from tobacco; and, again, cases will be found that are relieved by lobelia, and by nothing else. It would be folly to give a prescription containing both these drugs when only one is going to be of service.

In the treatment of the paroxysm, almost anything will succeed in some cases, while there are others in which nothing affords relief. It would take more than the time which we have at our disposal to enumerate all the drugs that have been successfully employed to relieve a paroxysm of asthma. Tobacco is one of the very best, and, in the present case, the attacks have been relieved by smoking a cigarette. There is, of course, a great likelihood that a patient using tobacco for this purpose will acquire a fondness for the weed; but a person who uses tobacco to stop an asthmatic attack must not use it at other times, or it will lose its effect. There is one exception to this rule, and that is, that in some rare cases habitual smoking prevents the recurrence of the attack, and as long as the patient smokes two or three cigars a day, he will be free from the asthma, but as soon as the tobacco is stopped, the paroxysms recur. Sometimes a few whiffs of the cigar will stop the attack; but, as a rule, smoking must be continued until poisonous effects begin to be manifest, in the depressed circulation, the cold sweat, and the nausea, perhaps with vomiting. In most cases this is a harmless remedy, but where there is feebleness of the heart, tobacco must be avoided.

Lobelia closely resembles tobacco in its action, and my remarks with reference to the latter drug would equally apply to lobelia. This, however, helps some cases in which tobacco fails, and fails in some cases that tobacco relieves. A common remedy is the smoking of stramonium leaves. These may be made into cigarettes, either with or without tobacco, and have been found of service. In the same way the leaves of hyoscyamus, and belladonna have been found of value. Probably the remedy most frequently used is salt-petre paper. A saturated solution of the potassium nitrate is prepared, and in this is steeped blot-

ting paper; the paper is then dried and cut into strips. These strips when lighted burn slowly, and the patient inhales the smoke. Sometimes a minute proportion of arsenic is added to the solution. This is particularly recommended by Trouseau. Stramonium, hyoscyamus and belladonna are also added at times. Dr. F. E. Stewart has recommended cigarettes of cocoa leaves and tobacco, which probably would be useful. The fact that smoking so many different substances gives relief has led some observers, and among them Germain Seé, to ascertain whether there is not something in the smoke itself to which the beneficial action is due. As a result of these investigations we have a comparatively new remedy, pyridine. This is used in quantities of a drachm, vaporized, on a hot plate, in a close room. This is one of the most efficient remedies we have in a paroxysm of asthma. An emetic is often efficient. Tartar emetic is of service for this purpose. The inhalation of ether or of ethyl bromide is sometimes employed. Amyl nitrite is one of the most elegant preparations which we have for controlling the asthmatic attack. The use of nitro-glycerin, in the dose of the hundredth part of a drop, has been recommended. Moral and mental influences have often been successful in checking the attack. I have read of a patient suffering from an attack of asthma, which did not respond to any treatment, who, being alarmed by a sudden cry of fire, jumped out of bed and rushed down stairs; the asthma instantly and entirely disappeared.

One of the most efficient remedies for the relief of the attack is chloral hydrate, in doses of twenty or thirty grains. This is contraindicated when the heart is weak. Hypodermic injections of morphia are of value, especially when the morphia is combined with atropia. I, however, do not recommend this for constant use; for the danger of the morphia habit is infinitely greater than the danger of the asthma. In some cases stimulants are employed, brandy occasionally being given in lethal doses. I mention this plan of treatment only to condemn it.

It is better for the patient to have his asthma than to run the risk of a more serious condition.

For the purpose of preventing the return of the paroxysm, a great many drugs have been recommended. Arsenic, continued for many months, in doses just short of those which produce the characteristic poisonous effects, has, perhaps, been extolled more highly than any single remedy. Ammonium bromide is favorably mentioned. The bromides are eliminated by the bronchial mucous membrane, and are supposed to exert a local anæsthetic effect. The bromide of potassium has also been employed for the same reason. Cimicifuga is another remedy which deserves far more attention than it has received. Like many other of our indigenous plants, it has been neglected for the old standard drugs brought over by our forefathers, for the simple reason that the latter are better known.

A very good remedy, in some cases, is quinine. When the paroxysm returns with such periodicity that we are able to say when an attack is to be expected, this drug will often prevent its recurrence. If the paroxysm be expected at one o'clock in the morning, a full dose of quinine should be administered at nine o'clock the preceding evening, so that its effects will be manifest at the time of the expected attack. While quinine prevents the paroxysm, I have never been able to satisfy myself that the continuous prevention of the attacks, even for months at a time, had much effect in removing the tendency to the disease.

Another remedy which has been introduced within the past few years is *grindelia robusta*. For the past three weeks, this lady has been taking the fluid extract of *grindelia robusta* in half-drachm doses. She states that during this time she has been better, and has had but two slight attacks.

There is one more point to which I desire to allude in connection with this subject, and that is that it has recently been found that in a certain number of cases of spasmodic asthma, there is hypertrophy of the Schneiderian mucous membrane, and that this is the starting point of the asthmatic attacks. This patient has been examined by Dr. Barton, who has found hypertrophy of the nasal mucous membrane, which he is removing with the galvano-cautery. By removing this diseased tissue we do away with one of the possible causes of the asthma. This is a comparatively recent advance, and, I think, a very important one, in the treatment of this affection. If the paroxysms continue after the removal of the hypertrophied patches in the nose, we should conclude that in all probability there is hypertrophied mucous membrane in the trachea and bronchi. Can we reach this? We cannot reach it with the cautery as we can in the case of the nasal mucous membrane, but by the use of iodine and carbolic acid by inhalation persisted in for months, I think that this condition of the tracheal and bronchial mucous membrane can be removed. Under the use of these agents I have seen hypertrophies in the throat disappear almost as quickly as they would have done under the use of caustics.

In the present case, we shall continue the treatment with the *grindelia robusta* as long as it has a good effect. It is good practice when you have a remedy which appears to be beneficial, to continue it until its good effects cease before changing to another. For the treatment of the paroxysm, she will continue the use of tobacco until she begins to like it, when we shall resort to saltpetre paper.

FISSURES OF THE TONGUE.

In some people, especially where gastric disturbances are present, the tongue suddenly becomes fissured all over, without, however, becoming coated, changing its color, or losing its moisture. Prof. Schwimmer (*Wiener. Med. Woch.* 16, 1886) had the opportunity to experiment on some cases at

his clinic. Although he tried chromic acid, which had been recommended by Vidal, and though he applied iodoform, which Dr. Unna, a dermatologist of Hamburg, had greatly praised, in none of his cases the tongues evinced any improvement. If anything, they became worse, especially under iodoform. As the patients were greatly annoyed by this morbid state of their tongues, Prof. S. tried a series of remedies in the hope to bring about some alteration, but utterly in vain; even Kaposi's treatment with nitrate silver was useless. Some improvement was noticed after the applications of soda solutions; and the lactic acid, first employed by Schiff, gave the patients decided relief, and the latter in one case almost established a cure. Finally S. used papayotin, and the result was surprising. In every case an amelioration was at once noticed, and within a few weeks a perfect cure was obtained. S. applies the papayotin as follows:

R. Papayotin, .05 to 1.0 (8-16 gr.)
Aq. destill.,
Glycerin, aa 5.0 (80m).

This solution is applied with a camel's hair brush from 2 to 6 times every day, after the parts have been previously well dried. The effect is not a macerating one, as one would think from the action of the drug on digestion, but it acts on the parts deprived of their epithelium, and causes a renewal of the latter.

In 25 cases, many of which were of many years' duration, a complete and permanent cure was established in all with the exception of one, where a syphilitic dyscrasia existed, but where specific treatment brought about no result either; but even in this case a great amelioration was obtained.

THE DIETARY OF BRIGHT'S DISEASE.

By J. MILNER FOTHERGILL, M. D., EDIN., HON. M. D. RUSH, ILL.

The importance of the dietary in Bright's disease is all the greater in that medicines exercise comparatively little influence upon its progress.

The form of Bright's disease here treated is the chronic one, where the kidneys are "granular," "contracted," "gouty" or "cirrhotic." This is a slow development of connective tissue (a parenchymatous inflammation) throughout the structure of these organs, which contracting—as is its nature—destroys the secreting and tubular portions. Some portions are destroyed as regards function, while others remain normal and uninjured. At last the destruction is so extensive that the kidneys become quite inadequate to carry out their duty, and the organism perishes.

The opinion of the profession (as regards its members under fifty years of age) is that the main cause of this chronic inflammation is the output of urates by the kidneys. Mammalian kidneys have the soluble urea as their form of nitrogenized waste, while urates belong to animals with a three-cham-

bered heart and a solid urine. When, then, the mammalian liver forms this primitive urine the kidneys become injured by casting it out. Long ago Dr. George Johnson, F. R. S., the respected professor of the Practice of Physic at King's College, and a recognized authority on Kidney disease, wrote: "*Renal degeneration is a consequence of the long-continued elimination of the products of faulty digestion through the kidneys.*"

Recognizing, as we do, that under certain circumstances (often mental strain) the liver falls back upon this primitive urinary stuff, it is obvious that the rational plan of meeting the difficulty is to reduce the albuminoid elements of our food to the needs of the organism rather than the cravings of the palate. That bite of solid meat so acceptable to the Anglo-Saxon has led him to cultivate flocks and herds to a point of excellence unattained by other races. The beef and mutton in other countries will not furnish solid joints; it has to be hashed and stewed and made into ragouts in order to be palatable. Even a leg of mutton stuffed with onions is but indifferently good. A "Wiener Schnitzel" is a veal cutlet and the continental equivalent of our steak and chop—not forgetting *Fillet de Bœuf*. The "plain roast and boiled," the pride of the Anglo-Saxon housewife and cook, are largely responsible for the prevalence of this form of Bright's disease amidst Anglo-Saxon people.

This statement is not rashly hazarded as a specious and ready generalization. It is the outcome of careful thought on the matter.

In England at least the impression exists that simple fare—"plain roast and boiled," is innocuous. It is a murderous fallacy! It is just the abundance of meat—sapid, palatable, readily prepared, stimulating—that is the bane of so many men. It would not be too sweeping a generalization to say that the lady who dines at home is comparatively free from Bright's disease while, the business man who takes his midday meal at a restaurant, and dines at home in the evening, is the victim of Bright's disease *par excellence*. As he looks down the menu for his lunch his eye lights upon dish after dish, in the composition of which lean meat forms the integral factor.

This fact cannot be impressed too distinctly on the mind. To traverse the statement by pointing to the fact that many men notoriously consume large and unusual quantities of such animal food with apparent impunity, is merely to state that the human liver is in many instances equal to converting into urea the whole surplussage, or *luxus consumption* of albuminoid matter. It leaves unaffected the fact that when the liver is unequal to such complete conversion, and reverts to the formation of urates, it becomes a wise and prudent measure to reduce the albuminoid elements in the dietary to the wants of the body.

There is a strong impression abroad among medical men, who have paid great attention to the

subject, that the lean of the larger animals has a stronger tendency in the metabolism of albuminoids to form urates than any other forms of albuminoids. This impression must just be taken for what it is worth. It is sufficiently a matter of faith with the writer to inspire conduct, as his butcher realizes to his cost; while the fishmonger and the greengrocer benefit by it.

The *entrées* and made dishes of French cookery are far less pernicious than "the roast beef of old England," and its congeners. They consist to some extent of lean meat, true; but they also contain notable quantities of oil and vegetables.

The man who is held to be the subject of chronic Bright's disease should banish the solid joint from his table; except, may be, on Christmas Day. The steak and chop should be indulged in rarely, and, when eaten, not be devoid of fat. The veal, or rabbit, or beefsteak pie should not be without a due proportion of fat.

The same may be said of the meat pudding, the hash, or the Irish stew; and the currey. He should have one vegetable course at dinner, and, what is more, ought religiously to partake of it.

White meats, as chicken, are less objectionable than brown meats; but, after all, it is but a matter of comparison. One patient obeyed his instructions to the letter, but grossly violated them in the spirit. He was a blue-blooded Patrician, inheriting an insufficient liver—illustrating the truth of the adage, "the fathers have eaten sour grapes and the children's teeth are set on edge"—whose urine was laden with lithates. Meat being forbidden, but fowls permitted; he explained that he "had passed the joint but laid into the turkey," as a gastronomic rule. A sharp attack of articular gout opened his eyes for him.

Of what, then, should the dietary of the man with chronic Bright's disease consist?

Breakfast: Oatmeal or hominy porridge, hominy fritters, followed by a little fish with plenty of butter to it; or a slice of fat bacon, or pork. Fat, fish and farinaceous matters. Hominy and fat pork for the less affluent.

Lunch or supper: Mashed potatoes well buttered. Other vegetables well buttered. A milk pudding made without an egg. Biscuits of various kinds, and butter, with a nip of rich cheese.

Dinner: Soup containing plenty of vegetable matter, broken biscuit, or sago or vermicelli. Cream, in lieu of so much strong stock, should lurk in the soup tureen; especially in white soup. This should be followed by fish in some form; a course of vegetables, as stewed celery, chopped carrots, a boiled onion, leeks, nicely prepared potatoes, as "browned potatoes" à la Marion Harland, asparagus, or "scalloped tomatoes" and corn or "boiled corn." Then should follow apple-bread pudding. Maud's pudding, bread and raisin pudding; and, if the digestion can be trusted, roly-poly pudding, sweet pudding and fruit pies. Stewed fruit with creoled rice, rice milk, or other milk pudding is good, or better still, cream. Then comes the

biscuit, or crackers and butter. Dessert, with its many fruits should never be omitted.

The reader who prefers something tasty and piquant will exclaim this is too much in "the baby-food," or the "nursery line" for him, and asks for some game, or some toasted cheese. Well! in strict moderation let it be—as the tasting of forbidden fruit.

Where something more sapid is fancied let it be anchovy toast, herrings skinned, cut into inch lengths and fried on toast, sardines on toast; possibly, a little caviare, herring roes and millets, or mush-rooms. Certainly Paté de Foie Gras—all prejudices to the contrary notwithstanding.

There is a great deal of toothsome eating in a dietary suitable for a man with Bright's disease, all the same.

Eggs, ordinary cheese, and fish roes, are all highly albuminous, it must be remembered.

Fowls, chicken, game are meats less objectionable than joints; but again it is a matter of comparison.

From what has been stated above, it is clear that "hotel dietary" is as unsuitable for the person with Bright's disease as it is to the dyspeptic. Travel is not prudent for either. They had better keep to a private house with cookery adapted to their special wants.

Then as to drink. The interest in the matter centres round alcohol. Other than alcoholic beverages are beyond contention; except, perhaps, milk, which contains a notable proportion of albumen in the form of caseine. If it be taken as a beverage, or as a food adjunct its composition must be borne in mind, and the other foods be sparing in albumen.

Probably light wines are practically innocuous, that is in moderate quantities; as is cider. Possibly the same may be said of the light lager beers, as Pilsener; but ales brewed on the English plan exercise a malign influence upon the liver. This applies to porter and stout. Then as to spirits and waters, aerated or other! Opinions may differ. There is much less Bright's disease in Scotland, where oatmeal porridge and whiskey go together, than in England, with its beef and beer. The reader can draw the influence.

There is no valid proof that alcohol in moderation tends to add further to the morbid process; which, bit by bit, is slowly and insidiously working the ruin of the kidneys. On the other hand, beef-tea often does much mischief. The meat extractives it contains, though not food, are at the head of the descending series, ending in uric acid and urea, and add to the work of the kidneys.

One exquisite beverage, palatable and nutritive; is made with some malt extract and aerated water. Unfortunately, in order to prevent fermentation, a malt extract has to be reduced to the consistency of treacle. This viscosity renders it most troublesome to handle. The readiest plan is to get the cook every morning, or second morning, to dilute a certain amount of malt extract with an equal

quantity of warm water, and beat it to a syrup. Fill a tumbler-third full with the malt syrup, fill with aerated water. This is a glorious malt liquor for a teetotaler—or any other man.—*Journal of Reconstructives.*

MANAGEMENT OF SIMPLE CONSTIPATION.

Sir Andrew Clark thus writes in the *Lancet*, January 1:

The untoward consequences of constipation are always considerable and sometimes serious; but greater than they—greater than the anæmia, the blood-poisoning, the headache, the nervousness, and the heart disorder, which arise out of fecal retention—are the untoward consequences of ignorant and unskillful domestic management.

For two days a patient has had no relief to the bowels. He has been travelling, or he has changed his diet, or his accustomed routine has been in some other way interrupted. The subject is seriously considered; in the light of an excited self-consciousness impending dangers are seen, and forthwith he determines to take "a dose." But the taking of doses is an inconvenient and a disagreeable procedure, and so it is settled that the dose shall be a good one—such a one as will speedily and effectually overcome the constipation and relieve the patient of his trouble. The dose is taken, the bowels (small, perhaps, as well as large) are emptied of their contents, the object of treatment has been achieved, and all for a time seems well. But the next day arrives, and there is no fresh movement of the bowels; even a second day passes, and they are still inactive. The patient is more uncomfortable than he was before he took his "dose." What is to be done? Matters cannot continue as they are. Plainly the medicine first employed has confined the bowels, and so another must be taken which shall be free from this disadvantage. The other is taken; again the bowels are freely moved, and a liquid, light-colored mucoid, and feculent discharge attests the success of the new endeavor. But the bowels fail to resume their periodical discharges; the patient becomes worse than ever; again he flies to artificial help or relief; again he is disappointed in recalling nature to her own ways; and at last the bowels, robbed of their normal conditions of action, and exhausted by frequent irritation refuse to act at all, except under the spur of strong aperients frequently repeated. With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded by a pack of petty miseries which lower his health, vex his temper, and cripple his work. Now, for the most part, all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation. The chief of them requiring consideration at this time, and assuming the integrity of the nervo-muscular apparatus of the bowels, are plenty of solid and liquid, digestible food, a fair amount of refuse mat-

ters in the colon, regard to the promptings of nature, daily solicitation at an appointed time, the co-operation of expectation and will, and contentment with a moderate discharge. I propose to discuss briefly each of these conditions.

1. Plenty of solid and fluid digestible food. People leading a sedentary or a society life become disposed to eat too fine foods, and to drink too little liquid. Among the results of such habits are a general want of nervo-muscular vigor, a deficiency of intestinal secretion, and an insufficient amount of refuse matter in the bowels to secure daily relief. To correct this without the help of drugs, coarse and irritating foods are taken. For a day or two, perhaps, they succeed; but after a time they provoke catarrhal irritation, and either increase the constipation or bring about lenteric diarrhoea. As a rule, it is a practical error to treat constipation by means of hard, indigestible, and irritating articles of food.

2. A moderately full colon is essential to the sufficient periodical discharge from the bowels. It is true that the ordinary peristaltic action of the bowels is automatic, and substantially independent of external stimulation; but it is, I think, equally true that for the stronger peristaltic action which, accompanied by inhibition of the associated lumbar centre and relaxation of the anal sphincter, issues in normal defecation, an external stimulus, the of an adequate amount of retained feces, is necessary. If by an aperient, or by any other means, the colon is more or less completely emptied of its contents, defecation will be suspended until the colon becomes again more or less full; it cannot act independently of the appointed conditions of action; it cannot make bricks without straw.

3. Regard to the promptings of nature. When the lower part of the sigmoid flexure is full, sensory impulses are sent to the nervous centres, and these are responded to by discharges which not only excite vigorous peristalsis in the upper part of the colon and solicit cooperation of the will, but tend to inhibit the lumbar centre and to bring about relaxation of the anal sphincter. The conditions of defecation are present, and it needs only a patient effort of will and concurrent expectation to originate and complete the operation. But when attention to these promptings of nature is denied they cease for the time; and although they recur and suffice for action, the denial, if often repeated, blunts the sensibilities of the parts concerned, deprives us of the normal intimations of the need for relief, and brings about a form of constipation difficult to cure.

4. Daily solicitation of nature at an appointed time. It has been found that for the great majority of people the most favorable, and also the most convenient, time for procuring relief to the bowels is after breakfast; and it is one of the greatest helps to sufficiency and regularity of action that the daily solicitation of nature should be practiced at that time. In order that both solicitation and action should become developed into a habit, it is

necessary that nature should not be listened to at any other than the appointed time. And in this precept there is no contradiction of the statement made in the previous paragraph; for it is not the temporary and exceptional denial of nature with the view of establishing a regular habit of defecation—it is the repeated denial of nature with no such object in view which blunts the reflex sensibilities of the parts concerned, and brings about an obstinate constipation.

5. The co-operation of expectation and will. Many persons seek relief to the bowels without taking any pains to secure success. With some persons, indeed, such pains are unnecessary. A certain automatism has been established; and it needs only time, place, and position to set it in successful motion. But in persons whose defecation is difficult, direct attention, expectation, and effort are essential, and when patiently practiced seldom fail. The practice of slight alternate contraction and relaxation of the anal sphincter sometimes provokes exceptionally active peristalsis of the lower colon; and so, with concurrent effort, secures relief which could not otherwise be obtained.

6. Contentment with a moderate discharge. Ignorance of the average amount of feces required for the daily healthy relief of the bowels is one of the main causes of constipation, the unnecessary use of aperients, and the evils that arise from both. For a man of average weight, consuming an average amount of food, the average amount of feces ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aerated to float, and coherent. According as the cylinder is moist or dry it will measure from four to six inches in length. Now, many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it. They complain of their insufficient relief, and take aperients to make it larger. For a day or two larger discharges are procured, but then, when the reserves of feces are removed and the colon is empty, and the conditions of defecation no longer exist, more or less complete inaction of the bowels ensues, constipation (as it is here erroneously called) becomes confirmed, new and stronger aperients are had recourse to, and at last the patient falls into a pitiable condition of physical suffering and moral wretchedness. And from this condition there is no escape through the complete suspension of aperients, the renewal of obedience to physiological laws, and a courageous patience in waiting upon nature.

I will conclude these imperfect remarks by putting down as briefly as possible the instructions which I ask my pupils to give to their patients for the management of simple constipation:

1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half pint of water, cold or hot.
2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling.

3. Clothe warmly and loosely; see that there is no constriction about the waist.

4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals.

5. Walk at least half an hour twice daily.

6. Avoid sitting and working long in such a position as will compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts to olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil.

8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practiced from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright; only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn.

The aloin pill is thus composed.

- R. Aloinæ,
 Extr. nucis vom., $\frac{1}{2}$ gr.
 Pulv. sulph., $\frac{1}{2}$ gr.
 Pulv. myrrhæ $\frac{1}{2}$ gr.
 Saponis, $\frac{1}{2}$ gr.
 Fiat pil. i.

If the fæces are dry and hard, and *if there is no special weakness of the heart* half a grain of ipecacuanha may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharges of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water, either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological consideration, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.

DIET IN THE TREATMENT OF EPILEPSY.

By A. E. BRIDGES, LONDON, B. A., and B. SC; OF PARIS, M.D., EDIN.

Epilepsy, like hydrophobia, a disorder of the nervous system without pathognomonic microscopic lesion, has for many years possessed a fascination for the scientific pathologist, who, according to his individual experience and irrespective of that of his brethren, has sought to classify the disease, bestowing on each class a formidable scientific name.

Ignoring such classifications, I shall, for the purposes of chemical observation, and more especially for that of treatment, divide epilepsy into the following four great classes:

- 1st. Simple epilepsy—rare in women.
- 2d. Mixed epilepsy (hystero-epilepsy)—rare in men.
- 3d. Epileptiform seizures—result of course from brain lesion, injury to head, tumor of cerebrum, etc.
- 4th. Reflex epilepsy—common in children, less frequent in woman, rare in men.

My observations as regards the effect of diet in epilepsy will refer almost exclusively to class 1, the most hopeless, and, therefore, from a medical standpoint, the most interesting form of the disease. They will, however, apply in a sense, restricted according to the peculiarities of each case to the other classes which I have enumerated.

The frequent occurrence of the convulsive seizures which occur in the course of epilepsy is due, there is every reason to suppose, to an explosion of what we are compelled to call, for want of a better term, nerve force.

Now, we know that of the four main elements

of which the human body is composed, carbon, hydrogen, oxygen and phosphorus, nitrogen is the one which has the fewest and weakest chemical affinities, and we also know that exactly, by reason of this chemical peculiarity, nitrogen is a necessary element in all the most powerful explosives. We have, therefore, just reason to conclude that it plays a very important part in those nerve explosions of which we have spoken. It is then quite as reasonable to limit in epilepsy the amount of nitrogen supplied by the medium of our food stuffs, as it is to limit the supply of articles containing sugar and starch in diabetes mellitus. Not only, however, may we limit the actual amount of nitrogen taken, we may give it in that form in which it is apparently digested and broken up in the easiest manner. It is a fairly well-attested scientific fact, and one that accords with personal experience that the nitrogenous compounds which we use as foods, and which are supplied from the vegetable kingdom, are more easily broken up and assimilated by the economy than those derived from the animal kingdom. The reason of this difference is one not very easily explained. The best explanation, perhaps, that can be offered is that in regard to the digestibility of foods in general, it may be said that the more concentrated a food is the more difficult is it of assimilation. Eggs and cheese, two substances exceptionally rich in nitrogen, are familiar proofs of this. The same, to a lesser extent, may be said of meat. I am well aware that peas and beans contain a larger percentage of nitrogen than meat; but, on the other hand, those substances are mixed with a far larger proportion of carbon, and, furthermore, as compared with meat, do not enter nearly so largely into ordinary vegetarian diet as does the latter in the menu of a mixed feeder—furthermore, more water is used in their cooking, and is absorbed by them and eaten with them than is the case with meat, and they are, therefore, contrary to what we might expect at first sight, really more dilute foods than are the various fleshy articles of diet. The same applies, but with greater force, to the cereals.

My argument may, however, seem to tell against myself, for it might be said: well, since animal albuminoids are less digestible than vegetable ones, it follows that less of the first will be taken up, with the result of a decreased supply of nitrogen to the body at large. The conclusion, however, is incorrect. The result of the deficient digestion of any albuminoid is, partly at least, that imperfectly prepared peptones are liable to be absorbed into the system, and it is mainly with the further conversion of these that the liver has trouble.

I appeal from theory to practice. Take a case of feeble digestion, due to general atony, and not to any special digestive derangement, and give to that individual a meal of meat and bread, and he will very shortly afterwards develop the well known symptoms of atonic dyspepsia. Give to the

same man a dish of Revalenta, of crushed-wheat meal, or of oatmeal porridge with bread, and let such meal contain exactly the same amount of nitrogen as in the one composed mainly of meat, and he will, as a rule, suffer little, if at all. This is the real secret of the enormous sale in this country of Revalenta Arabica. I have at present many dyspeptics under my care, who take that form of diet without the least inconvenience, and to whom the painless digestion of meat is apparently impossible.

Among substances, however, that are derived from animals, and which contain nitrogen, milk is the only one that is an exception to the above rule, and this simply because the nitrogen it contains is in a very dilute form.

We, therefore, come to this conclusion: In epilepsy we have a disease in which it is very necessary to regulate exactly the amount of nitrogen. It is also desirable that all the organs of the body, and, therefore, the stomach and liver, should be kept in as healthy a state as is possible. Vegetable nitrogenous compounds and milk and its preparations (buttermilk, skim-milk, koumiss, etc.) enable us to obtain both ends, and we, therefore, in our treatment of epilepsy, should entirely, or almost so, discard the use of flesh foods.

Even meat soups are objectionable. Though apparently very dilute they really are highly concentrated foods, the water with which the meat juice is mixed being absorbed with great rapidity by the stomach. The result is that in a few minutes after swallowing, a thickish meat jelly only is left.

Basing my deductions in the foregoing premises, I have for some time past been in the habit of treating all cases of epilepsy by the vegetarian system, though I hasten to explain that I am no vegetarian myself, nor do I recommend, as is generally done by gentlemen of that persuasion, that particular style of feeding as a sovereign preventative and sure remedy for all the ills of life.

It will scarcely be necessary to give any exact dietary which, of course, varies with the means of my patient and with his surroundings. Epileptics are of all people most anxious to be rid of their complaint, and will better follow out, at least that is my experience, more than any other class of patients, the rules laid down for their guidance.

All I can say is, that the greatest possible benefit is often to be derived, especially in those still retaining fair stamina, from keeping the supply of nitrogen down below that laid down as necessary for maintenance of health in the ordinary physiological hand books. This is especially true of those who take little exercise.

With regard to the use of drugs. In a majority of cases I use none, unless, in spite of dietetic treatment and hygienic surroundings, the disease progresses rapidly. I avoid the bromides. The apparent benefit derived from them is more than overbalanced by their disastrous permanent effect on the nervous system.

Iodide of potassium, 10 to 20 grains, at bedtime, is my favorite prescription, even in cases where I do not suspect syphilis.

Belladonna and digitalis I also find in certain cases to be very useful and free from most of the drawbacks which attach to the bromides.

Stomachics—bismuth, with rhubarb and soda—are often, especially at the onset of the disease, of great service.

Of twenty-three cases belonging to class 1, which I treated on what I call a vegetarian and milk system, nineteen were markedly benefited. Seven of the nineteen were apparently cured, and eight were able to resume occupation which they had, by reason of the frequency of the fits, been compelled to abandon. The other four of those who derived benefit had a considerable diminution in the number of fits.

Of 118 cases belonging to classes 2, 3 and 4, about half received decided benefit, but, unless I give my full statistics, which, I fear, would be too great a call on your space, I cannot, in cases where the causation the epilepsy varies so widely as it does in such a group, draw any convincing deductions worthy the attention of your readers.—*Journal of Reconstructions.*

CHOLAGOGUE PILLS.

Excellent cholagogue pills to use in case of habitual costiveness are the following:

Podophyll. resin.....grs. ij to iij.
 Extract. Belladonæ.....grs. j to jss.
 Extract. nucis vom.....grs. iv to ij.
 Ext. colocynth. co.....
 Pulv. rhei.....aa grs. xii to ʒj.

Make into pills. Patient is to take one pill at night and one in the morning, every time he remains a day without a full and satisfactory operation.

USE OF BLACK HAW IN HABITUAL ABORATION AND OTHER UTERINE TROUBLES.

In 1878 my attention was called to the haw in a paper published in *New Remedies*, page 105, April, 1878. I first employed it in the case of a lady who had aborted three times. It was used from the third to the fifth month with her with good effect, and she went to full term, and since has borne two children without any inconvenience.

Besides this case I have employed the haw in sixteen cases of threatening abortion that I have notes of, besides seven others of which I have no record. Six of these patients had aborted from two to four times. In five of them the child was carried to full term. In one abortion occurred, but I do not think the drug was kept up long enough to have the desired effect.

Three of the sixteen had aborted once, and they all went to full term, and did well.

Of the remaining three cases noted of primiparæ two aborted, and I feel sure that too much time

had been lost before they let it be known, and the membranes were broken.

In half of these cases I did not have the fluid extract of the haw, and to make a decoction of the bark of the root, which I think is best. In giving the fluid extract I gave from thirty to sixty drops, from two to four hours apart, till all pains ceased.

In congestive, as well as obstructive dysmenorrhœa, I find it very beneficial, increasing the flow in the obstructive form, that is, obstruction from clots and shreds plugging up the canal.

In after-pains it has acted well with me, causing the patient to rest well.

By its quieting effect on the contracted uterus at the menstrual epoch, black haw allows the flow to go on without causing the patient to suffer as much as she would without it; and, if given in sufficient quantities, I believe it will prevent abortion in almost every case where the placenta is not detached or the membranes broken. It has never, in my hands, affected the stomach enough to produce nausea.—*Dr. C. Beville, Therapeutic Gazette.*

ON SOME FORMS OF ALBUMINURIA NOT DANGEROUS TO LIFE.

The gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently in persons free from important organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible for life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non-dangerous albuminurias.

Dr. Grainger Stewart, in the January issue of *The American Journal of the Medical Sciences*, studies the following varieties: 1st, paroxysmal albuminuria; 2d, dietetic albuminuria; 3d, albuminuria from muscular exertion; and 4th, simple persistent albuminuria; and illustrates each with reports of cases which are markedly characteristic.

The diagnostic features of paroxysmal albuminuria are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only a short time, and recurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood-changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function, and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them prove permanently injurious.

Dietetic albuminuria is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain

articles of diet. In some cases one kind of food, in others many require to be proscribed; cheese, pastry, and eggs are among the more common offenders. Of this group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of *albuminuria following upon muscular exertion* Dr. Stewart is disposed to attribute to a general change in vascular activity. The principal indications for their treatment are met by rest, judicious diet, and attention to the general health. Those remedies which act upon the muscular fibres of the vessel deserve trial.

The features of *simple persistent albuminuria* are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased muscular tension, cardiac hypertrophy, or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.

IS THE "KNEE-KICK" A REFLEX ACT?

Dr. Warren P. Lombard, in a paper in the January number of *The American Journal of the Medical Sciences*, endeavors to determine whether the time between the moment of the blow on the ligamentum patellæ, and the beginning of the following contraction of the quadriceps muscle, is long enough to permit the phenomenon to be a reflex act. The result was the discovery that this period was about only one-fourth as long as that required for a skin reflex from the knee, and very little longer than that seen when the quadriceps muscle is incited to action by direct electrical stimulation.

His experiments lead him to the belief that the contraction of the quadriceps muscle following a blow on the ligamentum patellæ comes much too soon to be the result of a reflex stimulation. It is probable that the stimulation is due to a sudden stretching of the muscle fibres, and that the stimulus has the same character as when the muscle receives a direct blow. Before this conclusion can be accepted, however, the undoubted influence of the spinal cord upon the production of the phenomena must be explained. The current explanation that the irritability of the muscle to finer mechanical stimuli is dependent on "muscle tonus" will not be altogether satisfactory until the existence of "muscle tonus" is proved.

It seems probable that, in addition to the first impulse which comes to the quadriceps when the ligamentum patellæ is struck, occasionally a second impulse, of reflex nature, originating either in the nerve ends of the skin or of the tendon and muscle, may come to it and increase the height of the contraction. Under normal conditions, however, this would seem to play a very subordinate part.

MANAGEMENT OF MELANCHOLIA.

Dr. C. H. Hughes sums up the strictly medical management of melancholia, in the absence of all appreciable gross functional or organic conditions, as follows:

- 1st. Tranquilization of physical agitation.
- 2d. Restoration of the lost cerebral tonicity.
- 3d. The substitution of new, diverting and agreeable physical impressions.
- 4th. The removal of the moral causes of the melancholia or the removal of the patient from their influences.
- 5th. The removal of all physical causes so far as they are discernible and practicable.

The first and third indications are temporary symptomatic expedients, but they are essential aids to the fulfilment of the second requirement. To accomplish the first, nightly doses of alcohol, chloral hydrate, urethran or opium to induce sleep, and ether lotions to the head suggest themselves, and occasionally ether or chloroform inhalations. Cephalic galvanizations before bed-time may supplant the necessity for hypnotics, and will always be found an invaluable adjuvant treatment. To fulfil the second indication everything that builds up—generous diet, malt extracts, liquors and wine (sparingly), with pepsin, ingluvin and pancreatine, the compound hypophosphites, muriate of ammonia, iron, arsenic, strychnia, phosphorus, valerian, camphor, and zinc. The patient will refuse and resist food, but it must be urged upon him in concentrated liquid form if he will not take solids, and its digestion and assimilation must be assured by chemical aids; but solids are the best. The ozone formed by the static machine quickens the blood changes, makes a demand for iron, and accelerates the formation of hemoglobin, of which pure air and iron are the pabula. For this purpose, static electricity and mild static electro-massage give valuable aid, especially where the patient is fleshy and cannot be induced to walk out or ride on horseback. Violent and oft-repeated massage, mechanical or manual, and oft-repeated Turkish baths, are positively hurtful to these patients by the excessive weariness they occasion, if not compensated by adequate restorative nutrition. The interrupted current and the static shock fix and divert the attention of the patient, and have in my hands sometimes awakened a new interest in the medical aspects of this cure.

The daily surcharging of the patient with the positive current does good, and the study of the marvelous phenomena of electricity, sometimes supplants for a time the self-inspection of the patient, pending our reconstructive measures, and the silent electric saturant has also power to reawaken dormant nutritives and formative force energies in the depressed organism of melancholia. The free use of aromatic flowers and plants, and attractive and novel paintings, statuary and articles of vertu, birds and enlivening music, humorous

illustrated literature, plays, panoramas, and pantomimes are valuable auxiliaries. The exhilarant influence of aromatic flowers and plants has been attributed to their capacity to generate ozone.

The third indication is promoted by the judicious and temporary use of the exhilarant stimulants, opium, codia, cannabis indica, caffeine, thein, quinine, camphor, the valerates of ammonia, iron, etc., Hoffman's anodyne, chloroform, the etherials, the alcoholics, and coca extract and cocaine. I deem it advisable to use all of these stimulants sparingly, and the latter, especially, with extreme caution. The extract of wine of coca, especially the old "Vin Mariani," are safe and more preferable than cocaine. No mental impression that will agreeably divert the mind should be ignored in melancholia.—*The Alienist and Neurologist.*

DIAGNOSIS OF INFANTILE DISEASES.

In a recent number of *L'Union Médicale du Canada*, Dr. Bradley gives the following summary of points on the diagnosis of disease in infants:

1. Congestion of the cheeks, excepting in cases of cachexia and chronic disease, indicates an inflammation or a febrile condition.
2. Congestion of the face, ears, and forehead of short duration, strabismus, with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lids, indicates a cerebral affection.
3. A marked degree of emaciation, which progresses gradually, indicates some subacute or chronic affection of a grave nature.
4. Bulbar hypertrophy of the fingers and curving of the nails are signs of interference in the normal functions of the circulatory apparatus.
5. Hypertrophy of the spongy portion of the bones indicates rickets.
6. The presence between the eyelids of a thick and purulent secretion from the Meibomian glands may indicate great prostration of the general powers.
7. Passive congestion of the conjunctival vessels indicates approaching death.
8. Long-continued lividity, as well as lividity produced by emotion and excitement, the respiration continuing normal, are indices of a fault in the formation of the heart or the great vessels.
9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs.
10. The absence of tears in children four months old or more suggests a form of disease which will usually be fatal.
11. Piercing and acute cries indicate a severe cerebro-spinal trouble.
12. Irregular muscular movements, which are partly under control of the will when the patient is awake, indicate the existence of chorea.
13. Contraction of the eye-brows, together with a turning of the head and eyes to avoid the light, is a sign of cephalalgia.

14. When the child holds his hand upon his head, or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease.

15. When the fingers are carried to the mouth, and there is, besides, great agitation present, there is probably some abnormal condition of the larynx.

16. When the child turns his head constantly from one side to the other there is a suggestion of some obstruction of the larynx.

17. A hoarse and indistinct voice is suggestive of laryngitis.

18. A feeble and plaintive voice indicates trouble in the abdominal organs.

19. A slow and intermittent respiration, accompanied with sighs, suggests the presence of cerebral disease.

20. If the respiration be intermittent, but accelerated, there is capillary bronchitis.

21. If it be superficial and accelerated, there is some inflammatory trouble of the larynx and trachea.

22. A strong and sonorous cough suggests spasmodic croup.

23. A hoarse and rough cough is an indication of true croup.

24. When the cough is clear and distinct, bronchitis is suggested.

25. When the cough is suppressed and painful, it points toward pneumonia and pleurisy.

26. A convulsive cough indicates whooping-cough.

27. A dry and painless cough is sometimes noticed in the course of typhoid and intermittent fever, in difficult dentition, or where worms are present.
—*London Medical Record.*

HYSTERIA IN A NEW LIGHT.

According to *The Lancet*, September 4, 1886, (*Med. Record*) the views of Mr. de Berdt Hovell on the subject of hysteria are to be carefully received as those of a shrewd practitioner of long practice and large experience. He strongly protests against the whole hypothesis of hysteria. He thinks the theory that localizes the disease in the uterus is the mere survival of medical demonology, which located ill-humor in the spleen, blue-devils in the liver, and the soul in the pineal gland. He claims for hysterical patients more fairness of treatment and more discrimination. He attributes many of the cases to shocks, physical or moral, leading to deficient or depressed nerve-power, with all that this implies in the way of pain, irritability, inability for locomotion, etc. Mr. Hovell admits that the cases are difficult to cure; but he maintains that if we are to deal with them effectually we must "set aside all considerations of the organs of reproduction, which most probably are not concerned, and transfer our attention to the moral nature." Mr. Hovell gives several cases in which there was a distinct history of shock or exhaustive work, to explain the break-down in the nervous system. We

live in days when the nervous system is getting its full share of attention from pathologists and physicians, and when even gynecologists are finding out that the uterus, and even its appendages, which are now blamed by some for everything, are not such culprits as has been supposed. Mr. Hovell will admit that the cases of so-called hysteria do occur chiefly, though by no means exclusively, in women. In their organization there is *something* specially favoring the occurrence of this state or disease. It may not be in the special organs of the female as much as in the special organization of the nervous system. Mr. Hovell deserves credit for insisting on this point, and he may well be satisfied to know that the drift of opinion among physicians is toward the acceptance of his views. Women are more finely strung than men. They are more liable to pain or pains of all sorts from mere functional causes. Such a constitution is perplexing to the physician; but it has to be considered, and not treated as a sort of crime, as has too often been the case.

THE NIGHT-SWEATS OF PHTHISIS TREATED BY SECALE CORNUTUM.

Mingot reports in the *Journal de Médecine de Paris (Ther. Gaz.)* as to the unexpectedly favorable results obtained with secale cornutum in the night-sweats of phthisical subjects. He observed in Tenneson's clinics at Paris that 15½ to 31 grains of ergot given in powder form, or, better, 2 fl. dr. of ergotinine injected hypodermically half an hour previous to the expected appearance of the sweat, could suppress the latter for a week or even longer. No other of the numerous remedies recommended against night-sweats was, save atropine, found to have so great an effect as ergot or ergotinine. To be sure, the tubercular process is in no way influenced by the exhibition of this remedy, but it is gratifying to be able to stay one of the most annoying, and at the same time weakening, factors of the disease.

TREATMENT OF CHRONIC CONSTIPATION IN CHILDREN.

Dr. W. B. Cheadle, at the close of a clinical lecture on this subject, points out the disastrous results of mistaken treatment, and shows the necessity of a more rational procedure. "Look, at the evil effect of strong purgations—how they enervate and wear out the tone of the bowel. No occasional purge of rhubarb or scammony is efficient to cure. Look, again, at the evil effect of frequent enemata. Enemata are only to be used on an emergency. They, equally with strong purges, impair tone and do direct harm by actual dilation. In confirmed cases of constipated habit, treatment must not be intermittent, but continuous; the daily administration of appropriate remedies steadily, for a considerable period, is absolutely essential. Intermittent treatment is abortive, ineffectual, and aggravates the evil. What, then, is the proper

treatment for these cases? First, be sure that there is no malformation, no intussusception, no sore about the anus, rendering defecation painful. Then use saline laxatives. Their mode of action is by increasing the flow of secretion rather than by stimulating peristalsis. Thus tone returns when distention is relieved by the easy evacuation of fluid stools. Further aids to this are strychnia, nux vomica, iron and belladonna. They act by increasing muscular tone and nutrition, not by stimulating peristalsis directly. In the case of little children up to two years old simple carbonate of magnesia in milk is sufficient (5 to 10 or 20 gr.); this is better than the piece of soap in the rectum, or the repeated castor oil or manna so constantly advised. In older children the sulphates of magnesia and soda, with the tonics named above, and daily massage with castor oil or cod-liver oil, are most useful. In older children still, a pill of aloes or euonymin, with sulphate or iron and nux vomica, may be given as an alternative to the salts and strychnia, but no frequent rhubarb, or scammony, or podophyllin, or jalap (these are for the relief of temporary difficulty only); in mild cases, perhaps, or if the liver is not acting, a dose of calomel, grey powder, and soda, or senna. Regimen is an important element in the treatment, if the child should have chronic constipation; abundant water, pure, not hard; "salutaris water" is excellent. In little children add a good infants' food to milk, fruits, fruit jellies, treacle, cooked green vegetables of the softer and more delicate kinds. Some variety in food is useful; a good mixture is better than a monotonous diet. It is, I think, extremely doubtful if coarse food is useful in the long run. It causes atony and weariness of muscle eventually by over-stimulation. And you must insist on regular evacuations. Take care that the stools are not dry and hard, or the child will resist action and increase constipation. Other useful adjuncts are—abundance of fresh air, which aids in improving nutrition; and exercise, which aids the passage of the contents of the intestine down the tube, and improves general health and muscular tone."—*Lancet*, Dec. 11, 1886.

PUERPERAL ECLAMPSIA TREATED WITH PILOCARPINE.

Dr. T. Coke Squance thus writes in the *Lancet*:

Early on the morning of September 8 I was called to attend Mrs. L—, aged twenty-two, in her first confinement, her ordinary medical attendant being from home. I was informed that the "pains were slow," that she had been very sick, and complained of severe "pain in the head." On examination, I found the os well dilated, head presenting, and membranes (which were very tough) unruptured. I ruptured the membranes and applied a binder, but after waiting for some time the pains became very feeble, and the patient showed such signs of exhaustion

that I proceeded to deliver her with the forceps, subsequently removing the placenta, which was partially adherent. There was no hemorrhage worth speaking of, and half an hour after the patient expressed herself as "feeling well." Her pulse when I left her was 72. Later on, I received a message to the effect that she was "going from one fit to another." On my arrival I found her quite unconscious, face flushed, pupils widely dilated, skin harsh and dry, abdomen tympanitic, bladder empty, feet œdematous, pulse 120 and full, and temperature 100°. Her friends informed me that she had had about a dozen exceedingly severe fits, during some of which they thought she was dead. During the "fits" she had passed fæces and urine. As an attack was evidently just commencing, I gave her a hypodermic injection of pilocarpine ($\frac{1}{4}$ grain). The head was then being turned from side to side, the eyelids and eyeballs were moving rapidly, the mouth was drawn up towards the right ear, and the head turned towards the right shoulder, the countenance being of a livid hue. The fingers and thumbs were then flexed on the hands, the latter being strongly flexed on the arms, which were also somewhat flexed; the trunk and legs became rigid. The left leg was raised from the bed, and remained extended for fifteen seconds. There was a peculiar hissing sound on respiration, with convulsive movements of the larynx, the face becoming blue-black in color, and the patient seemingly on the verge of suffocation. The rigidity, which lasted for fifteen seconds, was followed by clonic convulsions, the face was frightfully distorted, and large quantities of frothy foam, slightly tinged with blood, came from the mouth. Respiration became restored and the convulsion ceased, with the exception of a little twitching, at the end of three minutes, by which time the patient was in a profuse perspiration. The attendant told me that this attack was barely half the duration of the previous ones. There was no further seizure until shortly before I saw her the next morning, when there was a slight attack. I repeated the pilocarpine then and once subsequently, and no further seizures occurred. She remained unconscious for three days, during which time urine was passed in large quantities. There was an abundant secretion of milk. When I terminated my attendance at the end of a week, her own medical attendant having returned home, she was making most favorable progress. In addition to the pilocarpine, I ordered her a mixture containing chloral hydrate and bromide of potassium, and pessaries of eucalyptus, and perchloride of mercury per vaginam.

RULES FOR OPENING THE ABDOMEN.

Dr. T. Gaillard Thomas (*Medical News*, Dec. 11, 1886) gives the following rules for explorative incision of the abdomen:

1st, Every explorative incision should be made under the strictest antiseptic precautions. As to

strict cleanliness, all are agreed; if antiseptics of chemical character are valueless, they, at least, in all probability, do no harm; give the patient the benefit of the doubt, and employ them.

2d. Always employ an anæsthetic, lest the complaints of the patient should frustrate the investigation, or at least render it superficial and uncertain.

3d. Always make an incision which will admit the whole hand, one which will admit two fingers only is hardly warrantable. If possible, let but one man's hand be passed into the abdominal cavity; in a multitude of counsel there is, in these cases, danger. The brain which guides the hand should be competent for deciding the question at issue.

4th. Never hurry an exploratory incision, but never prolong one unnecessarily; let discussion as to diagnosis occur after the peritoneum is closed, not while it is open; and let the fact be appreciated that the clinical lecture, which is so common at this moment, is always a source of danger.

A DOMESTIC DEVICE FOR NIPPLE SHIELDS.

The old adage that "there is no new thing under the sun," was prettily contradicted by one of my patients who, suffering with fissured nipples—so sensitive and painful that their contact with any fabric or dressing caused intense distress—invented for herself almost perfect nipple shields, by suspending from a ribbon about the neck two deep, wire tea strainers.

They were held in place by a properly fitting waist, and the nipples, thus covered, were entirely free from any irritation.

She had, moreover, such a copious supply of milk that it was otherwise quite impossible to keep the nipples dry. This was remedied by the ready passage of the milk through the wire gauze to a layer of absorbent cotton covering the tea strainer.

Not until she began to employ this method of protecting the nipples did the process of healing go on satisfactorily.

This young mother's clever device has been a source of great comfort in a number of similar cases which have since then come under my care.

I believe that this use of the tea strainer is quite novel, and trust that its value may be tested by some of your readers.—Frank Holyoke, M.D., in *Boston Med. and Surg Journal*.

LOCAL REMEDY FOR NEURALGIA.

A mixture of one part of iodoform, to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of

value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review*.

BOUGIE TREATMENT OF CHRONIC GONORRHEA.

Dr. J. Appel, *Monatshefte fuer praktische Dermatologie*, 7, 1886, reports on the use of sounds, covered by a medicament in chronic blenorhea of the urethra. The method was first employed by Unna. It appears to be of importance to pay attention to the chemical changes that may occur in the influence of medicament upon the material of the bougie and *vice-versa*. In cases, failures appear due to this possibility. Appel has found an unalterable preparation to be a mixture of 90 parts of vaseline, ten parts of paraffine, two of balsam of copaiva and one of nitrate of silver, applied upon block-tin sounds.

This modification is said to heal many a case that has resisted all treatment.

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EDITORS:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P. LOND.
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R. A. KENNEDY, M.A., M.D., Managing Editor.

ASSISTANT EDITORS:

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ANNUAL OF THE MEDICAL SCIENCES.

Dr. Chas. E. Sajous, of Philadelphia, with the assistance of one hundred and fifty corresponding editors and sixty-four associate editors, has undertaken to publish a digest of the medical literature of the civilized world each year. It is proposed to procure information from medical men in all countries with which postal communication exists, from journals, and new publications, etc. The information will be classified and referred to associate editors. Due credit will be given each author and journal. The annual will be strictly non-partisan. The work will consist of five royal octavo volumes of about five hundred pages each, fully illustrated with cuts, maps, and chromolithographs. The price will be \$15 per set, delivered.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The corner stone of the building, which this body is to occupy in Toronto, was laid on the 26th of January last by the President, Dr. H. H. Wright. It will be a fine building, and a credit to the profession of our sister Province. The Quebec College is to continue its perambulations between Quebec and Montreal as of old, the folly of this system not being evident to those governors of the College who hail from old "Stadacona."

APPROPRIATION FOR THE INTERNATIONAL MEDICAL CONGRESS.

The United States Congress was asked to vote \$50,000, but have declined to give this amount. The sum of \$10,000 was, however, appropriated just before adjournment.

It is provided that this amount is to be expended under such regulations as the Secretary of the Treasury may prescribe, also that no part of the appropriation shall go toward paying the personal expenses of any delegate and no money shall be expended, except upon vouchers to be approved by the Secretary of the Interior.

PAY OF AMERICAN ARMY AND NAVAL MEDICAL OFFICERS.

The "Medical News" says:—"The pay of the Assistant Surgeon in the Navy, for the first five years after his first appointment, is, per annum, when at sea, \$1,700; when on shore duty, \$1,400; when on leave or waiting orders, \$1,000. After five years' service, his pay becomes, at sea, \$1,900; on shore duty, \$1,600; and when waiting orders, \$1,200. There seems to be no good reason for the difference in pay for sea and shore duty.

The pay of the Assistant Surgeon in the Army, for the first five years after his appointment, is, per annum, \$1,600, and, after five years, \$2,200. For the first ten years of service, or thereabouts, the pay of the Army medical officer is somewhat greater than that of the Navy medical officer. But promotion is more rapid in the Navy than in the Army, owing to the fact that the Navy has more officers in the higher grades. Thus, of 180 medical officers in the Navy, there are 15 with the rank of Colonel, and 15 with rank of Lieutenant-Colonel; while of 192 medical officers in the Army, there are 5 Colonels and 10 Lieutenant-Colonels. The result of this is that while in the Army it

requires about twenty years' service to reach the rank of Major and full Surgeon, in the Navy it requires a little less than fifteen years to attain this grade. Taking it altogether, there is very little difference in the pecuniary emoluments of the two services."

LACTATED FOOD.

The Wells and Richardson Company have sent us a copy of their Dietetic Annual for 1887. It is full of interesting and valuable information regarding Dietetics, and is well worth possessing. It, of course, deals considerably with the particular food for infants and invalids, which they manufacture—in the use of which we have now had considerable experience. It is called "Lactated Food," and is well liked by children. Unlike many foods it contains milk sugar and not cane sugar, which latter often causes indigestion. It is a food which we can heartily recommend to our readers for infant feeding and the nourishment of invalids—*See Adv.*

GLEANINGS.

Prof. Bartholow of Philadelphia says:

Failure of voice from simple mucous laryngitis or fatigue can often be wonderfully relieved by small doses of nitric acid every two or three hours, to be given well diluted.

Prof. Bartholow still continues to advocate the use of carbolic acid in *typhoid fever*. He states that no form of treatment has, in his hands, been so successful. It modifies the disturbances of the intestinal tube, reduces temperature, and promotes quiet. Two drops of a solution consisting of equal parts of carbolic acid and Lugol's solution may be given every three hours.

The Health Journal says:

When a patient is choked or strangled, break an egg as quickly as possible and give him the white (do not beat it), and it will almost certainly dislodge the obstacle.

The New York Medical Record says:

Dr. G. C. Simmons recommends the use of spectacles with plates of mica for persons, such as cooks, who suffer from conjunctivitis through exposure to the heat.

Professor Bartholow recommends salicylic acid for removal of bile pigment from the blood after the cause of the jaundice has been removed. Its action is prompt and satisfactory.

PERSONAL.

Dr. William Gardner, Professor of Gynecology, McGill University, has been elected a Vice-President of the British Gynecological Society.

Dr. R. Palmer Howard, Dean of the Faculty of Medicine, McGill University, has been named, at its centennial celebration, an associate fellow of the College of Physicians, Philadelphia.

Mr. Lawson Tait, F. R. C. S., of Birmingham has accepted a vice-presidency of the International Medical Congress, to be held in Washington this coming summer.

Dr. Cotton, of Mount Forrest, Ont., is said to be about to remove to Toronto.

Dr. Spendlove (M. D., Bishops' College, 1880), of Beebe Plain, intends to commence practice in Montreal.

Dr. Charles E. Casgrain, of Windsor, a graduate of McGill University (1851), has been appointed to fill one of the vacant senatorships.

Dr. Wm. Crothers (M. D. McGill, 1876) has just been licensed to practice in the State of California. His residence is San Francisco.

OBITUARY.

Dr. A. M. Sloan died at Listowel, Ont., on the 30th of December last, of Typhoid fever. His loss is deeply felt by all who knew him. He was the son of Dr. Sloan, of Blyth, Ont., to whom we tender our deep sympathy.

Dr. Barrett, of Toronto, died the middle of this month, at the age of 71 years. He was a well-known physician and teacher in the Toronto School of Medicine. He was also the founder of the Women's Medical College in Toronto, which he lived to see in a flourishing condition.

DR. JOSEPH MORLEY DRAKE.

It is with feelings of more than usual sadness that I chronicle the death of Dr. Drake, which took place at Abbotsford, Quebec, on the 26th of December last. The friendship between Dr. Drake and myself began in 1850, when I was but a small boy; at that time Dr. Drake was a clerk in the drug store of Mr. S. Jones Lyman, on the corner of Place d'Armes square and Notre Dame street, while I resided on the opposite side of the square. It was my delight to go over and assist him in some trivial work—for about him there was an attraction which drew my heart to him then, and which made the friendship thus begun continue up to the day of his death. Little idea had either of us, then, that we would both enter the medical profession—and both in time become engaged in the work of medical teaching. The history of my departed friend is worth recording, for it is one which can be pointed to as worthy of

emulation. He was born in London, England, in 1828, and in it received his general and scientific education. At the age of 17 he came to Canada, a certified analytical chemist. He filled two situations before he entered the employ of Mr. Lyman, with whom he continued for some time, attaining full control of the establishment, then, perhaps, the most aristocratic in the city. Like many other chemists, he became enamored of medicine, and determined to adopt it as his profession. Our friendship always strong now became firmly cemented, for we sat on the same bench, carved our names side by side, were medical students together. Need I say more? Yes, just this, that while my friend avoided the excesses, which sometimes are thought to be essential to the embryomedico, he gave his whole energy to developing the best which was in those who surrounded him. Not a student in the College during his term but loved him, and many, scattered to the four winds of heaven—his old class-mates—but will recall with loving memory, the clear, healthy English complexion, and light curly hair of their old chum—Joseph Morley Drake, and mourn his comparatively early death. Graduating a year before him, although much his junior, he followed suit, receiving in 1861 his M. D. at McGill, taking the highest position the Faculty could bestow. He was at once appointed House Surgeon to the Montreal General Hospital; which he filled with entire satisfaction for eight years. Soon after leaving this position he was elected one of the attending Physicians and Surgeons to the Hospital, and was appointed to lecture on Clinical Medicine. Physiology was, however, his favorite and on the death of Dr. Fraser, he succeeded him in that branch. Dr. Drake was a good lecturer, but his strength was not equal to the work he had undertaken. Of a nervous disposition, and for many years suffering from mitral disease, he overworked himself, and the only hope of prolonging life was by restricting himself to the practice of his profession. This was tried, but the demands of a constantly increasing *clientèle* soon showed that even this was more than his strength could stand. Then a severe blow came in the death of his wife. His constitution, much shattered by repeated severe attacks of cardiac asthma, was unable to withstand the prostration of his nervous system, which followed. His energy was gone, everything had to be laid aside, and amid the universal regret of all his confrères, he retired from practice. He soon after went to reside at Abbotsford, coming occasionally to Montreal; when he did so, his old friends were always anxious to meet him, and I recall more than one meeting where all were young again. How pained all his intimate friends were when they heard of his death, no words of mine can express. A true man, a noble physician, has gone; the sphere in which he lived and moved is much better because Joseph Morley Drake lived in it.

F. W. C.